



DATA DICTIONARY

IDB

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	(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	(CalREDIE Data Labels and Export Values are the same)
Disease grouping	DiseaseGrp	Automatically generated based on Disease grouping	Text - auto generated	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	PatientID	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		
Person ID	PersonID	Number assigned to each patient entered into the system. This value is NOT searchable in CalREDIE and can only be viewed on DDP extracts.	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/O'Brien/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 Check Boxes (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	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
Extended Race*	RaceASIAN_ext RaceNHPI_ext	Extended Race data is populated when Asian or Native Hawaiian or Other Pacific Islander is specified.	CheckBox List	See Appendix R	See Appendix R
Primary Language	Language	Patient's primary language / native language.	DropDownList	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 the zip code will allow the user to add additional addresses for the patient.	Link (5 digit or 5+4 digit)		
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		

PATIENT TAB					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
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/icon 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 (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
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 (CalREDIEData 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 (CalREDIEData 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)		
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)		

PATIENT TAB					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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	Declined to answer Female Genderqueer or non-binary Identity not listed Male Trans female/Transwoman Trans male/Transman Unknown Male to Female Transgender (INACTIVE) Female to Male Transgender (INACTIVE) Other (INACTIVE)	D F G I M TF TM U MTF FTM OTH
Gender(s) of Sex Partners (present for STD, Mumps, Meningococcal Dis (Invasive), and all Shigellosis disease conditions only)	GenderSpM	Gender(s) of Sex Partners (check all that apply) – this section is only present in CalREDIE for STD, Mumps, Meningococcal Dis (Invasive), and all Shigellosis disease conditions only	CheckBox	Male	SpM
Gender(s) of Sex Partners (present for STD, Mumps, Meningococcal Dis (Invasive), and all Shigellosis disease conditions only)	GenderSpF	Gender(s) of Sex Partners (check all that apply) – this section is only present in CalREDIE for STD, Mumps, Meningococcal Dis (Invasive), and all Shigellosis disease conditions only	CheckBox	Female	SpF

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, Meningococcal Dis (Invasive), and all Shigellosis disease conditions only)	GenderSpMTF	Gender(s) of Sex Partners (check all that apply) – this section is only present in CalREDIE for STD, Mumps, Meningococcal Dis (Invasive), and all Shigellosis disease conditions only	CheckBox	Transgender (M to F)	MTF
Gender(s) of Sex Partners (present for STD, Mumps, Meningococcal Dis (Invasive), and all Shigellosis disease conditions only)	GenderSpFTM	Gender(s) of Sex Partners (check all that apply) – this section is only present in CalREDIE for STD, Mumps, Meningococcal Dis (Invasive), and all Shigellosis disease conditions only	CheckBox	Transgender (F to M)	FTM
Gender(s) of Sex Partners (present for STD, Mumps, Meningococcal Dis (Invasive), and all Shigellosis disease conditions only)	GenderSpREF	Gender(s) of Sex Partners (check all that apply) – this section is only present in CalREDIE for STD, Mumps, Meningococcal Dis (Invasive), and all Shigellosis disease conditions only	CheckBox	Refused	REF
Gender(s) of Sex Partners (present for STD, Mumps, Meningococcal Dis (Invasive), and all Shigellosis disease conditions only)	GenderSpUNK	Gender(s) of Sex Partners (check all that apply) – this section is only present in CalREDIE for STD, Mumps, Meningococcal Dis (Invasive), and all Shigellosis disease conditions only	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	Divorced
				Domestic Partner	Domestic Partner
				Living with Partner	Living with Partner
				Married	Married
				Separated	Separated
				Single	Single
				Widowed	Widowed

PATIENT TAB					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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 Correctional Facility Drug Treatment Center Food Service Health Care – Acute Care Facility Health Care – Long Term Care Facility Health Care – Other Homeless Shelter Laboratory Military Facility Other Other Residential Facility Place of Worship School	Childcare/Preschool Correctional Facility Drug Treatment Center Food Service Health Care – Acute Care Facility Health Care – Long Term Care Facility Health Care – Other Homeless Shelter Laboratory Military Facility Other Other Residential Facility Place of Worship 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
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		
Assigned Sex	AdtlDemSexBirth	Sex Assigned at Birth	DropDownList	Male Female	MAL FML

PATIENT TAB					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Sexual Orientation	AdtlDemOrient	Sexual Orientation	DropDownList	Decline to Offer	DEC
				Unknown	UNK
				Heterosexual or straight	HET
				Gay, lesbian, or same gender loving	HOM
				Bisexual	BIS
				Orientation not listed	NOT
				Questioning, unsure, or patient doesn't know	DNK
				Declined to offer	DEC

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/icon clicked. If field does not auto populate, select appropriate jurisdiction from drop down list.	DropDownList Link	See Appendix C (CalREDIEData 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 (CalREDIEData 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 (CalREDIEData Labels and Export Values are the same)
Investigator	Investigator	Investigator assigned to the case. Select the Investigator from a 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	<p>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.</p> <p>This variable may not be present in the DDP exports for some conditions.</p>	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 workflow 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
				Out of State	Out of State
				Out of State - Sent	Out of State - Sent
				Closed by LHD	Closed by LHD
				Lab Report	Lab Report
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)	Web Report	Web Report
				Indigenous	Indigenous
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	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
				Confirmed	Confirmed
				Not a Case	Not a Case
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	DropDownList	Not Reportable	Not Reportable
				NPJ incident	NPJ incident

CASE INVESTIGATION TAB					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
		classifications. All other resolution statuses map to "Not a 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 Country Out of State Previously Reported Probable Suspect Unknown	Out of Country Out of State Previously Reported Probable Suspect Unknown
Final Disposition	FinalDispo	Final disposition of the disease incident prior to officially closing the incident.	DropDownList	Administrative Closure Biological False Positive Follow-up Completed Lost to Follow-up No Follow-up Needed Record Search Closure	Administrative Closure Biological False Positive Follow-up Completed Lost to Follow-up No Follow-up Needed 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 Sent Not Sent	Not applicable
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)		

CASE INVESTIGATION TAB					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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)		
Not present on CalREDIE	Exposure	<p>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.</p> <p>This variable may not be present in the DDP exports for some conditions.</p>	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.

CASE INVESTIGATION TAB					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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.
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 Record Complete, 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	DtPSFieldRecordOpen	Process Status – Field Record Open, Date	This is not an editable field.		This Variable is only available on system tab exports.
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	DtPSNeedadditionalInfoReInterview	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	DtPSPendingReleaseClearance	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	<p>This field is for any additional notes or remarks about the patient / disease incident.</p> <p>This variable may not be present in the DDP exports for some conditions.</p>	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.					

CASE INVESTIGATION TAB					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Location		Select a location of exposure from the Location Dictionary by clicking the icon.	Link		
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		
Binational Case	BINATINVESTCaseDef	Does this case meet the binational case definition?	DropDownList	Yes No Unknown	Y N U

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
Phone Number	RLENT_PHONE	Contact's Phone Number	FreeText		

CONTACTS (SYSTEM)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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	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
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

CONTACTS (SYSTEM)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Type of Contact	RLENT_CONTACTTYPE	What is the contact's type of contact with the incident patient?	DropDownList	Casual Contacts Child Close Contacts Cluster Daycare Center Father Friend High Risk Household Medical Provider Mother Neighbor Non-Contacts Other School Sexual	Casual Contacts Child Close Contacts Cluster Daycare Center Father Friend High Risk Household Medical Provider Mother Neighbor Non-Contacts Other School 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 in the CalREDIE Location Dictionary, and populate the Exposure Event Drop Down List	DropDownList		
Cluster ID	RLENT_CLUSTERID	Specify the Cluster ID	FreeText		
Priority	RLENT_PRIORITYDR	Indicate contact priority	DropDownList	High Low Medium	High Low Medium

CONTACTS (SYSTEM)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Status	RLENT_STATUSDR	What is the contact's status?	DropDownList	Contact Under Investigation Contact Investigation Completed Contact Lost to Follow-up Contact Moved (out of jurisdiction) Contact Turned to Incident Contact Not Investigated/No Follow-up planned	Contact Under Investigation Contact Investigation Completed Contact Lost to Follow-up Contact Moved (out of jurisdiction) Contact Turned to Incident 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)		
ID/DSR_ID (Ranged report)	ID/DSR_ID	ID/DSR_ID (Ranged report)	Numeric - auto generated		
LabReportID (on Ranged Report)	LabReportID (on	LabReportID (Ranged Report)	Numeric - auto generated		
Other Drug Name	Drug	Other Drug Name	Text		
Concentration	Concentration	Concentration	Text		
Method	Method	Method	Text		
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)		

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 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)		
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, LocalDescription and Test Coding System will be shown in the Laboratory Information (system) section only if these data are transmitted in the ELR message	Numeric		
LocalDescription*	Local Test Description	Laboratory's local test description *The panel consisting of Local Code, LocalDescription 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, LocalDescription 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		

LABORATORY INFORMATION W/ PROVIDER AND FACILITY (SYSTEM)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Result	Results	Lab test results	Text	Susceptible Intermediate Resistant Not Tested Not Reported See Therapy Comments	
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		
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		
LocalDescription*	LocalOrganismDescription	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		

LABORATORY INFORMATION W/ PROVIDER AND FACILITY (SYSTEM)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
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		

LABORATORY INFORMATION W/ PROVIDER AND FACILITY (SYSTEM)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
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.
Relevant Clinical Information	Relevant Clinical Information	Relevant Clinical Information	Text		
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	<p>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.</p> <p>Definitions for Case Event Date:</p> <p>Botulism: Date of specimen collection</p> <p>E. coli, shiga-toxin positive (STEC): Date of laboratory result</p> <p>Hepatitis A: Date of laboratory result</p> <p>Measles: Date of specimen collection</p> <p>Meningococcal Disease (N. meningitidis): Date of specimen collection</p> <p>Tularemia: Date of laboratory result</p>	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	CLIN
				Lab	LAB
				Other CA Jurisdiction	OTHJUR
				Other State	OTHST
				Other	OTH

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
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
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)		

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
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		

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?	CLICRSIGNSXSYPMTOMATIC	Did the patient have symptoms of anthrax?	DropDownList	Yes No Unknown	Y N U
Date sought medical care	CLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Skin lesion / eschar	CLICRSIGNSXSKINLESION	Did the patient have any skin lesions or eschar?	DropDownList	Yes No Unknown	Y N U
Specify sites	CLICRSIGNSXSKINLESIONSITES	If Yes, specify sites on the body where lesions were present	FreeText		
Hypoxia	CLICRSIGNSXHYPOXIA	Did patient have hypoxia?	DropDownList	Yes No Unknown	Y N U
Dyspnea	CLICRSIGNSXDYSPNEA	Did patient have dyspnea?	DropDownList	Yes No Unknown	Y N U
Abnormal chest x-ray	CLICRSIGNSXXRAY	Did patient have an abnormal chest x-ray?	DropDownList	Yes No Unknown	Y N U
Gastrointestinal symptoms	CLICRSIGNSXGASTRO	Did patient experience gastrointestinal symptoms?	DropDownList	Yes No Unknown	Y N U
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		
Septicemia	CLICRSIGNSXSEPTICEMIA	Did patient experience septicemia?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – ANTHRAX					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Mucosal lesion	CLICRSIGNSXMUCOSLESION	Was a mucosal lesion present?	DropDownList	Yes No Unknown	Y N U
Specify sites	CLICRSIGNSXMUCOSLESIONSITE	If Yes, specify sites on the body where lesions were present	FreeText		
Cervical adenopathy	CLICRSIGNSXCERVAADENO	Did patient have cervical adenopathy?	DropDownList	Yes No Unknown	Y N U
Other	CLICRSIGNSXOTH	Did patient have any other symptoms or signs of anthrax?	DropDownList	Yes No Unknown	Y N U
If Other, specify	CLICRSIGNSXOTHSPFY	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	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		

CLINICAL INFO – ANTHRAX					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGTREATMENT	Did the patient receive treatment for anthrax?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGMENT – DETAILS					
Treatment type	CLICRTXMGTDLTXTYPE_1 CLICRTXMGTDLTXTYPE_2 CLICRTXMGTDLTXTYPE_3	What was the general treatment type?	DropDownList	Antibiotic Vaccination Other	ABX VAC OTH
Treatment name	CLICRTXMGTDLTXNAME_1 CLICRTXMGTDLTXNAME_2 CLICRTXMGTDLTXNAME_3	What was the specific name of the treatment?	FreeText		
Date started	CLICRTXMGTDLSTARTDT_1 CLICRTXMGTDLSTARTDT_2 CLICRTXMGTDLSTARTDT_3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CLICRTXMGTDLENDDT_1 CLICRTXMGTDLENDDT_2 CLICRTXMGTDLENDDT_3	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)		

CLINICAL INFO – ANTHRAX					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Type of imaging	IMGSUMSHORTIMGTYPE_XRAY IMGSUMSHORTIMGTYPE_CT IMGSUMSHORTIMGTYPE_MRI IMGSUMSHORTIMGTYPE_OTH	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)		

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	LABCRLABRSLTUMSUMSPECTYPE_1 LABCRLABRSLTUMSUMSPECTYPE_2 LABCRLABRSLTUMSUMSPECTYPE_3	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	LABCRLABRSLTUMSUMSPECTYPESPFY_1 LABCRLABRSLTUMSUMSPECTYPESPFY_2 LABCRLABRSLTUMSUMSPECTYPESPFY_3	If Other specimen type was submitted, please specify the type of specimen	FreeText		
Type of test	LABCRLABRSLTUMTSTTYPE_1 LABCRLABRSLTUMTSTTYPE_2 LABCRLABRSLTUMTSTTYPE_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	LABCRLABRSLTUMSTAINTYPE_1 LABCRLABRSLTUMSTAINTYPE_2 LABCRLABRSLTUMSTAINTYPE_3	If Direct stain, specify type	FreeText		
Bacillus species	LABCRLABRSLTUMSPECIES_1 LABCRLABRSLTUMSPECIES_2 LABCRLABRSLTUMSPECIES_3	Bacillus species	DropDownList	Bacillus species r/o anthracis	RULEOUT
				Bacillus anthracis	BACANTH
				B. anthracis PA	BACANTHPA
				Other	OTH
If Other, specify	LABCRLABRSLTUMSPECIESPFY_1 LABCRLABRSLTUMSPECIESPFY_2 LABCRLABRSLTUMSPECIESPFY_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	LABCRLABRSLTSUMRSLT_1 LABCRLABRSLTSUMRSLT_2 LABCRLABRSLTSUMRSLT_3	What were the results of the laboratory testing?	FreeText		
Interpretation	LABCRLABRSLTSUMINTERPRET_1 LABCRLABRSLTSUMINTERPRET_2 LABCRLABRSLTSUMINTERPRET_3	What was the interpretation of the lab test?	DropDownList	Suspected	SUSP
				Confirmed	CONF
				Ruled out	RULEOUT
				Positive	POS
				Negative	NEG
				Equivocal	EQU
Collection date	LABCRLABRSLTSUMDT_1 LABCRLABRSLTSUMDT_2 LABCRLABRSLTSUMDT_3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	LABCRLABRSLTSUMLABNAME_1 LABCRLABRSLTSUMLABNAME_2 LABCRLABRSLTSUMLABNAME_3	Name of lab where testing was performed	FreeText		
Telephone	LABCRLABRSLTSUMLABPHONE_1 LABCRLABRSLTSUMLABPHONE_2 LABCRLABRSLTSUMLABPHONE_3	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	EPICREXPRISKANIMLBOVINE_1 EPICREXPRISKANIMLBOVINE_2 EPICREXPRISKANIMLBOVINE_3	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	EPICREXPRISKANIMLBOVINESPFYCOND_1 EPICREXPRISKANIMLBOVINESPFYCOND_2 EPICREXPRISKANIMLBOVINESPFYCOND_3	If yes, specify the condition of the animal	DropDownList	Ill Dead Healthy	I D H
Veterinary diagnosis	EPICREXPRISKANIMLBOVINESPFYDX_1 EPICREXPRISKANIMLBOVINESPFYDX_2 EPICREXPRISKANIMLBOVINESPFYDX_3	Veterinary diagnosis if made	FreeText		
Geographic location of exposure	EPICREXPRISKANIMLBOVINESPFYLOC_1 EPICREXPRISKANIMLBOVINESPFYLOC_2 EPICREXPRISKANIMLBOVINESPFYLOC_3	Geographic location of exposure to the animal	FreeText		
Date	EPICREXPRISKANIMLBOVINESPFYDT_1 EPICREXPRISKANIMLBOVINESPFYDT_2 EPICREXPRISKANIMLBOVINESPFYDT_3	Date of exposure	Date (MM/DD/YYYY)		
Sheep	EPICREXPRISKANIMLSHEEP_1 EPICREXPRISKANIMLSHEEP_2 EPICREXPRISKANIMLSHEEP_3	Did the patient come into contact with any sheep during the incubation period?	DropDownList	Yes No Unknown	Y N U
Condition of animal	EPICREXPRISKANIMLSHEEPSPFYCOND_1 EPICREXPRISKANIMLSHEEPSPFYCOND_2 EPICREXPRISKANIMLSHEEPSPFYCOND_3	If yes, specify the condition of the animal	DropDownList	Ill Dead Healthy	I D H
Veterinary diagnosis	EPICREXPRISKANIMLSHEEPSFYDX_1 EPICREXPRISKANIMLSHEEPSFYDX_2 EPICREXPRISKANIMLSHEEPSFYDX_3	Veterinary diagnosis if made	FreeText		
Geographic location of exposure	EPICREXPRISKANIMLSHEEPSPFYLOC_1 EPICREXPRISKANIMLSHEEPSPFYLOC_2 EPICREXPRISKANIMLSHEEPSPFYLOC_3	Geographic location of exposure to the animal	FreeText		
Date	EPICREXPRISKANIMLSHEEPSFYDT_1 EPICREXPRISKANIMLSHEEPSFYDT_2 EPICREXPRISKANIMLSHEEPSFYDT_3	Date of exposure	Date (MM/DD/YYYY)		
Other animal	EPICREXPRISKANIMLOTHANIML_1 EPICREXPRISKANIMLOTHANIML_2 EPICREXPRISKANIMLOTHANIML_3	Did the patient come into contact with any other animals during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type of animal	EPICREXPRISKANIMLOTHANIMLTYPE_1 EPICREXPRISKANIMLOTHANIMLTYPE_2 EPICREXPRISKANIMLOTHANIMLTYPE_3	Type of animal	FreeText		

Epidemiologic Info – Anthrax					
CalREDIE Field Name	DDP Export Field Name (Variable)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Condition of animal	EPICREXPRISKANIMLOTHANIMLCOND_1 EPICREXPRISKANIMLOTHANIMLCOND_2 EPICREXPRISKANIMLOTHANIMLCOND_3	If yes, specify the condition of the animal	DropDownList	Ill Dead Healthy	I D H
Veterinary diagnosis	EPICREXPRISKANIMLOTHANIMLDX_1 EPICREXPRISKANIMLOTHANIMLDX_2 EPICREXPRISKANIMLOTHANIMLDX_3	Veterinary diagnosis if made	FreeText		
Geographic location of exposure	EPICREXPRISKANIMLOTHANIMLLOC_1 EPICREXPRISKANIMLOTHANIMLLOC_2 EPICREXPRISKANIMLOTHANIMLLOC_3	Geographic location of exposure to the animal	FreeText		
Date	EPICREXPRISKANIMLOTHANIMLDT_1 EPICREXPRISKANIMLOTHANIMLDT_2 EPICREXPRISKANIMLOTHANIMLDT_3	Date of exposure	Date (MM/DD/YYYY)		
Exposures/Risk Factors – Animal Product Contact					
Hides or skins	EPICREXPRISKPRODHIDE_1 EPICREXPRISKPRODHIDE_2 EPICREXPRISKPRODHIDE_3	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	EPICREXPRISKPRODHIDESPFYLOC_1 EPICREXPRISKPRODHIDESPFYLOC_2 EPICREXPRISKPRODHIDESPFYLOC_3	Geographic location of exposure to the animal hides or skins	FreeText		
Date	EPICREXPRISKPRODHIDESPFYDT_1 EPICREXPRISKPRODHIDESPFYDT_2 EPICREXPRISKPRODHIDESPFYDT_3	Date of exposure	Date (MM/DD/YYYY)		
Wool	EPICREXPRISKPRODWOOL_1 EPICREXPRISKPRODWOOL_2 EPICREXPRISKPRODWOOL_3	Did the patient come into contact with any wool during the incubation period?	DropDownList	Yes No Unknown	Y N U
Geographic location of exposure	EPICREXPRISKPRODWOOLSPFYLOC_1 EPICREXPRISKPRODWOOLSPFYLOC_2 EPICREXPRISKPRODWOOLSPFYLOC_3	Geographic location of exposure to wool	FreeText		
Date	EPICREXPRISKPRODWOOLSPFYDT_1 EPICREXPRISKPRODWOOLSPFYDT_2 EPICREXPRISKPRODWOOLSPFYDT_3	Date of exposure	Date (MM/DD/YYYY)		
Other animal product	EPICREXPRISKPRODOTHPROD_1 EPICREXPRISKPRODOTHPROD_2 EPICREXPRISKPRODOTHPROD_3	Did the patient come into contact with any other animal products during the incubation period?	DropDownList	Yes No Unknown	Y N U
Specify product	EPICREXPRISKPRODOTHPRODSPFYPROD_1 EPICREXPRISKPRODOTHPRODSPFYPROD_2 EPICREXPRISKPRODOTHPRODSPFYPRO_3	If Yes, specify product	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	EPICREXPRISKPRODOTHPRODSPFYLOC_1 EPICREXPRISKPRODOTHPRODSPFYLOC_2 EPICREXPRISKPRODOTHPRODSPFYLOC_3	Geographic location of exposure to other animal products	FreeText		
Date	EPICREXPRISKPRODOTHPRODSPFYDT_1 EPICREXPRISKPRODOTHPRODSPFYDT_2 EPICREXPRISKPRODOTHPRODSPFYDT_3	Date of exposure	Date (MM/DD/YYYY)		
EXPOSURES/RISK FACTORS – OTHER ITEM CONTACT					
Suspicious powder/substance	EPICREXPRISKOTHPOWDER_1 EPICREXPRISKOTHPOWDER_2 EPICREXPRISKOTHPOWDER_3	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?	EPICREXPRISKOTHPOWDERTESTED_1 EPICREXPRISKOTHPOWDERTESTED_2 EPICREXPRISKOTHPOWDERTESTED_3	Was the substance tested?	DropDownList	Yes No Unknown	Y N U
Result of testing for B. anthracis	EPICREXPRISKOTHPOWDERTSTRSLT_1 EPICREXPRISKOTHPOWDERTSTRSLT_2 EPICREXPRISKOTHPOWDERTSTRSLT_3	If substance was tested, what was the result of testing for B. anthracis?	DropDownList	Confirmed Negative Not Done	CONF NEG NOT
Date	EPICREXPRISKOTHPOWDERTSTD_1 EPICREXPRISKOTHPOWDERTSTD_2 EPICREXPRISKOTHPOWDERTSTD_3	Date of testing	Date (MM/DD/YYYY)		
Suspicious letter/package	EPICREXPRISKOTHPACKAGE_1 EPICREXPRISKOTHPACKAGE_2 EPICREXPRISKOTHPACKAGE_3	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?	EPICREXPRISKOTHPACKAGETESTED_1 EPICREXPRISKOTHPACKAGETESTED_2 EPICREXPRISKOTHPACKAGETESTED_3	Was the letter or package tested?	DropDownList	Yes No Unknown	Y N U
Result of testing for B. anthracis	EPICREXPRISKOTHPACKAGETSTRSLT_1 EPICREXPRISKOTHPACKAGETSTRSLT_2 EPICREXPRISKOTHPACKAGETSTRSLT_3	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	EPICREXPRISKOTHPACKAGETSTD_1 EPICREXPRISKOTHPACKAGETSTD_2 EPICREXPRISKOTHPACKAGETSTD_3	Date of testing	Date (MM/DD/YYYY)		
Other suspicious event or item	EPICREXPRISKOTHOTHITEM_1 EPICREXPRISKOTHOTHITEM_2 EPICREXPRISKOTHOTHITEM_3	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	EPICREXPRISKOTHOTHITEMSPFYITEM_1 EPICREXPRISKOTHOTHITEMSPFYITEM_2 EPICREXPRISKOTHOTHITEMSPFYITEM_3	If Yes, specify the suspicious event or item	FreeText		
Was substance tested?	EPICREXPRISKOTHOTHITEMTESTED_1 EPICREXPRISKOTHOTHITEMTESTED_2 EPICREXPRISKOTHOTHITEMTESTED_3	Was the suspicious item or event 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	EPICREXPRISKOTHOTHITEMTSTRSLT_1 EPICREXPRISKOTHOTHITEMTSTRSLT_2 EPICREXPRISKOTHOTHITEMTSTRSLT_3	If the item was tested, what was the result of testing for B. anthracis?	FreeText		
Date	EPICREXPRISKOTHOTHITEMTSTD_1 EPICREXPRISKOTHOTHITEMTSTD_2 EPICREXPRISKOTHOTHITEMTSTD_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
TRAVEL HISTORY – DETAILS					
Type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Type of Travel	RadioButtonList	Domestic International Unknown	D I U
State	TrvHxDtlState_1 TrvHxDtlState_2 TrvHxDtlState_3	State	DropDownList	See Appendix S	
Country	TrvHxDtlCountry_1 TrvHxDtlCountry_2 TrvHxDtlCountry_3	Country	DropDownList		
Location details	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)		
Patient fly while infectious	TRVHXDTLPatFly_1 TRVHXDTLPatFly_2 TRVHXDTLPatFly_3	Patient fly while infectious	DropDownList	Yes No Unknown	Y N U
Airline	TRVHXDTLPatFlyAirline_1 TRVHXDTLPatFlyAirline_2 TRVHXDTLPatFlyAirline_3	Airline	FreeText		
Flight Number(s)	TRVHXDTLPatFlyNumber_1 TRVHXDTLPatFlyNumber_2 TRVHXDTLPatFlyNumber_3	Flight Number(s)	FreeText		

EPIDEMIOLOGIC INFO – ANTHRAX					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Departure Date	TRVHXDTLPatFlyDepDt_1 TRVHXDTLPatFlyDepDt_2 TRVHXDTLPatFlyDepDt_3	Date travel departure	Date (MM/DD/YYYY)		
Arrival Date	TRVHXDTLPatFlyArrDt_1 TRVHXDTLPatFlyArrDt_2 TRVHXDTLPatFlyArrDt_3	Date travel arrival	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					
Part of known outbreak?	OBPARTOF	Is this anthrax case part of a known outbreak?	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
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	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_SRC OBTRANSMOD_P2P OBTRANSMOD_UNK OBTRANSMOD_OTH	What is the mode of transmission?	CheckBoxList (more than one choice is possible)	Point source	SRC
				Person-to-person	P2P
				Unknown	UNK
				Other	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	CLICRSignSxSymptomatic	Symptomatic?	DropDownList	Yes No Unknown	Y N U
Is the Patient Asplenic?	CLICRSignSxAsp	Is the patient asplenic?	DropDownList	Yes No Unknown N/A	Y N U NA
Splenectomy Date	CLICRSignSxSplnDt	If the patient had splenectomy, date of surgery	Date (MM/DD/YYYY)		
Fever	CLICRSignSxFever	Fever	DropDownList	Yes No Unknown	Y N U
Anemia	CLICRSignSxAnemia	Anemia	DropDownList	Yes No Unknown	Y N U
Thrombocytopenia	CLICRSignSxThrom	Thrombocytopenia	DropDownList	Yes No Unknown	Y N U
Headache	CLICRSignSxHead	Headache	DropDownList	Yes No Unknown	Y N U
Chills	CLICRSignSxChills	Chills	DropDownList	Yes No Unknown	Y N U
Sweats	CLICRSignSxSweats	Sweats	DropDownList	Yes No Unknown	Y N U
Myalgia	CLICRSignSxMyalgia	Myalgia	DropDownList	Yes No Unknown	Y N U
Arthralgia	CLICRSignSxArthralgia	Arthralgia	DropDownList	Yes No Unknown	Y N U
Other Signs/Symptoms	CLICRSignSxOth	Other signs/symptoms (specify)	FreeText		

CLINICAL INFO – BABESIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Complications	CLICRSignSxComp_RESP CLICRSignSxComp_CONG CLICRSignSxComp_MYOCARD CLICRSignSxComp_DIC CLICRSignSxComp_RENAL CLICRSignSxComp_NONE CLICRSignSxComp_OTH	Specify any complications in the clinical course of infection	CheckBoxList (more than one choice is possible)	Acute respiratory distress	RESP
				Congestive heart failure	CONG
				Myocardial infarction	MYOCARD
				Disseminated intravascular coagulation (DIC)	DIC
				Renal failure	RENAL
				None	NONE
				Other	OTH
Specify other Complications	CLICRSignSxCompSpcfy	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	HOSPDTLNAME_1 HOSPDTLNAME_2 HOSPDTLNAME_3	Hospital name	FreeText		
Street Address	HOSPDTLADDRESS_1 HOSPDTLADDRESS_2 HOSPDTLADDRESS_3	Street address	FreeText		
City	HOSPDTLCITY_1 HOSPDTLCIT_2 HOSPDTLCITY_3	City	FreeText		

CLINICAL INFO – BABESIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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 #	HOSPDTLMRN_1 HOSPDTLMRN_2 HOSPDTLMRN_3	Medical record number	FreeText		
Discharge Diagnosis	HOSPDTLDISCHDX_1 HOSPDTLDISCHDX_2 HOSPDTLDISCHDX_3	Discharge diagnosis	FreeText		
TREATMENT/MANAGEMENT					
Antimicrobial Treatment	CLICRTxMgtMicrobeTx	Received antimicrobial treatment?	DropDownList	Yes No Unknown	Y N U
If Yes, which drugs?	CLICRTxMgtMicrob_CLIND CLICRTxMgtMicrob_QUIN CLICRTxMgtMicrob_ATOVAQ CLICRTxMgtMicrob_AZITH CLICRTxMgtMicrob_OTH	If Yes, which drugs?	CheckBoxList (more than one choice is possible)	Clindamycin Quinine Atovaquone Azithromycin Other	CLIND QUIN ATOVAQ AZITH OTH
Other Drugs	CLICRTxMgtMicrobSpcfy	If Other, specify	FreeText		
Outcome	CLICROutcomeFinal	Outcome?	DropDownList	Survived Died Unknown	S D U
Survived as of	CLICROutcomeFinalSurvDt	Survived as of	Date (MM/DD/YYYY)		

CLINICAL INFO – BABESIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Date of Death	CLICROutcomeFinalDeathDt	Date of death	Date (MM/DD/YYYY)		
Death Related to Infection	CLICROutcomeFinalDeathRltd	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	LABCRResSumSerIFA	Were the following laboratory tests performed? IFA - total antibody (Ig)	DropDownList	Done Not done Unknown	DONE NOT UNK
Test Result	LABCRResSumSerIFARes	Result	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Unknown	UNK
				Pending	PEND
Babesia Species	LABCRResSumSerIFAResSpcfy	If Positive, specify Babesia species	FreeText		
Titer	LABCRResSumSerIFATiter	Titer	FreeText		
Collection Date	LABCRResSumSerIFACollDt	Collection date	Date (MM/DD/YYYY)		
Lab Name	LABCRResSumSerIFALab	Laboratory name	FreeText		
Telephone #	LABCRResSumSerIFALabPhone	Telephone number	FreeText		
IFA – IgG					
Test done	LABCRResSumSerIgG	Were the following laboratory tests performed? IFA - IgG	DropDownList	Done Not done Unknown	DONE NOT UNK
Test Result	LABCRResSumSerIgGRes	Result	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Unknown	UNK
				Pending	PEND
Babesia Species	LABCRResSumSerIgGResSpcfy	If Positive, specify Babesia species	FreeText		
Titer	LABCRResSumSerIgGTiter	Titer	FreeText		

LABORATORY INFO – BABESIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Collection Date	LABCRResSumSerIgGCollDt	Collection date	Date (MM/DD/YYYY)		
Lab Name	LABCRResSumSerIgGLab	Laboratory name	FreeText		
Telephone #	LABCRResSumSerIgGLabPhone	Telephone number	FreeText		
IFA – IgM					
Test done	LABCRResSumSerIgM	Were the following laboratory tests performed? IFA-IgM	DropDownList	Done Not done Unknown	DONE NOT UNK
Test Result	LABCRResSumSerIgMRes	Result	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Unknown	UNK
				Pending	PEND
Babesia Species	LABCRResSumSerIgMResSpcfy	If Positive, specify Babesia species	FreeText		
Titer	LABCRResSumSerIgMTiter	Titer	FreeText		
Collection Date	LABCRResSumSerIgMCollDt	Collection date	Date (MM/DD/YYYY)		
Lab Name	LABCRResSumSerIgMLab	Laboratory name	FreeText		
Telephone #	LABCRResSumSerIgMLabPhone	Telephone number	FreeText		
Immunoblot					
Test done	LABCRResSumSerImmu	Were the following laboratory tests performed? Immunoblot	DropDownList	Done Not done Unknown	DONE NOT UNK
Test Result	LABCRResSumSerImmuRes	Result	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Unknown	UNK
				Pending	PEND
Babesia Species	LABCRResSumSerImmuResSpcfy	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	LABCRResSumSerImmuCollDt	Collection date	Date (MM/DD/YYYY)		
Lab Name	LABCRResSumSerImmuLab	Laboratory name	FreeText		
Telephone #	LABCRResSumSerImmuLabPhone	Telephone number	FreeText		
Blood smear					
Test done	LABCRResSumSerBld	Were the following laboratory tests performed? Blood smear	DropDownList	Done Not done Unknown	DONE NOT UNK
Test Result	LABCRResSumSerBldRes	Result	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Unknown	UNK
				Pending	PEND
Babesia Species	LABCRResSumSerBldResSpcfy	If Positive, specify Babesia species	FreeText		
Collection Date	LABCRResSumSerBldCollDt	Collection date	Date (MM/DD/YYYY)		
Lab Name	LABCRResSumSerBldLab	Laboratory name	FreeText		
Telephone #	LABCRResSumSerBldLabPhone	Telephone number	FreeText		
PCR					
Test done	LABCRResSumSerPCR	Were the following laboratory tests performed? PCR	DropDownList	Done Not done Unknown	DONE NOT UNK
Test Result	LABCRResSumSerPCRRes	Result	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Unknown	UNK
				Pending	PEND
Babesia Species	LABCRResSumSerPCRResSpcfy	If Positive, specify Babesia species	FreeText		
Collection Date	LABCRResSumSerPCRCollDt	Collection date	Date (MM/DD/YYYY)		

LABORATORY INFO – BABESIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Specimen type	LABCRResSumSerPCRSpecType	Specimen type	FreeText		
Lab name	LABCRResSumSerPCRLab	Laboratory name	FreeText		
Telephone #	LABCRResSumSerPCRLabPhone	Telephone number	FreeText		
LABORATORY RESULTS SUMMARY – OTHER TESTS					
Type of Test	LABCRResSumOthTypeTst_1 LABCRResSumOthTypeTst_2 LABCRResSumOthTypeTst_3	Type of test	FreeText		
Result	LABCRResSumOthRes_1 LABCRResSumOthRes_2 LABCRResSumOthRes_3	Result	DropDownList	Positive Negative Indeterminate Unknown Pending	POS NEG IND UNK PEND
Babesia Species	LABCRResSumOthResSpcfy_1 LABCRResSumOthResSpcfy_2 LABCRResSumOthResSpcfy_3	If Positive, specify Babesia species	FreeText		
Collection Date	LABCRResSumOthCollDt_1 LABCRResSumOthCollDt_2 LABCRResSumOthCollDt_3	Collection date	Date (MM/DD/YYYY)		
Specimen Type	LABCRResSumOthSpecType_1 LABCRResSumOthSpecType_2 LABCRResSumOthSpecType_3	Specimen type	FreeText		
Laboratory Name	LABCRResSumOthLab_1 LABCRResSumOthLab_2 LABCRResSumOthLab_3	Laboratory name	FreeText		
Telephone Number	LABCRResSumOthLabPhone_1 LABCRResSumOthLabPhone_2 LABCRResSumOthLabPhone_3	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					

EPIDEMIOLOGIC INFO - BABESIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Transfusion	EPICRRiskFactInfTrans	Was patient's infection transfusion associated?	DropDownList	Yes No Unknown	Y N U
Describe Transfusion	EPICRRiskFactInfTransSpcfy	If Yes, describe	FreeText		
Donor	EPICRRiskFactInfTransDonor	Was patient a blood donor identified during a transfusion investigation?	DropDownList	Yes No Unknown	Y N U
Describe if donor	EPICRRiskFactInfTransDonorSpcfy	If Yes, describe	FreeText		
EXPOSURES / RISK FACTORS - OUTDOOR EXPOSURES					
Outdoor Activities	EPICRRiskFactOutAct	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
Type of activities	EPICRRiskFactOutActType_CAMP EPICRRiskFactOutActType_HIKE EPICRRiskFactOutActType_HUNT EPICRRiskFactOutActType_YARD EPICRRiskFactOutActType_OTH	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	EPICRRiskFactOutActTypeSpcfy	If Other, describe	FreeText		
Wooded/Brushy Areas	EPICRRiskFactOutWood	Spend time outdoors in or near wooded or brushy areas?	DropDownList	Yes No Unknown	Y N U
Describe Area	EPICRRiskFactOutWoodSpcfy	If Yes, describe	FreeText		
Tick Bites	EPICRRiskFactOutTick	Notice any tick bites?	DropDownList	Yes No Unknown	Y N U
Date Noticed	EPICRRiskFactOutTickDt	If Yes, specify below: Date noticed	Date (MM/DD/YYYY)		
Duration of Attachment	EPICRRiskFactOutTickDuration	If Yes, specify below: Approximate duration of attachment	FreeText		
Geographic Location	EPICRRiskFactOutTickWhere	If Yes, specify below: Where obtained (geographic location)	FreeText		
TRAVEL HISTORY					

EPIDEMIOLOGIC INFO - BABESIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Travel Outside of County	EPICRTrvHXCounty	Did the patient travel <i>outside of county of residence</i> during the incubation period?	DropDownList	Yes No Unknown	Y N U
Travel Outside of U.S.	EPICRTrvHXUS	Did the patient travel <i>outside the U.S.</i> during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY - DETAILS					
Location	EPICRTrvHXDtLoc_1 EPICRTrvHXDtLoc_2 EPICRTrvHXDtLoc_3	Location (city, county, state, country)	FreeText		
Date Travel Started	EPICRTrvHXDtStartDt_1 EPICRTrvHXDtStartDt_2 EPICRTrvHXDtStartDt_3	Date travel started	Date (MM/DD/YYYY)		
Date Travel Ended	EPICRTrvHXDtEndDt_1 EPICRTrvHXDtEndD_t2 EPICRTrvHXDtEndD_t3	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	Date (MM/DD/YYYY)		
First Reported By	REPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, Specify	REPAGENCYREPORTEDBYSFY	If Other, specify	FreeText		
OUTBREAK					
Part of Known Outbreak	EPICROBPartOf	Part of known Outbreak	DropDownList	Yes No Unknown	Y N U
				One CA jurisdiction	ONEJUR

EPIDEMIOLOGIC INFO - BABESIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Extent of Outbreak	EPICROBPartOfExt	If Yes, extent of outbreak	DropDownList	Multiple CA jurisdictions	MULJUR
				Multistate	MULSTAT
				International	INTR
				Unknown	UNK
				Other	OTH
If Other, Specify	EPICROBPartOfExtSpcfy	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	CLICRCLICONTINFOPHYSLASTNAME_1 CLICRCLICONTINFOPHYSLASTNAME_2 CLICRCLICONTINFOPHYSLASTNAME_3	Last name of physician treating patient	FreeText		
Physician first name	CLICRCLICONTINFOPHYSFIRSTNAME_1 CLICRCLICONTINFOPHYSFIRSTNAME_2 CLICRCLICONTINFOPHYSFIRSTNAME_3	First name of physician treating patient	FreeText		
Clinician specialty	CLICRCLICONTINFOSPECIALTY_1 CLICRCLICONTINFOSPECIALTY_2 CLICRCLICONTINFOSPECIALTY_3	What is the medical specialty of the treating physician?	DropDownList	Infectious disease Neurologist Other	INFDIS NEURO OTH
If Other, specify	CLICRCLICONTINFOSPECIALTYSFY_1 CLICRCLICONTINFOSPECIALTYSFY_2 CLICRCLICONTINFOSPECIALTYSFY_3	If Other, please specify the area of specialty	FreeText		
Telephone number	CLICRCLICONTINFOPHONE_1 CLICRCLICONTINFOPHONE_2 CLICRCLICONTINFOPHONE_3	Telephone number of treating physician	FreeText		
Fax number	CLICRCLICONTINFOFAX_1 CLICRCLICONTINFOFAX_2 CLICRCLICONTINFOFAX_3	FAX number of treating physician	FreeText		
SIGNS AND SYMPTOMS					
Symptomatic?	CLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with botulism?	DropDownList	Yes No Unknown	Y N U
Onset time	CLICRSIGNSXONSET HOUR	What was the approximate onset time of the symptoms?	FreeText (HH:MM AM/PM)		
Date of neurologic symptoms	CLICRSIGNSXNEUROSYMPDT	Date when the first neurologic symptoms appeared?	Date (MM/DD/YYYY)		
Date sought medical care	CLICRSIGNSXSGTMEDCAREDT	Date first sought medical care	Date (MM/DD/YYYY)		
Nausea	CLICRSIGNSXNAUSEA	Botulism signs and symptoms: Nausea	DropDownList	Yes No Unknown	Y N U
Change in voice	CLICRSIGNSXCHANGEVOICE	Botulism signs and symptoms: Change in sound of voice	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
Vomiting	CLICRSIGNSXVOMIT	Botulism signs and symptoms: Vomiting	DropDownList	Yes No Unknown	Y N U
Hoarseness	CLICRSIGNSXHOARSE	Botulism signs and symptoms: Hoarseness	DropDownList	Yes No Unknown	Y N U
Abdominal pain	CLICRSIGNSXABPAIN	Botulism signs and symptoms: Abdominal pain	DropDownList	Yes No Unknown	Y N U
Dry mouth	CLICRSIGNSXDRYOUTH	Botulism signs and symptoms: Dry mouth	DropDownList	Yes No Unknown	Y N U
Diarrhea	CLICRSIGNSXDIARRHEA	Botulism signs and symptoms: Diarrhea	DropDownList	Yes No Unknown	Y N U
Dysphagia	CLICRSIGNSXSWALLOWTROUB	Botulism signs and symptoms: Dysphagia (trouble swallowing)	DropDownList	Yes No Unknown	Y N U
Constipation	CLICRSIGNSXCONSTIPATION	Botulism signs and symptoms: Constipation	DropDownList	Yes No Unknown	Y N U
Shortness of breath	CLICRSIGNSXBRTHTROUBLE	Botulism signs and symptoms: Shortness of breath /trouble breathing	DropDownList	Yes No Unknown	Y N U
Diplopia	CLICRSIGNSXBLURVISION	Botulism signs and symptoms: Diplopia (double vision)/blurred vision	DropDownList	Yes No Unknown	Y N U
Subjective weakness	CLICRSIGNSXWEAKNESS	Botulism signs and symptoms: Subjective weakness	DropDownList	Yes No Unknown	Y N U
Dizziness	CLICRSIGNSXDIZZY	Botulism signs and symptoms: Dizziness	DropDownList	Yes No Unknown	Y N U
Fatigue	CLICRSIGNSXFATIGUE	Botulism signs and symptoms: Fatigue	DropDownList	Yes No Unknown	Y N U
Slurred speech	CLICRSIGNSXSPEECHDIFF	Botulism signs and symptoms: Slurred speech	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
Paresthesia	CLICRSIGNSXPARESTHESIA	Botulism signs and symptoms: Paresthesia (abnormal sensation, e.g. numbness)	DropDownList	Yes No Unknown	Y N U
Thick tongue	CLICRSIGNSXTHICKTONGUE	Botulism signs and symptoms: Thick tongue	DropDownList	Yes No Unknown	Y N U
Other	CLICRSIGNSXOTH	Other signs or symptoms of botulism	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRSIGNSXPARALYPROGSPFY	If Yes, specify	FreeText		
PHYSICAL EXAM FINDINGS					
Alert and oriented	CLICRPHYEXAMALERT	Is patient alert and oriented?	DropDownList	Yes No Unknown	Y N U
Extraocular palsy	CLICRPHYEXAMEXOCPALSY	Does patient have extraocular palsy (paralysis of eye muscles)	DropDownList	Yes No Unknown	Y N U
Is it bilateral?	CLICRPHYEXAMEXOCPALSYBI	Is the extraocular palsy bilateral?	DropDownList	Yes No Unknown	Y N U
Ptosis	CLICRPHYEXAMPSTSOSIS	Does patient have ptosis (drooping eyelids)?	DropDownList	Yes No Unknown	Y N U
Is it bilateral?	CLICRPHYEXAMPOTOSISBI	Is the ptosis bilateral?	DropDownList	Yes No Unknown	Y N U
Pupil abnormality	CLICRPHYEXAMPUPILABNORMAL	Does patient have pupil abnormality?	DropDownList	Yes No Unknown	Y N U
Abnormality	CLICRPHYEXAMPUPILABNORMALAB	Describe the pupil abnormality	DropDownList	Dilated Constricted Non-reactive	D C NR
Is it bilateral?	CLICRPHYEXAMPUPILABNOMRALBI	Is the pupil abnormality bilateral?	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
Facial paralysis	CLICRPHYEXAMFACIALPAR	Does patient have facial paralysis?	DropDownList	Yes No Unknown	Y N U
Is it bilateral?	CLICRPHYEXAMFACIALPARBI	Is the facial paralysis bilateral?	DropDownList	Yes No Unknown	Y N U
Palatal weakness	CLICRPHYEXAMPALATALWEAK	Does patient have palatal weakness?	DropDownList	Yes No Unknown	Y N U
Is it bilateral?	CLICRPHYEXAMPALATALWEAKBI	Is the palatal weakness bilateral?	DropDownList	Yes No Unknown	Y N U
Impaired gag reflex	CLICRPHYEXAMIMPGAGREF	Does patient have an impaired gag reflex?	DropDownList	Yes No Unknown	Y N U
Sensory deficit(s)	CLICRPHYEXAMSENSORYDEF	Does patient have sensory deficit(s)?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRPHYEXAMSENSORYDEFSPECIFY	If Yes, specify	FreeText	Yes No Unknown	Y N U
Muscle weakness / paralysis	CLICRPHYEXAMMUSCWEAK	Does patient have muscle weakness and/or paralysis?	DropDownList	Yes No Unknown	Y N U
Progression of weakness	CLICRPHYEXAMMUSCWEAKPROGRESS	If muscle weakness/paralysis present, describe progression	DropDownList	Ascending, ending with cranial nerves	ASC
				Descending, beginning with cranial	DESC
				Other	OTH
If Other, specify	CLICRPHYEXAMMUSCWEAKPROGRESSSPEC	If Other, specify	FreeText		
Is it bilateral?	CLICRPHYEXAMMUSCWEAKBI	Is the muscle weakness/ paralysis bilateral?	DropDownList	Yes No Unknown	Y N U
Ataxia	CLICRPHYEXAMATAxia	Does patient have ataxia?	DropDownList	Yes No Unknown	Y N U
Abnormal reflexes	CLICRPHYEXAMABNORMALTENDON	Does patient have abnormal deep tendon reflexes?	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, describe	CLICRPHYEXAMABNORMALTENDONDDESC	If Yes, describe	FreeText		
Other signs/symptoms	CLICRPHYEXAMOTHERSS	Does patient have other signs/symptoms? (specify)	FreeText		
MUSCLE STRENGTH EXAM					
Proximal upper extremity (R)	CLICRMUSCLEEXAMPROMXUPEXTRR	Results of muscle strength exam: Proximal 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
Proximal upper extremity (L)	CLICRMUSCLEEXAMPROMXUPEXTRL	Results of muscle strength exam: Proximal 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

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 upper extremity (R)	CLICRMUSCLEEXAMDISTUPEXTRR	Results of muscle strength exam: Distal 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
Distal upper extremity (L)	CLICRMUSCLEEXAMDISTUPEXTRL	Results of muscle strength exam: Distal 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 5/5 = full range of motion against gravity, full resistance 9 = unknown	0 1 2 3 4 5 9
Proximal lower extremity (R)	CLICRMUSCLEEXAMPROXLOWEXTRR	Results of muscle strength exam: Proximal lower 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
	CLICRMUSCLEEXAMPROXLOWEXTRL		DropDown List	0/5 = no evidence of contractility	0

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
Proximal lower extremity (L)		Results of muscle strength exam: Proximal lower extremity - LEFT		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	1 2 3 4 5 9
Distal lower extremity (R)	CLICRMUSCLEEXAMDISTLOWEXTRR	Results of muscle strength exam: Distal lower 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
Distal lower extremity (L)	CLICRMUSCLEEXAMDISTLOWEXTRL	Results of muscle strength exam: Distal lower 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 5/5 = full range of motion against gravity, full resistance 9 = unknown	0 1 2 3 4 5 9
CLINICAL TESTS					
Lumbar puncture	CLICRCLITSTLUMBARPUNCT	Was a lumbar puncture (CSF analysis) performed?	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
WBC count	CLICRCLITSTWBCCOUNT	If lumbar puncture performed, results of WBC count (highest)?	FreeText		
RBC count	CLICRCLITSTLUMBARPUNCTRBC	If lumbar puncture performed, RBC count?	FreeText		
Opening pressure	CLICRCLITSTOPENPRES	If lumbar puncture performed, opening pressure?	FreeText		
Protein	CLICRCLITSTPROTEIN	If lumbar puncture performed, protein (highest)>	FreeText		
Glucose	CLICRCLITSTLUMBARPUNCTGLU	If lumbar puncture performed, glucose?	FreeText		
Date	CLICRCLITSTLUMBARPUNCTDATE	Date of lumbar puncture	Date (MM/DD/YYYY)		
EMG	CLICRCLITSTEMG	Was an EMG performed?	DropDownList	Yes No Unknown	Y N U
Result	CLICRCLITSTEMGSPFYRSLT	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	CLICRCLITSTEMGRAPID	If an EMG was performed, was it done with rapid stimulation?	DropDownList	Yes No Unknown	Y N U
Specify Hertz	CLICRCLITSTEMGHZ	If Yes, specify Hertz	FreeText		
Date	CLICRCLITSTEMGDATE	Date of EMG	Date (MM/DD/YYYY)		
Edrophonium	CLICRCLITSTEDROPH	Was edrophonium (Tensilon) administered?	DropDownList	Yes No Unknown	Y N U
Describe results	CLICRCLITSTEDROPHRSLT	If Yes, describe results	FreeText		
Date	CLICRCLITSTEDROPHDATE	Date of edrophonium injection	Date (MM/DD/YYYY)		
CT / MRI scan	CLICRCLITSTCTMRI	Was a CT or MRI scan performed?	DropDownList	Yes No Unknown	Y N U
Describe results	CLICRCLITSTCTMRIRSLT	If Yes, describe results of CT/MRI scan	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
Date	CLICRCLITSTCTMRIDATE	Date of CT or MRI scan	Date (MM/DD/YYYY)		
PAST MEDICAL HISTORY					
Prior botulism diagnosis	CLICRPASMEDHXPRIORDX	Has patient ever had a prior botulism diagnosis?	DropDownList	Yes No Unknown	Y N U
If Yes, Diagnosis date	CLICRPASMEDHXPRIORDXDT	If Yes, specify prior botulism diagnosis date	Date (MM/DD/YYYY)		
Prior neurological impairment	CLICRPASMEDHXNEURO	Has there been prior neurological impairment?	DropDownList	Yes No Unknown	Y N U
If Yes, describe impairment	CLICRPASMEDHXNEUROSPEC	If Yes, describe impairment	FreeText		
Allergy to equine products	CLICRPASMEDHXEQUINE	Does patient have a history of any allergy to equine products?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	CLICRPASMEDHXEQUINEDESC	If Yes, describe the allergy	FreeText		
Immuno-compromised	CLICRPASMEDHXIMMUNO	Is patient immuno-compromised?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRPASMEDHXIMMUNOCOND	If Yes, specify condition	FreeText		
Other (specify)	CLICRPASMEDHXOTH	Does patient have any other relevant past medical history? (specify)	FreeText		
Myobloc (toxin-type B)	CLICRPASMEDHXMYOBLOC	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)	CLICRPASMEDHXBOTOX	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	CLICRPASMEDHXAMINO	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	CLICRPASMEDHXANTICHOLIN	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)	CLICRPASMEDHXOTHER	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	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	HOSPDTL CITY_1 HOSPDTL CITY_2 HOSPDTL CITY_3	City where hospital located	FreeText		
State	HOSPDTL STATE_1 HOSPDTL STATE_2 HOSPDTL STATE_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		

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
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	HOSPDLMRN_1 HOSPDLMRN_2 HOSPDLMRN_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		
TREATMENT / MANAGEMENT					
Was antitoxin released?	CLICRTXMGTRLEASED	Was antitoxin released / authorized?	DropDownList	Yes No Unknown	Y N U
Date of antitoxin release	CLICRTXMGTRLEASEDDT	Date of antitoxin release	Date (MM/DD/YYYY)		
Time of antitoxin release	CLICRTXMGTRLEASEDTIME	Time of antitoxin release (HH:MM AM/PM)	FreeText		
Officer releasing antitoxin	CLICRTXMGTOFFNAME	Officer releasing antitoxin (last name, first name)	FreeText		
Pharmacy receiving antitoxin	CLICRTXMGTPHARM	Name of hospital or pharmacy that received antitoxin	FreeText		
Pharmacy phone number	CLICRTXMGTPHARMPHONE	Pharmacy phone number	FreeText		
Received botulinum antitoxin?	CLICRTXMGTRCEIVEDANTITOX	Did the patient receive botulinum antitoxin?	DropDownList	Yes No Unknown	Y N U
# doses used	CLICRTXMGNUMDOSES	If yes, specify the number of doses used	FreeText		
Antitoxin type – 1 st dose	CLICRTXMGTYPEFIRST	What type of antitoxin was administered for the 1 st dose?	DropDownList	Cangene heptavalent	CHEPT
				Unknown	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
				Other	OTH
If Other, specify	CLICRTXMGTYPEFIRSTSPEC	If Other type of antitoxin administered for 1 st dose, please specify	FreeText		
Date administered	CLICRTXMGTYPEFIRSTDT	Date 1 st antitoxin dose was administered	Date (MM/DD/YYYY)		
Antitoxin type – 2 nd dose	CLICRTXMGTYPESECOND	What type of antitoxin was administered for the second dose?	DropDownList	Cangene hepta valent	CHEPT
				Unknown	U
				Other	OTH
If Other, specify	CLICRTXMGTYPESECONDDTSPEC	If Other type of antitoxin administered for 2 nd dose, please specify	FreeText		
Date administered	CLICRTXMGTYPESECONDDT	Date 2 nd antitoxin dose was administered	Date (MM/DD/YYYY)		
Admitted to ICU?	CLICRTXMGTADMICU	Was the patient admitted to the ICU?	DropDownList	Yes No Unknown	Y N U
Admit date	CLICRTXMGTADMICUDATE	If Yes, what was the ICU admit date?	Date (MM/DD/YYYY)		
Intubated	CLICRTXMGTIINTUBATED	Was the patient intubated and placed on ventilator?	DropDownList	Yes No Unknown	Y N U
Intubation date	CLICRTXMGTIINTUBATEDDATE	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
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
ADDITIONAL COMMENTS					
Comments	CLICRADDCCOMMENTS	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	LABCRCLISPECDTOXTSTSPECTYPE_1 LABCRCLISPECDTOXTSTSPECTYPE_2 LABCRCLISPECDTOXTSTSPECTYPE_3	Type of clinical specimen submitted for direct toxin testing	DropDownList	Gastric aspirate Serum (pre-antitoxin) Serum (post-antitoxin) Stool	GAST SERPRE SERPOST STOOL
Result	LABCRCLISPECDTOXTSTRSLT_1 LABCRCLISPECDTOXTSTRSLT_2 LABCRCLISPECDTOXTSTRSLT_3	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	LABCRCLISPECDTOXTSTTYPE_1 LABCRCLISPECDTOXTSTTYPE_2 LABCRCLISPECDTOXTSTTYPE_3	What type of toxin was detected?	DropDownList	Type A Type B Type ABE Type C Type D Type E Type F Type G Untypeable Unknown	A B ABE C D E F G UNTPY UNK
Collection date	LABCRCLISPECDTOXTSTD_1 LABCRCLISPECDTOXTSTD_2 LABCRCLISPECDTOXTSTD_3	Date clinical specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	LABCRCLISPECDTOXTSTLABNAME_1 LABCRCLISPECDTOXTSTLABNAME_2 LABCRCLISPECDTOXTSTLABNAME_3	Name of lab where direct toxin testing was performed	FreeText		
Telephone	LABCRCLISPECDTOXTSTLABPHONE_1 LABCRCLISPECDTOXTSTLABPHONE_2 LABCRCLISPECDTOXTSTLABPHONE_3	Telephone number of lab	FreeText		
CLINICAL SPECIMEN – CULTURE TESTING					
Specimen type	LABCRCLISPECCULTTSTSPECTYPE_1 LABCRCLISPECCULTTSTSPECTYPE_2 LABCRCLISPECCULTTSTSPECTYPE_3	Type of clinical specimen submitted for culture testing	DropDownList	Abscess biopsy Gastric aspirate Stool Wound aspirate	ABSBIOP GAST STOOL WOUND

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	OTH
If Other, specify	LABCRCLISPECCULTTSTSPECTYPESPF_1 LABCRCLISPECCULTTSTSPECTYPESPF_2 LABCRCLISPECCULTTSTSPECTYPESPF_3	If Other type of clinical specimen, specify	FreeText		
Abscess biopsy site	LABCRCLISPECCULTTABSCESSSITE_1 LABCRCLISPECCULTTABSCESSSITE_2 LABCRCLISPECCULTTABSCESSSITE_3	If Abscess biopsy, specify site of abscess	FreeText		
Wound aspirate site	LABCRCLISPECCULTTWOUNDSITE_1 LABCRCLISPECCULTTWOUNDSITE_2 LABCRCLISPECCULTTWOUNDSITE_3	If wound aspirate, specify site of wound	FreeText		
Result	LABCRCLISPECCULTTSTRSLT_1 LABCRCLISPECCULTTSTRSLT_2 LABCRCLISPECCULTTSTRSLT_3	Culture testing results	DropDownList	No Clostridium organism isolated Clostridium botulinum organism isolated Clostridium baratii organism isolated Clostridium butyricum organism isolated Other Clostridial species organism isolated Insufficient or unsatisfactory sample Test cancelled Unknown	NOCLOST CLOSTBOT CLOSTBAR CLOSTBUT OTHCLOST INSUFF CANCEL UNK
Toxin type produced	LABCRCLISPECCULTTTOXINTYPE_1 LABCRCLISPECCULTTTOXINTYPE_2 LABCRCLISPECCULTTTOXINTYPE_3	Type of toxin produced by organism	DropDownList	Type A Type B Type ABE Type C Type D Type E Type F Type G None Untypeable Unknown	A B ABE C D E F G NONE UNTPY UNK
Collection date	LABCRCLISPECCULTSTD_1 LABCRCLISPECCULTSTD_2 LABCRCLISPECCULTSTD_3	Date clinical specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	LABCRCLISPECCULTSTLABNAME_1 LABCRCLISPECCULTSTLABNAME_2 LABCRCLISPECCULTSTLABNAME_3	Name of lab where culture testing was performed	FreeText		

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
Telephone	LABCRCLISPECCULTTSTLABPHONE_1 LABCRCLISPECCULTTSTLABPHONE_2 LABCRCLISPECCULTTSTLABPHONE_3	Telephone number of lab	FreeText		
FOOD SPECIMENS					
Food item	LABCRFOODSPECTYPEFOOD_1 LABCRFOODSPECTYPEFOOD_2 LABCRFOODSPECTYPEFOOD_3	Type of food item tested	FreeText		
Food ID number	LABCRFOODSPECFOODIDNUM_1 LABCRFOODSPECFOODIDNUM_2 LABCRFOODSPECFOODIDNUM_3	Food identification number	FreeText		
Eat item week before	LABCRFOODSPECEATWEEKPRIOR_1 LABCRFOODSPECEATWEEKPRIOR_2 LABCRFOODSPECEATWEEKPRIOR_3	Did the patient eat this item in the week before illness onset?	DropDownList	Yes No Unknown	Y N U
Anyone else eat item	LABCRFOODSPECOTHERPERSONEAT_1 LABCRFOODSPECOTHERPERSONEAT_2 LABCRFOODSPECOTHERPERSONEAT_3	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	LABCRFOODSPECDIRTOXTSTRSLT_1 LABCRFOODSPECDIRTOXTSTRSLT_2 LABCRFOODSPECDIRTOXTSTRSLT_3	What was the result of direct toxin testing on the food item?	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	LABCRFOODSPECTYPETOXINDETECT_1 LABCRFOODSPECTYPETOXINDETECT_2 LABCRFOODSPECTYPETOXINDETECT_3	What type of toxin was detected in the food item?	DropDownList	Type A Type B Type ABE Type C Type D Type E Type F Type G Untypeable Unknown	A B ABE C D E F G UNTPY UNK
Culture testing result	LABCRFOODSPECCULTRSLT_1 LABCRFOODSPECCULTRSLT_2 LABCRFOODSPECCULTRSLT_3	What was the result of culture testing on the food item?	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 Insufficient or unsatisfactory sample Test cancelled Unknown	OTHCLOST INSUFF CANCEL UNK
Toxin type produced by organism	LABCRFOODSPECTYPETOXINPROD_1 LABCRFOODSPECTYPETOXINPROD_2 LABCRFOODSPECTYPETOXINPROD_3	Type of toxin produced by organism	DropDownList	Type A Type B Type ABE Type C Type D Type E Type F Type G None Untypeable Unknown	A B ABE C D E F G NONE UNTPY UNK
Collection date	LABCRFOODSPECDT_1 LABCRFOODSPECDT_2 LABCRFOODSPECDT_3	Date food item was collected	Date (MM/DD/YYYY)		
Laboratory name	LABCRFOODSPECLABNAME_1 LABCRFOODSPECLABNAME_2 LABCRFOODSPECLABNAME_3	Name of lab where testing was performed	FreeText		
Telephone	LABCRFOODSPECLABPHONE_1 LABCRFOODSPECLABPHONE_2 LABCRFOODSPECLABPHONE_3	Telephone number of lab	FreeText		
ADDITIONAL INFORMATION					
Post-antitoxin test	LABCRADDINFODESC	If post-antitoxin test was performed and was positive, describe circumstances	Text Box		
Additional antitoxin given?	LABCRADDINFOADDANTITOX	Was additional antitoxin given to the patient?	DropDownList	Yes No Unknown	Y N U
ADDITIONAL COMMENTS					
Comments	LABCRADDCOMCOMMENTS	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	EPICRERFWDRGWOUND	Does patient have a wound or abscess?	DropDownList	Yes No Unknown	Y N U
Date of injury	EPICRERFWDRGWOUNDDT	If Yes, what was the date of injury?	Date (MM/DD/YYYY)		
Location(s)	EPICRERFWDRGWOUNDLOC	What is the wound location(s)?	FreeText		
Description	EPICRERFWDRGWOUNDDESC	Provide a description of the wound	FreeText		
How wound occurred	EPICRERFWDRGWOUNDORIGIN	How did the wound occur?	FreeText		
Wound appear infected?	EPICRERFWDRGWOUNDINFECT	Did / does wound appear infected? Are there signs of infection?	DropDownList	Yes No Unknown	Y N U
Injects black tar heroin	EPICRERFWDRGCHIBA	Does patient inject black tar heroin (chiba)?	DropDownList	Yes No Unknown	Y N U
Date last used	EPICRERFWDRGCHIBADT	If Yes, specify date last used	Date (MM/DD/YYYY)		
Injection method	EPICRERFWDRGCHIBAMETHOD _INTVEN EPICRERFWDRGCHIBAMETHOD _INTMUS EPICRERFWDRGCHIBAMETHOD _SUBCUT EPICRERFWDRGCHIBAMETHOD _UNK EPICRERFWDRGCHIBAMETHOD _OTH	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	EPICRERFWDRGCHIBAMETHODOTH	If Other method, specify	FreeText		
Injects other drugs	EPICREXPRISKFACTWDRGOTHDRG	Does patient inject other drugs?	DropDownList	Yes No Unknown	Y N U
Drugs injected	EPICRERFWDRGOTHDRGSPFY_HERO EPICRERFWDRGOTHDRGSPFY_COCA EPICRERFWDRGOTHDRGSPFY_METH EPICRERFWDRGOTHDRGSPFY_UNK EPICRERFWDRGOTHDRGSPFY_OTH	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	EPICRERFWDRGOTHDRGMETOTH	If Other drugs injected, specify	FreeText		
				Intravenous	INTVEN

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
Injection method	EPICRERFWDRGOTHDRGINJMET_INTVEN EPICRERFWDRGOTHDRGINJMET_INTMUS EPICRERFWDRGOTHDRGINJMET_SUBCUT EPICRERFWDRGOTHDRGINJMET_UNK EPICRERFWDRGOTHDRGINJMET_OTH	Method of injecting other drugs	CheckBoxList (more than one choice is possible)	Intramuscular	INTMUS
				Subcutaneous (skin-pop)	SUBCUT
				Unknown	UNK
				Other	OTH
If Other, specify	EPICRERFWDRGOTHDRGMETOTH	If Other method, specify	FreeText		
Sniffs / snorts drugs	EPICRERFWDRGNSNORT	Does patient sniff or snort drugs?	DropDownList	Yes No Unknown	Y N U
Drugs sniffed / snorted	EPICRERFWDRGSNORTSPFY_HERO EPICRERFWDRGSNORTSPFY_COCA EPICRERFWDRGSNORTSPFY_METH EPICRERFWDRGSNORTSPFY_UNK EPICRERFWDRGSNORTSPFY_OTH	If Yes, specify drugs sniffed / snorted	CheckBoxList (more than one choice is possible)	Heroin	HERO
				Cocaine	COCA
				Methamphetamine	METH
				Unknown	UNK
				Other	OTH
If Other, specify	EPICRERFWDRGSNORTSPFYOTH	If Other drug, specify	FreeText		
Uses other drugs	EPICRERFWDRGUSESOTHDRG	Does patient use other drugs?	DropDownList	Yes No Unknown	Y N U
Describe	EPICRERFWDRGOTHDRG1	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	EPICRERFHRFPHOMECAN	Did patient consume home canned, jarred, or preserved food products?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPICRERFHRFPHOMECANDESCR	If Yes, describe	FreeText		
Fermented food products	EPICRERFHRFPFERMENTED	Did patient consume fermented food products?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPICRERFHRFPFERMENTEDDESCR	If Yes, describe	FreeText		
Dried/smoked fish products	EPICRERFHRFPDRIEDFISH	Did patient consume dried or smoked fish products?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPICRERFHRFPDRIEDFISHDESCR	If Yes, describe	FreeText		
Marinated food products	EPICRERFHRFPMARINATED	Did patient consume marinated food products?	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
If Yes, describe	EPICRERFHRFPMARINATEDDESCR	If Yes, describe	FreeText		
Suspicious commercial products	EPICRERFHRFPSUSPICIOUS	Did patient consume suspicious commercial products?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPICRERFHRFPSUSPICIOUSDESCR	If Yes, describe	FreeText		
EXPOSURES / RISK FACTORS – SPECIFIC FOOD ITEMS					
Food item	EPICRERFSPFIITEM_1 EPICRERFSPFIITEM_2 EPICRERFSPFIITEM_3	Any suspect food item consumed prior to illness onset?	FreeText		
Date eaten	EPICRERFSPFDIT_1 EPICRERFSPFDIT_2 EPICRERFSPFDIT_3	Date food item was eaten	Date (MM/DD/YYYY)		
Time eaten	EPICRERFSPFITIMEEATEN_1 EPICRERFSPFITIMEEATEN_2 EPICRERFSPFITIMEEATEN_3	Time food item was eaten (HH:MM AM/PM)	FreeText		
Type of food	EPICRERFSPFITYPE_1 EPICRERFSPFITYPE_2 EPICRERFSPFITYPE_3	Type of food	DropDownList	Homemade Restaurant-associated Commercial product Unknown	HOME REST COMM UNK
Brand	EPICRERFSPFIBRAND_1 EPICRERFSPFIBRAND_2 EPICRERFSPFIBRAND_3	If Commercial product, what brand was the suspect food item?	FreeText		
Lot number	EPICRERFSPFILOTNUM_1 EPICRERFSPFILOTNUM_2 EPICRERFSPFILOTNUM_3	What was the lot number?	FreeText		
How was item stored?	EPICRERFSPFIHOWSTORED_1 EPICRERFSPFIHOWSTORED_2 EPICRERFSPFIHOWSTORED_3	How was the food item stored?	DropDownList	Unrefrigerated Refrigerated Frozen Other Unknown	UNREF REFR FROZ OTH UNK
If Other, specify	EPICRERFSPFIHOWSTOREDSPFY_1 EPICRERFSPFIHOWSTOREDSPFY_2 EPICRERFSPFIHOWSTOREDSPFY_3	If Other storage method, specify	FreeText		
How was item preserved?	EPICRERFSPFIHOWPRES_1 EPICRERFSPFIHOWPRES_2 EPICRERFSPFIHOWPRES_3	How was food item preserved?	DropDownList	Canned Dried Fermented Salted	CAN DRIED FERM SALT

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
				Pickled	PICKL
				No preservation method	NOPRES
				Other	OTH
				Unknown	UNK
If Other, specify	EPICRERFSPFIHOWPRESSPFY_1 EPICRERFSPFIHOWPRESSPFY_2 EPICRERFSPFIHOWPRESSPFY_3	If Other preservation method, specify	FreeText		
How was item served?	EPICRERFSPFIHOWSERV_1 EPICRERFSPFIHOWSERV_2 EPICRERFSPFIHOWSERV_3	How was food item served?	DropDownList	Unheated	UNHEAT
				Only warmed	WARM
				Microwaved	MICRO
				Heated	HEAT
				Boiled	BOIL
				Fried	FRY
				Other	OTH
				Unknown	UNK
If Other, specify	EPICRERFSPFIHOWSERVSPFY_1 EPICRERFSPFIHOWSERVSPFY_2 EPICRERFSPFIHOWSERVSPFY_3	If Other, specify	FreeText		
# persons shared item	EPICRERFSPFINUMPERSONSSHARE_1 EPICRERFSPFINUMPERSONSSHARE_2 EPICRERFSPFINUMPERSONSSHARE_3	Number of persons who shared the food item	FreeText		
# persons ill	EPICRERFSPFINUMPERSONSILL_1 EPICRERFSPFINUMPERSONSILL_2 EPICRERFSPFINUMPERSONSILL_3	Number of persons ill	FreeText		
Samples available?	EPICRERFSPFISAMPLESAVAIL_1 EPICRERFSPFISAMPLESAVAIL_2 EPICRERFSPFISAMPLESAVAIL_3	Are samples of the suspect food item available?	DropDownList	Yes No Unknown	Y N U
Samples tested for botulism?	EPICRERFSPFISAMPLESSUBM_1 EPICRERFSPFISAMPLESSUBM_2 EPICRERFSPFISAMPLESSUBM_3	Were samples of the food item submitted for botulism testing?	DropDownList	Yes No Unknown	Y N U
Food recalled?	EPICRERFSPFIRECALLED_1 EPICRERFSPFIRECALLED_2 EPICRERFSPFIRECALLED_3	Foods of same batch / lot recovered or recalled?	DropDownList	Yes No Unknown	Y N U
EXPOSURES / RISK FACTORS – OTHER POTENTIAL EXPOSURES OF INTEREST					
Exposure	EPICRERFOTHEXPOSURE_1 EPICRERFOTHEXPOSURE_2 EPICRERFOTHEXPOSURE_3	Are there any other potential exposures of interest?	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
Description	EPICRERFOTHDESC_1 EPICRERFOTHDESC_2 EPICRERFOTHDESC_3	Describe the other potential exposures of interest	FreeText		
TRAVEL HISTORY					
Travel outside of county	EPICRTVRHXTRAVEL	Did patient travel outside of county of residence during incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY - DETAILS					
Type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Type of Travel	Radio Button List	Domestic International Unknown	D I U
State	TrvHxDtlState_1 TrvHxDtlState_2 TrvHxDtlState_3	State	DropDownList	See Appendix S	
Country	TrvHxDtlCountry_1 TrvHxDtlCountry_2 TrvHxDtlCountry_3	Country	DropDownList		
Location details	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)		
Patient fly while infectious	TRVHXDTLPatFly_1 TRVHXDTLPatFly_2 TRVHXDTLPatFly_3	Patient fly while infectious	DropDownList	Yes No Unknown	Y N U
Airline	TRVHXDTLPatFlyAirline_1 TRVHXDTLPatFlyAirline_2 TRVHXDTLPatFlyAirline_3	Airline	FreeText		
Flight Number(s)	TRVHXDTLPatFlyNumber_1 TRVHXDTLPatFlyNumber_2 TRVHXDTLPatFlyNumber_3	Flight Number(s)	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
Departure Date	TRVHXDTLPatFlyDepDt_1 TRVHXDTLPatFlyDepDt_2 TRVHXDTLPatFlyDepDt_3	Date travel departure	Date (MM/DD/YYYY)		
Arrival Date	TRVHXDTLPatFlyArrDt_1 TRVHXDTLPatFlyArrDt_2 TRVHXDTLPatFlyArrDt_3	Date travel arrival	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	REPAGENCYREPORTEDBYSPECFY	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					
Case classification	EPICRDCCCLASSSPEC	Disease case classification	DropDownList	Confirmed Probable Suspect	CONF PROB SUSP

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
OUTBREAK					
Part of outbreak	EPICROBPARTOF	Is this case part of a known botulism outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	EPICROBEXTENTOF_ONEJUR EPICROBEXTENTOF_MULJUR EPICROBEXTENTOF_MULSTAT EPICROBEXTENTOF_INTR EPICROBEXTENTOF_UNK EPICROBEXTENTOF_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	EPICROBEXTENTOFSPFY	If Other, specify	FreeText		
Vehicle of outbreak	EPICROBVEHICLE	What is the vehicle of the botulism outbreak?	FreeText		
Pattern 1 ID #	EPICROBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID #	EPICROBPAT2IDNUM	Pattern 2 ID number	FreeText		
ADDITIONAL COMMENTS					
Comments	EPICRADDCCOMMENTS	Comments	Text Box		

PHEP– SURVEILLANCE - BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Disease	PHEPGeneralDisease	Disease type	DropDownList	Botulism	BOT
				E. coli (STEC)	ECOLI
				Hepatitis A (Acute)	HEPA
				Measels	MEAS
				Invasive Meningococcal	MEN
				Tularemia	TUL
Case Event Date	PHEPGeneralEventDt	Case Event Date	Date (MM/DD/YYYY)		
Date LHD first notified	PHEPGeneralFirstNotDt	Date LHD first notified about case	Date (MM/DD/YYYY)		
Time LHD notified	PHEPGeneralFirstNotTime	Time LHD notified	Free Text HH:MM AM/PM		
LHD first notified by	PHEPGeneralFirstNotBy	LDH first notified	DropDownList	Clinician	CLIN
				Lab	LAB
				Other CA Jurisdiction	OTHJUR
				Other State	OTHST
				Other	OTH
If Other, specify	PHEPGeneralFirstNotOth	If Other, specify	FreeText		
HEALTH DEPARTMENT RESPONSE					
Did the LHD implement control measures	PHEPGeneralImpControl	LHD implement control measures	Radio Button List	Yes No/Not Needed Unknown	Y N U
Date LHD initiated control measures	PHEPGeneralInitInvDt	Date LHD initiated control measures	Date (MM/DD/YYYY)		
LHD recommend isolation	PHEPGeneralIsolation	LHD recommend isolation	DropDownList	Yes No Unknown Not Applicable	Y N U NA
Date isolation recommended	PHEPGeneralIsolationDt	Date isolation recommended	Date (MM/DD/YYYY)		

PHEP– SURVEILLANCE - BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
LHD initiate contact tracing	PHEPGeneralContactTrac	LHD initiate contact tracing	DropDownList	Yes No Unknown Not Applicable	Y N U NA
Date initiated contact tracing	PHEPGeneralContactTracDt	Date initiated contact tracing	Date (MM/DD/YYYY)		
LHD recommend vaccine/post exposure prophylaxis	PHEPGeneralVaccPEP	LHD recommend vaccine/post exposure prophylaxis	DropDownList	Yes No Unknown Not Applicable	Y N U NA
Date vaccine/PEP recommended	PHEPGeneralVaccPEPDt	Date vaccine/PEP recommended	Date (MM/DD/YYYY)		
LHD educate patient/contacts	PHEPGeneralEducate	LHD educate patient/contacts	DropDownList	Yes No Unknown Not Applicable	Y N U NA
Date initiated education	PHEPGeneralEducateDt	Date initiated education	Date (MM/DD/YYYY)		
LHD institute exclusion measures	PHEPGeneralExclusion	LHD institute exclusion measures	DropDownList	Yes No Unknown Not Applicable	Y N U NA
Date exclusion measures initiated	PHEPGeneralExclusionDt	Date exclusion measures initiated	Date (MM/DD/YYYY)		
LHD identify source of infection	PHEPGeneralIdSource	LHD identify source of infection	DropDownList	Yes No Unknown Not Applicable	Y N U NA
If Yes, specify	PHEPGeneralIdSourceSpecify	If Other, specify	FreeText		
If other control measures, please describe	PHEPGeneralOthControl	If Other, specify	FreeText		
Date other control measures initiated	PHEPGeneralOthControlDt	Date other control measures initiated	Date (MM/DD/YYYY)		
Adequate attempts made	PHEPGeneralAttempts	Adequate attempts made	DropDownList	Yes No Unknown	Y N U
Comments	PHEPGeneralComments	Comments	FreeText		

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?	CLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with brucellosis?	DropDownList	Yes No Unknown	Y N U
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		
Chills	CLICRSIGNSXCHILLS	Brucellosis signs and symptoms: Chills	DropDownList	Yes No Unknown	Y N U
Headache	CLICRSIGNSXHEADACHE	Brucellosis signs and symptoms: Headache	DropDownList	Yes No Unknown	Y N U
Severe malaise	CLICRSIGNSXSEVMALAISE	Brucellosis signs and symptoms: Severe malaise	DropDownList	Yes No Unknown	Y N U
Arthritis / arthralgia	CLICRSIGNSXARTHRA	Brucellosis signs and symptoms: Arthritis or arthralgia	DropDownList	Yes No Unknown	Y N U
Specify joint(s)	CLICRSIGNSXARTHROJOINT	If Yes, specify joint(s)	FreeText		
Weight loss	CLICRSIGNSXWEIGHTLOSS	Brucellosis signs and symptoms: Weight loss	DropDownList	Yes No Unknown	Y N U
Diarrhea	CLICRSIGNSXDIARRHEA	Brucellosis signs and symptoms: Diarrhea	DropDownList	Yes No Unknown	Y N U
Sweats	CLICRSIGNSXSWEATS	Brucellosis signs and symptoms: Sweats	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
Anemia	CLICRSIGNSXANEMIA	Brucellosis signs and symptoms: Anemia	DropDownList	Yes No Unknown	Y N U
Abdominal pain	CLICRSIGNSXABNMPAIN	Brucellosis signs and symptoms: Abdominal pain	DropDownList	Yes No Unknown	Y N U
Abscess	CLICRSIGNSXABSESS	Brucellosis signs and symptoms: Abscess	DropDownList	Yes No Unknown	Y N U
Specify location(s)	CLICRSIGNSXABSESSLOC	If Yes, specify location(s)	FreeText		
Splenomegaly	CLICRSIGNSXSPLENOM	Brucellosis signs and symptoms: Splenomegaly	DropDownList	Yes No Unknown	Y N U
Leukopenia	CLICRSIGNSXLEUKOP	Brucellosis signs and symptoms: Leukopenia	DropDownList	Yes No Unknown	Y N U
Hepatomegaly	CLICRSIGNSXHEPATOM	Brucellosis signs and symptoms: Hepatomegaly	DropDownList	Yes No Unknown	Y N U
Appetite loss	CLICRSIGNSXLOSSOFAPP	Brucellosis signs and symptoms: Loss of appetite	DropDownList	Yes No Unknown	Y N U
Other	CLICRSIGNSXOTH	Other signs or symptoms of brucellosis	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRSIGNSXOTHSPFY	Specify other brucellosis symptoms	FreeText		
PAST MEDICAL HISTORY					
Prior Brucella diagnosis	CLICRPASMEDHXBRUCELLADX	Has patient had any prior Brucella diagnosis?	DropDownList	Yes No Unknown	Y N U
Specify diagnosis date	CLICRPASMEDHXBRUCELLADXDT	If Yes, specify diagnosis date	Date (MM/DD/YYYY)		
Immunocompromised	CLICRPASMEDHXIMMUNO	Is patient immunocompromised?	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
If Yes, specify	CLICRPASMEDHXIMMUNOCONDITION	If Yes, specify condition	FreeText		
Other	CLICRPASMEDHXOTH	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	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)		

CLINICAL INFO – BRUCELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
TREATMENT/MANAGEMENT					
Received Treatment	TXMGTREATMENT	Did the patient receive treatment for brucellosis?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGMENT - DETAILS					
Treatment type	CLICRTXMGTDLTYPE_1 CLICRTXMGTDLTYPE_2 CLICRTXMGTDLTYPE_3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
Treatment name	CLICRTXMGTDLNAME_1 CLICRTXMGTDLNAME_2 CLICRTXMGTDLNAME_3	What was the specific name of the treatment?	FreeText		
Start date	CLICRTXMGTDLSTARTDT_1 CLICRTXMGTDLSTARTDT_2 CLICRTXMGTDLSTARTDT_3	Date treatment started	Date (MM/DD/YYYY)		
End date	CLICRTXMGTDLLENDDT_1 CLICRTXMGTDLLENDDT_2 CLICRTXMGTDLLENDDT_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)		

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	LABCRLABRSLTUMBLSPECTYPE_1 LABCRLABRSLTUMBLSPECTYPE_2 LABCRLABRSLTUMBLSPECTYPE_3	Blood submitted for testing?	CheckBoxList	Unchecked Checked	(blank) Y
Type of test	LABCRLABRSLTUMBLDTSTTYPE_1 LABCRLABRSLTUMBLDTSTTYPE_2 LABCRLABRSLTUMBLDTSTTYPE_3	Type of laboratory test	FreeText		
Interpretation	LABCRLABRSLTUMBLDINTERPRET_1 LABCRLABRSLTUMBLDINTERPRET_2 LABCRLABRSLTUMBLDINTERPRET_3	Interpretation of lab test results	DropDownList	Positive Negative	POS NEG
Collection date	LABCRLABRSLTUMBBLDCOLLECTDT_1 LABCRLABRSLTUMBBLDCOLLECTDT_2 LABCRLABRSLTUMBBLDCOLLECTDT_3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	LABCRLABRSLTUMBBLDRESULT_1 LABCRLABRSLTUMBBLDRESULT_2 LABCRLABRSLTUMBBLDRESULT_3	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 name	LABCRLABRSLTUMBLLABNAME_1 LABCRLABRSLTUMBLLABNAME_2 LABCRLABRSLTUMBLLABNAME_3	Name of lab where testing was performed	FreeText		
Telephone	LABCRLABRSLTUMBLLABPHONE_1 LABCRLABRSLTUMBLLABPHONE_2 LABCRLABRSLTUMBLLABPHONE_3	Telephone number of lab	FreeText		
Specimen type: Clinical specimen	LABCRLABRSLTUMCLISPECTYPE_1 LABCRLABRSLTUMCLISPECTYPE_2 LABCRLABRSLTUMCLISPECTYPE_3	Clinical specimen submitted for testing	CheckBoxList	Unchecked Checked	(blank) Y
Specify	LABCRLABRSLTUMCLISPFY_1 LABCRLABRSLTUMCLISPFY_2 LABCRLABRSLTUMCLISPFY_3	Specify the type of specimen submitted	FreeText		
Type of test	LABCRLABRSLTUMCLITSTTYPE_1 LABCRLABRSLTUMCLITSTTYPE_2 LABCRLABRSLTUMCLITSTTYPE_3	Type of laboratory test	DropDownList	Culture IFA PCR Other	CULT IFA PCR OTH
If Other, specify	LABCRLABRSLTUMCLIOTHSPFY_1 LABCRLABRSLTUMCLIOTHSPFY_2 LABCRLABRSLTUMCLIOTHSPFY_3	Specify other type of test	FreeText		

LABORATORY INFO – BRUCELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Interpretation	LABCRLABRSLSUMCLIINTERPRET_1 LABCRLABRSLSUMCLIINTERPRET_2 LABCRLABRSLSUMCLIINTERPRET_3	Interpretation of lab test results	DropDownList	Positive Negative Equivocal	POS NEG EQU
Brucella Species	LABCRLABRSLSUMCLIBRUCSPECIE_1 LABCRLABRSLSUMCLIBRUCSPECIE_2 LABCRLABRSLSUMCLIBRUCSPECIE_3	Brucella Species identified by lab testing	DropDownList	Brucella species unknown	UNK
				Brucella abortus	ABO
				Brucella melitensis	MEL
				Brucella suis	SUI
				Brucella canis	CAN
				Brucella species other	OTH
Collection date	LABCRLABRSLSUMCLICOLLECTDT_1 LABCRLABRSLSUMCLICOLLECTDT_2 LABCRLABRSLSUMCLICOLLECTDT_3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	LABCRLABRSLSUMCLIRESULT_1 LABCRLABRSLSUMCLIRESULT_2 LABCRLABRSLSUMCLIRESULT_3	Results of laboratory testing	FreeText		
Laboratory name	LABCRLABRSLSUMCLILABNAME_1 LABCRLABRSLSUMCLILABNAME_2 LABCRLABRSLSUMCLILABNAME_3	Name of lab where testing was performed	FreeText		
Telephone	LABCRLABRSLSUMCLILABPHONE_1 LABCRLABRSLSUMCLILABPHONE_2 LABCRLABRSLSUMCLILABPHONE_3	Telephone number of lab	FreeText		
Specimen type: Serum (acute) <i>Brucella IgM</i>	LABCRLABRSLSUMACUTIGM_1 LABCRLABRSLSUMACUTIGM_2 LABCRLABRSLSUMACUTIGM_3	Serum collected during acute phase submitted for testing (<i>Brucella IgM</i>)	CheckBoxList	Unchecked Checked	(blank) Y
Type of test	LABCRLABRSLSUMACUTIGMTST_1 LABCRLABRSLSUMACUTIGMTST_2 LABCRLABRSLSUMACUTIGMTST_3	Type of laboratory test (Brucella IgM)	DropDownList	ELISA IFA Agglutination CF Other	ELI IFA AGG CF OTH
Interpretation	LABCRLABRSLSUMACUTIGMINTRPRET_1 LABCRLABRSLSUMACUTIGMINTRPRET_2 LABCRLABRSLSUMACUTIGMINTRPRET_3	Interpretation of lab test results	DropDownList	Positive Negative Equivocal	POS NEG EQU
Collection date	LABCRLABRSLSUMACUTIGMCOLLECTD_1 LABCRLABRSLSUMACUTIGMCOLLECTD_2 LABCRLABRSLSUMACUTIGMCOLLECTD_3	Date specimen was collected	Date (MM/DD/YYYY)		

LABORATORY INFO – BRUCELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Results	LABCRLABRSLSUMACUTIGMRESULT_1 LABCRLABRSLSUMACUTIGMRESULT_2 LABCRLABRSLSUMACUTIGMRESULT_3	Results of laboratory testing	FreeText		
Specify result unit	LABCRLABRSLSUMACUTIGMRUNIT_1 LABCRLABRSLSUMACUTIGMRUNIT_2 LABCRLABRSLSUMACUTIGMRUNIT_3	Specify result unit	RadioButtonList	Titer O.D.	TITER OD
Laboratory name	LABCRLABRSLSUMACUTIGMLABNAME_1 LABCRLABRSLSUMACUTIGMLABNAME_2 LABCRLABRSLSUMACUTIGMLABNAME_3	Name of lab where testing was performed	FreeText		
Telephone	LABCRLABRSLSUMACUTIGMLABPHONE_1 LABCRLABRSLSUMACUTIGMLABPHONE_2 LABCRLABRSLSUMACUTIGMLABPHONE_3	Telephone number of lab	FreeText		
Specimen type: serum (acute) <i>Brucella IgG</i>	LABCRLABRSLSUMACUTIGG_1 LABCRLABRSLSUMACUTIGG_2 LABCRLABRSLSUMACUTIGG_3	Serum collected during acute phase submitted for testing (<i>Brucella IgG</i>)	CheckBoxList	Unchecked Checked	(blank) Y
Type of test	LABCRLABRSLSUMACUTIGGTST_1 LABCRLABRSLSUMACUTIGGTST_2 LABCRLABRSLSUMACUTIGGTST_3	Type of laboratory test (<i>Brucella IgG</i>)	DropDownList	ELISA IFA Agglutination CF Other	ELI IFA AGG CF OTH
Interpretation	LABCRLABRSLSUMACUTIGGINTRPRET_1 LABCRLABRSLSUMACUTIGGINTRPRET_2 LABCRLABRSLSUMACUTIGGINTRPRET_3	Interpretation of lab test results	DropDownList	Positive Negative Equivocal	POS NEG EQU
Collection date	LABCRLABRSLSUMACUTIGGCOLLECTDT_1 LABCRLABRSLSUMACUTIGGCOLLECTDT_2 LABCRLABRSLSUMACUTIGGCOLLECTDT_3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	LABCRLABRSLSUMACUTIGGRESULT_1 LABCRLABRSLSUMACUTIGGRESULT_2 LABCRLABRSLSUMACUTIGGRESULT_3	Results of laboratory testing	FreeText		
Specify result unit	LABCRLABRSLSUMACUTIGGRUNIT_1 LABCRLABRSLSUMACUTIGGRUNIT_2 LABCRLABRSLSUMACUTIGGRUNIT_3	Specify result unit	RadioButtonList	Titer O.D.	TITER OD
Laboratory name	LABCRLABRSLSUMACUTIGGLABNAME_1 LABCRLABRSLSUMACUTIGGLABNAME_2 LABCRLABRSLSUMACUTIGGLABNAME_3	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	LABCRLABRSLSUMACUTIGGLABPHONE_1 LABCRLABRSLSUMACUTIGGLABPHONE_2 LABCRLABRSLSUMACUTIGGLABPHONE_3	Telephone number of lab	FreeText		
Specimen type: serum (convalescent) <i>Brucella IgM</i>	LABCRLABRSLSUMCONVIGM_1 LABCRLABRSLSUMCONVIGM_2 LABCRLABRSLSUMCONVIGM_3	Serum collected during convalescent phase submitted for testing (<i>Brucella IgM</i>)	CheckBoxList	Unchecked Checked	(blank) Y
Type of test	LABCRLABRSLSUMCONVIGMTST_1 LABCRLABRSLSUMCONVIGMTST_2 LABCRLABRSLSUMCONVIGMTST_3	Type of laboratory test (Brucella IgM)	DropDownList	ELISA IFA Agglutination CF Other	ELI IFA AGG CF OTH
Interpretation	LABCRLABRSLSUMCONVIGMINTRPRET_1 LABCRLABRSLSUMCONVIGMINTRPRET_2 LABCRLABRSLSUMCONVIGMINTRPRET_3	Interpretation of lab test results	DropDownList	Positive Negative Equivocal	POS NEG EQU
Collection date	LABCRLABRSLSUMCONVIGMCOLLECTD_1 LABCRLABRSLSUMCONVIGMCOLLECTD_2 LABCRLABRSLSUMCONVIGMCOLLECTD_3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	LABCRLABRSLSUMCONVIGMRESULT_1 LABCRLABRSLSUMCONVIGMRESULT_2 LABCRLABRSLSUMCONVIGMRESULT_3	Results of laboratory testing	FreeText		
Specify result unit	LABCRLABRSLSUMCONVIGMUNIT_1 LABCRLABRSLSUMCONVIGMUNIT_2 LABCRLABRSLSUMCONVIGMUNIT_3	Specify result unit	RadioButtonList	Titer O.D.	TITER OD
Laboratory name	LABCRLABRSLSUMCONVIGMLABNAME_1 LABCRLABRSLSUMCONVIGMLABNAME_2 LABCRLABRSLSUMCONVIGMLABNAME_3	Name of lab where testing was performed	FreeText		
Telephone	LABCRLABRSLSUMCONVIGMLABPHONE_1 LABCRLABRSLSUMCONVIGMLABPHONE_2 LABCRLABRSLSUMCONVIGMLABPHONE_3	Telephone number of lab	FreeText		
Specimen type: serum (convalescent) <i>Brucella IgG</i>	LABCRLABRSLSUMCONVIGG_1 LABCRLABRSLSUMCONVIGG_2 LABCRLABRSLSUMCONVIGG_3	Serum collected during convalescent phase submitted for testing (<i>Brucella IgG</i>)	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	LABCRLABRSLSUMCONVIGGTST_1 LABCRLABRSLSUMCONVIGGTST_2 LABCRLABRSLSUMCONVIGGTST_3	Type of laboratory test (Brucella IgG)	DropDownList	ELISA IFA Agglutination CF Other	ELI IFA AGG CF OTH
Interpretation	LABCRLABRSLSUMCONVIGGINTRPRET_1 LABCRLABRSLSUMCONVIGGINTRPRET_2 LABCRLABRSLSUMCONVIGGINTRPRET_3	Interpretation of lab test results	DropDownList	Positive Negative Equivocal	POS NEG EQU
Collection date	LABCRLABRSLSUMCONVIGGCOLLECTD_1 LABCRLABRSLSUMCONVIGGCOLLECTD_2 LABCRLABRSLSUMCONVIGGCOLLECTD_3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	LABCRLABRSLSUMCONVIGGRESULT_1 LABCRLABRSLSUMCONVIGGRESULT_2 LABCRLABRSLSUMCONVIGGRESULT_3	Results of laboratory testing	FreeText		
Specify result unit	LABCRLABRSLSUMCONVIGGRUNIT_1 LABCRLABRSLSUMCONVIGGRUNIT_2 LABCRLABRSLSUMCONVIGGRUNIT_3	Specify result unit	RadioButtonList	Titer O.D.	TITER OD
Laboratory name	LABCRLABRSLSUMCONVIGGLABNAME_1 LABCRLABRSLSUMCONVIGGLABNAME_2 LABCRLABRSLSUMCONVIGGLABNAME_3	Name of lab where testing was performed	FreeText		
Telephone	LABCRLABRSLSUMCONVIGGLABPHONE_1 LABCRLABRSLSUMCONVIGGLABPHONE_2 LABCRLABRSLSUMCONVIGGLABPHONE_3	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 FACTORS - MILK					
DID THE PATIENT EAT OR DRINK ANY OF THE FOLLOWING ITEMS DURING THE INCUBATION PERIOD?					
Milk	EPICREXPRFMILKMILK_1 EPICREXPRFMILKMILK_2 EPICREXPRFMILKMILK_3	Did patient drink milk during the incubation period?	DropDownList	Yes No Unknown	Y N U
Milk source	EPICREXPRFMILKMILKSRC_1 EPICREXPRFMILKMILKSRC_2 EPICREXPRFMILKMILKSRC_3	If Yes, specify Milk source	DropDownList	Cow Goat Other Unknown	COW GOAT OTH UNK
If Other, specify	EPICREXPRFMILKMILKSRCOTH_1 EPICREXPRFMILKMILKSRCOTH_2 EPICREXPRFMILKMILKSRCOTH_3	Specify other milk source	FreeText		
Process type	EPICREXPRFMILKPROCESSTYPE_1 EPICREXPRFMILKPROCESSTYPE_2 EPICREXPRFMILKPROCESSTYPE_3	What type of processing did milk undergo?	DropDownList	Pasteurized Unpasteurized(raw) Other Unknown	PAST UNPAST OTH UNK
If Other, specify	EPICREXPRFMILKPROCESSTYPEOTH_1 EPICREXPRFMILKPROCESSTYPEOTH_2 EPICREXPRFMILKPROCESSTYPEOTH_3	Specify other type of processing	FreeText		
Source	EPICREXPRFMILKSRC_1 EPICREXPRFMILKSRC_2 EPICREXPRFMILKSRC_3	What was the source where the milk was obtained?	DropDownList	Dairy/ranch/farm Retail store Other Unknown	DRF RET OTH UNK
If Other, specify	EPICREXPRFMILKSRCOTH_1 EPICREXPRFMILKSRCOTH_2 EPICREXPRFMILKSRCOTH_3	Specify other source	FreeText		
Source name	EPICREXPRFMILKSRCNAME_1 EPICREXPRFMILKSRCNAME_2 EPICREXPRFMILKSRCNAME_3	Name of source location where milk was obtained or purchased	FreeText		
Source address	EPICREXPRFMILKSRCADDRESS_1 EPICREXPRFMILKSRCADDRESS_2 EPICREXPRFMILKSRCADDRESS_3	Address of source location	FreeText		
EXPOSURES/RISK FACTORS – OTHER DAIRY PRODUCTS					
Other dairy products	EPICREXPRFOTHDAIRYPROD_1 EPICREXPRFOTHDAIRYPROD_2 EPICREXPRFOTHDAIRYPROD_3	Did patient consume other dairy products 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
Dairy product type	EPICREXPRFOTHDAIRYPRODTYPE_1 EPICREXPRFOTHDAIRYPRODTYPE_2 EPICREXPRFOTHDAIRYPRODTYPE_3	If yes, please specify the type of other dairy product	DropDownList	Soft cheese Queso Fresco Crema Other	SOFT QUES CREM OTH
If Other, specify	EPICREXPRFOTHDAIRYOTH_1 EPICREXPRFOTHDAIRYOTH_2 EPICREXPRFOTHDAIRYOTH_3	Specify other dairy product	FreeText		
Product source	EPICREXPRFOTHDAIRYSRC_1 EPICREXPRFOTHDAIRYSRC_2 EPICREXPRFOTHDAIRYSRC_3	Specify other dairy product source	DropDownList	Cow Goat Other Unknown	COW GOAT OTH UNK
If Other, specify	EPICREXPRFOTHDAIRYSRCOTH_1 EPICREXPRFOTHDAIRYSRCOTH_2 EPICREXPRFOTHDAIRYSRCOTH_3	Specify other dairy product source	FreeText		
Process type	EPICREXPRFOTHPROCESSTYPE_1 EPICREXPRFOTHPROCESSTYPE_2 EPICREXPRFOTHPROCESSTYPE_3	What type of processing did the other dairy product undergo?	DropDownList	Pasteurized Unpasteurized(raw) Other Unknown	PAST UNPAST OTH UNK
If Other, specify	EPICREXPRFOTHPROCESSTYPEOTH_1 EPICREXPRFOTHPROCESSTYPEOTH_2 EPICREXPRFOTHPROCESSTYPEOTH_3	Specify other type of processing	FreeText		
Source	EPICREXPRFOTHSRC_1 EPICREXPRFOTHSRC_2 EPICREXPRFOTHSRC_3	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	EPICREXPRFOTHSRCOTH_1 EPICREXPRFOTHSRCOTH_2 EPICREXPRFOTHSRCOTH_3	Specify other source	FreeText		
Source location	EPICREXPRFOTHSRCLOC_1 EPICREXPRFOTHSRCLOC_2 EPICREXPRFOTHSRCLOC_3	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	EPICREXPRFOTHSRCLOCOTH_1 EPICREXPRFOTHSRCLOCOTH_2 EPICREXPRFOTHSRCLOCOTH_3	If Outside California, specify other location(s)	FreeText		
Consumed and produced	EPICREXPRFOTHCONINPRODOUTUS_1 EPICREXPRFOTHCONINPRODOUTUS_2 EPICREXPRFOTHCONINPRODOUTUS_3	Was the other dairy product consumed in the U.S. but produced outside of the U.S.?	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
Source name	EPICREXPRFOTHSRCNAME_1 EPICREXPRFOTHSRCNAME_2 EPICREXPRFOTHSRCNAME_3	Name of source location where other dairy product was obtained or purchased	FreeText		
Source address	EPICREXPRFOTHSRCADDRESS_1 EPICREXPRFOTHSRCADDRESS_2 EPICREXPRFOTHSRCADDRESS_3	Address of source location	FreeText		
EXPOSURES/RISK FACTORS - MEAT					
Meat	EPICREXPRFMEATMEAT	Did patient eat meat (not from store or restaurant) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Animal species	EPICREXPRFMEATANIMLSPEC	If Yes, specify animal species	FreeText		
Meat product	EPICREXPRFMEATMEATPROD	What meat product was consumed?	FreeText		
Other exposure	EPICREXPRFMEATOTHFOODDRNKEXP	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	EPICREXPRFOCUPFARM	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	EPICREXPRFOCUPFARMANIML_COW EPICREXPRFOCUPFARMANIML_GOAT EPICREXPRFOCUPFARMANIML_PIG EPICREXPRFOCUPFARMANIML_OTH	If yes, specify livestock species	CheckBoxList (more than one choice is possible)	Cow Goat Pig Other	COW GOAT PIG OTH
If Other, specify	EPICREXPRFOCUPFARMANIMLOTH	Specify other livestock species	FreeText		
Location	EPICREXPRFOCUPFARMLOC	Location of animal farm or dairy	FreeText		

EPIDEMIOLOGIC INFO – BRUCELLOSIS

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Microbiology laboratory	EPICREXPRFOCUPMICROLAB	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	EPICREXPRFOCUPMICROLABSPFYBLW	Meat product	FreeText		
Laboratory name	EPICREXPRFOCUPMICROLABNAME	Name of microbiology lab	FreeText		
Location	EPICREXPRFOCUPMICROLABLOC	Location of microbiology lab	FreeText		

DID THE PATIENT HAVE CONTACT WITH ANY OF THE FOLLOWING DURING THE INCUBATION PERIOD?

Infected herd	EPICREXPRFOCUPHERD	Did patient have contact with a known brucellosis infected herd during the incubation period?	DropDownList	Yes No Unknown	Y N U
Livestock species	EPICREXPRFOCUPHERDANIML_COW EPICREXPRFOCUPHERDANIML_GOAT EPICREXPRFOCUPHERDANIML_PIG EPICREXPRFOCUPHERDANIML_OTH	If Yes, specify livestock species	CheckBoxList (more than one choice is possible)	Cow Goat Pig Other	COW GOAT PIG OTH
If Other, specify	EPICREXPRFOCUPHERDOTH	Specify other livestock species	FreeText		
Location	EPICREXPRFOCUPHERDLOC	Location of known brucellosis infected herd	FreeText		
Aborting animal or birthing products	EPICREXPRFOCUPABORT	Did patient have contact with an aborting animal or birthing products during the incubation period?	DropDownList	Yes No Unknown	Y N U
Livestock species	EPICREXPRISKFACOCUPABORTANIML_COW EPICREXPRISKFACOCUPABORTANIML_GOAT EPICREXPRISKFACOCUPABORTANIML_PIG EPICREXPRISKFACOCUPABORTANIML_OTH	If Yes, specify livestock species	CheckBoxList (more than one choice is possible)	Cow Goat Pig Other	COW GOAT PIG OTH
If Other, specify	EPICREXPRFACOCUPABORTOTH	Specify other livestock species	FreeText		
Location	EPICREXPRFOCUPABORTLOC	Location of animal or birthing products	FreeText		

EPIDEMIOLOGIC INFO – BRUCELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Brucella vaccine	EPICREXPRFOCUPVAC	Did patient have contact with brucella vaccine or recently vaccinated animal during the incubation period?	DropDownList	Yes No Unknown	Y N U
Vaccine name	EPICREXPRFOCUPVACNAME	If yes, specify vaccine name	FreeText		
Animal species	EPICREXPRFOCUPVACANIML	Animal species receiving vaccine	FreeText		
Exposure date	EPICREXPRFOCUPVACEXPDT	Date of exposure to vaccine/vaccinated animal	Date (MM/DD/YYYY)		
Household member	EPICREXPRFOCUPHMEM	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	EPICREXPRISKFACOCUPHMEMANIML_COW EPICREXPRISKFACOCUPHMEMANIML_GOAT EPICREXPRISKFACOCUPHMEMANIML_PIG EPICREXPRISKFACOCUPHMEMANIML_OTH	If Yes, specify livestock species	CheckBoxList (more than one choice is possible)	Cow Goat Pig Other	COW GOAT PIG OTH
If Other, specify	EPICREXPRFOCUPHMEMOTH	Specify other livestock species	FreeText		
Location	EPICREXPRFOCUPHMEMLOC	Location of animal farm or dairy	FreeText		
Animal contact	EPICREXPRFOCUPANIMLCONT	Did patient have animal contact during the incubation period?	DropDownList	Yes No Unknown	Y N U
Animal species	EPICREXPRFOCUPANIMLCONTSPEC	If Yes, specify animal species	FreeText		
Nature of contact	EPICREXPRFOCUPANIMLCONTNATURE	Nature of contact with animal	FreeText		
Other contact/exposure	EPICREXPRFOCUPOTHCONTEXP	Did patient have other contact or exposure during the incubation period?	FreeText		
TRAVEL HISTORY					

EPIDEMIOLOGIC INFO – BRUCELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Arrive in California	EPICRTRVHXTRAVEL	Did patient arrive in California during the incubation period?	DropDownList	Yes No Unknown	Y N U
Origin location	EPICRTRVHXORIGLOC	If Yes, specify origin location (city, county, state, country)	FreeText		
Arrival date	EPICRTRVHXARRIVALDT	Arrival date to California from origin location	Date (MM/DD/YYYY)		
Travel outside of county	EPICRTRVHXTRAVELOUT	Did patient travel outside of county of residence during 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	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)		
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)		

EPIDEMIOLOGIC INFO – BRUCELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Arrival date	TRVHXDTLPatFlyArrDt_1 TRVHXDTLPatFlyArrDt_2 TRVHXDTLPatFlyArrDt_3	Arrival date	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)		
First reported by	REPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPECFY	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	EPICRCASECLASSBRUCELASPEC	Brucella species identified	DropDownList	B. abortus	ABO
				B. melitensis	MEL
				B. suis	SUI
				Other Brucella species	OTH

EPIDEMIOLOGIC INFO – BRUCELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
If Other, specify	EPICRCASECLASSBRUCELASPECSPFY	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_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, specify	FreeText		
Mode of transmission	OBTRANSMOD_SRC OBTRANSMOD_P2P OBTRANSMOD_UNK OBTRANSMOD_OTH	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		

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?	CliCRSSignSxSymptomatic	Symptomatic?	DropDownList	Yes No Unknown	Y N U
Date medical care	CliCRSSignSxSgtMedCareDt	Date first sought medical care (mm/dd/yyyy)	Date (MM/DD/YYYY)		
Fever	CliCRSSignSxFever	Fever	DropDownList	Yes No Unknown	Y N U
Highest temperature	CliCRSSignSxHighTemp	Highest temperature (specify F/C)	FreeText		
Headache	CliCRSSignSxHead	Headache	DropDownList	Yes No Unknown	Y N U
Eye pain	CliCRSSignSxEyePain	Eye pain	DropDownList	Yes No Unknown	Y N U
Muscle ache	CliCRSSignSxMuscAche	Muscle Ache	DropDownList	Yes No Unknown	Y N U
Joint pain	CliCRSSignSxJointPain	Joint pain	DropDownList	Yes No Unknown	Y N U
Joint(s)	CliCRSSignSxJointPainSpcfy	Joint(s)	FreeText		
Joint swelling	CliCRSSignSxJointSwell	Joint swelling	DropDownList	Yes No Unknown	Y N U
Arthritis	CliCRSSignSxArthritis	Arthritis	DropDownList	Yes No Unknown	Y N U
Rash	CliCRSSignSxRash	Rash	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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					
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

CLINICAL INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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					
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		

CLINICAL INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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
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 PRNT Other	PCR ELISAIGM ELISAIGG IFAIGM IFAI GG 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	Date (MM/DD/YYYY)		

LABORATORY INFO – CHIKUNGUNYA 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	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	Date (MM/DD/YYYY)		
WBC	LabCRLabRsltSumOthWBC	WBC	FreeText		
HCT	LabCRLabRsltSumOthHCT	HCT	FreeText		
Hb	LabCRLabRsltSumOthHb	Hb	FreeText		
Platelets	LabCRLabRsltSumOthPlat	Platelets	FreeText		
Other laboratory diagnostics	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
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					

EPIDEMIOLOGIC INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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	TRVHXDTLSTARTTDT_1 TRVHXDTLSTARTTDT_2 TRVHXDTLSTARTTDT_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)		
Imported Country	ArboTrvHxDtlImportCountry	Imported Country	DropDownList	See Appendix D	See Appendix D

EPIDEMIOLOGIC INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
ImportedState	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
If Other, specify	REPAGENCYREPORTEDBYSYSPFY	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		

EPIDEMIOLOGIC INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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?	CLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with cholera?	DropDownList	Yes No Unknown	Y N U
Duration	CLICRSIGNSXDAY	Duration of illness (days)	FreeText		
Onset date	CLICRSIGNSXONSETDT	Onset date of symptoms of cholera	System Defined Field Link		
Onset time	CLICRSIGNSXONSETTIME	Onset time (HH:MM AM/PM)	FreeText		
Date sought medical care	CLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Fever	CLICRSIGNSXFEVER	Fever (>100.4 F or 38)	DropDownList	Yes No Unknown	Y N U
Highest temperature	CLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Chills	CHOLERACLICRSIGNSXCHILLS	Cholera signs and symptoms: Chills	DropDownList	Yes No Unknown	Y N U
Vomiting	CLICRSIGNSXVOMIT	Cholera signs and symptoms: Vomiting	DropDownList	Yes No Unknown	Y N U
Diarrhea	CLICRSIGNSXDIARRHEA	Cholera signs and symptoms: Diarrhea	DropDownList	Yes No Unknown	Y N U
# of stools	CLICRSIGNSXDIARRHEAMAXSTL	If Yes, max # of stools / 24 hours	FreeText		
Bloody stools	CLICRSIGNSXBLDYSTOOL	Cholera signs and symptoms: Bloody stools	DropDownList	Yes No Unknown	Y N U
Abdominal Cramps	CLICRSIGNSXABDCRAMP	Abdominal Cramps	DropDownList	Yes No Unknown	Y N U
Muscle pain	CLICRSIGNSXMUSCPAIN	Cholera signs and symptoms: Muscle pain	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
Cellulitis	CLICRSIGNSXCELLULITIS	Cholera signs and symptoms: Cellulitis	DropDownList	Yes No Unknown	Y N U
Location	CLICRSIGNSXCELLULITISLOC	If Yes, location of cellulitis	FreeText		
Bullae	CLICRSIGNSXBULLAE	Cholera signs and symptoms: Bullae	DropDownList	Yes No Unknown	Y N U
Location	CLICRSIGNSXBULLAELOC	If Yes, location of bullae	FreeText		
Shock	CLICRSIGNSXSHOCK	Cholera signs and symptoms: Shock (systolic BP < 90)	DropDownList	Yes No Unknown	Y N U
Ear pain or discharge	CLICRSIGNSXARPNDIS	Ear pain or discharge	DropDownList	Yes No Unknown	Y N U
Sequelae (e.g., amputation, skin graft)	CLICRSIGNSXSEQ	Sequelae (e.g., amputation, skin graft)	DropDownList	Yes No Unknown	Y N U
If yes, type	CLICRSIGNSXSEQSPCFY	If yes, type	FreeText		
Other	CLICRSIGNSXOTH	Other signs or symptoms of cholera	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRSIGNSXOTHSPFY	Specify other symptoms	FreeText		
PAST MEDICAL HISTORY					
Cholera Vaccine	CLICRPASMEDHXVAX	Ever received a cholera vaccine?	DropDownList	Yes No Unknown	Y N U
Vaccine Date	CLICRPASMEDHXVAXDT	If yes, most recent vaccine date	Date (MM/DD/YYYY)		
Alcoholism	CHOLERA CLICRPASMEDHXALCOHOLISM	Does patient have past medical history of alcoholism?	DropDownList	Yes No Unknown	Y N U
Diabetes	CLICRPASMEDHXDIABETES	Diabetes	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, on insulin?	CLICRPASMEDHXDIABETESINSULIN	If Yes, on insulin?	DropDownList	Yes No Unknown	Y N U
Peptic ulcer	CLICRPASMEDHXULCER	Peptic ulcer	DropDownList	Yes No Unknown	Y N U
Gastric surgery	CLICRPASMEDHXGASTRICSURG	Gastric surgery	DropDownList	Yes No Unknown	Y N U
If Yes, specify type	CLICRPASMEDHXGASTRICSURGTYPE	If Yes, specify type	FreeText		
Heart disease	CLICRPASMEDHXHEARTDIS	Heart disease	DropDownList	Yes No Unknown	Y N U
If Yes, heart failure?	CLICRPASMEDHXHEARTFAIL	If Yes, heart failure?	DropDownList	Yes No Unknown	Y N U
Liver disease	CLICRPASMEDHXLIVERDIS	Liver disease	DropDownList	Yes No Unknown	Y N U
If Yes, specify type	CLICRPASMEDHXLIVERDISTYPE	If Yes, specify type	FreeText		
(Cancer) Malignancy	CLICRPASMEDHXMALIGNANCY	(Cancer) Malignancy	DropDownList	Yes No Unknown	Y N U
If Yes, specify type	CLICRPASMEDHXMALIGNANCYTYPE	If Yes, specify type	FreeText		
Kidney disease	CLICRPASMEDHXRENALDIS	Kidney disease	DropDownList	Yes No Unknown	Y N U
If Yes, specify type	CLICRPASMEDHXRENALDISTYPE	If Yes, specify type	FreeText		
Hematologic disease	CLICRPASMEDHXHEMATDIS	Hematologic disease	DropDownList	Yes No Unknown	Y N U
If Yes, specify type	CLICRPASMEDHXHEMATDISTYPE	If Yes, specify type	FreeText		
Immunodeficiency	CLICRPASMEDHXIMMUNODEF	Immunodeficiency disorder	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, specify type	CLICRPASMEDHXIMMUNODEFTYPE	If Yes, specify type (Please do not disclose or specify HIV/AIDS information in this incident)	FreeText		
Drink Alcohol	CLICRPASMEDHXALCOHOLISM	Drink Alcohol	DropDownList	Yes No Unknown	Y N U
How many servings?	CLICRPASMEDHXALCOHOLSERV	If yes, how many servings of alcohol in a typical week?	FreeText		
Other	CLICRPASMEDHXOTH	Other	DropDownList	Yes No Unknown	Y N U
If Yes, specify type	CLICRPASMEDHXOTHSPFY	If Yes, specify type	FreeText		
RECENT TREATMENT HISTORY (in the 30 days PRIOR to illness onset)					
Antibiotics	CLICRTXHXABX	Antibiotics	DropDownList	Yes No Unknown	Y N U
Treatment name	CLICRTXHXABXNAME	If Yes, treatment name	FreeText	Amoxicillin	AMOX
				Azithromycin	AZIT
				Cephalexin	CEPHX
				Ciprofloxacin/ Cipro	CIPRO
				Amoxicillin/Clavulanate	AMOXCL
				Ampicillin	AMPI
				Augmentin	AUGM
				Bactrim	BACT
				Biaxin	BIAX
				Ceclor	CECL
				Cefaclor	CEFA
				Cefixime	CEFI
				Cefprozil	CEFP
				Ceftriaxone	CEFTX
				Ceftrin	CEFTN
				Cefuorixime	CEFU
				Cefzil	CEFZ
				Cephadine	CEPHR

CLINICAL INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Chloramphenicol	CHLOR
				Clarithromycin	CLARI
				Dapsone	DAPS
				Doxycycline	DOXY
				Duricef	DURI
				Erythromycin	ERYT
				Erythromycin/Sulfisoxazole	ERYSUL
				Flagyl	FLAG
				Flouroquinolones	FLOUR
				Floxin	FLOX
				Keflex	KEFL
				Keftab	KEFT
				Levofloxacin	LEVOF
				Levoquin	LEVOQ
				Metronidazole	METRO
				Norfloxacin/Norflox	NORFL
				Oflloxacin/Norflox	OFLOX
				Other Quinolones	OTHQUI
				Pediazole	PEDIA
				Penicillin/Pen VK	PENIC
				Septra	SEPT
				Suprax	SUPRA
				Tetracycline	TETRA
				Trimethoprim/Sulfa	TRISUL
				Trimox	TRIM
				Zithromax	ZITH
				ZPAK	ZPAK
				Other	OTH
				Unknown	UNK

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 other, specify	CLICRTXHXABXSPCFY	If other, specify	FreeText		
Date started	CLICRTXHXABXSPFYSTARTDT	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CLICRTXHXABXSPFYENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Chemotherapy	CLICRTXHXCHEM	Does patient have recent treatment history of chemotherapy?	DropDownList	Yes No Unknown	Y N U
Treatment	CLICRTXHXCHEMSPFYTX	If Yes, specify chemotherapy treatment	FreeText		
Date started	CLICRTXHXCHEMSPFYSTARTDT	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CLICRTXHXCHEMSPFYENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Radiotherapy	CLICRTXHXRAD	Does patient have recent treatment history of radiotherapy?	DropDownList	Yes No Unknown	Y N U
Treatment	CLICRTXHXRADSPFYTX	If Yes, specify radiotherapy treatment	FreeText		
Date started	CLICRTXHXRADSPFYSTARTDT	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CHOLERACLICRTXHXRADSPFYENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Systemic steroids	CLICRTXHXSTER	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)		
Date ended	CHOLERACLICRTXHXSTERSPFYENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Immunosuppressants	CLICRTXHXIMM	Does patient have recent treatment history of immunosuppressants?	DropDownList	Yes No Unknown	Y N U
Treatment	CHOLERACLICRTXHXIMMSPFYTX	If Yes, specify immunosuppressant treatment	FreeText		

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 started	CHOLERA CLICRTXHXIMMSPFYSTARTDT	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CHOLERA CLICRTXHXIMMSPFYENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Antacids	CLICRTXHXANTA	Antacids (e.g., Mylanta, Rolaids, Tums)	DropDownList	Yes No Unknown	Y N U
If Yes, treatment name	CLICRTXHXANTASPFYTX	If Yes, treatment name	DropDown	Aluminium hydroxide	ALUM
				Ami-Lac	AMIL
				Amphojel	AMPH
				Cal Gest	CALG
				Calcium carbonate	CALCA
				Calcium-based supplements	CALBS
				Caltrate	CALTR
				Dialume	DIAL
				Di-Gel	DIGEL
				Gas-X with Maalox	GASXM
				Gaviscon	GAVIS
				Gelusil	GELUS
				Genaton	GENAT
				Isopan	ISOP
				Maalox/Maox	MAALX
				Magaldrate	MAGAL
				Magnesium Hydroxide	MAGHY
				Masant	MASAN
				Mi-Acid	MIAC
				Milantex	MILAN
				Milk of Magnesia	MLKMG
				Mintox	MINT
				Mylanta	MYLA
				Os-Cal	OSCAL
				Oysco	OYSKO

CLINICAL INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Oyster (shell) calcium	OYSCA
				Pepto Children's	PEPCH
				Ri-Mag	RIMAG
				Riopan	RIOP
				Rolaids	ROLDS
				Ron-Acid	RONAC
				Rulox	RULOX
				Tempo	TEMPO
				Titralac	TITRA
				Tums	TUMS
				Other	OTH
				Unknown	UNK
Frequency	CLICRTXHXANTAFREQ	Frequency	FreeText		
Date started	CHOLERA CLICRTXHXANTASPFYSTARTDT	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CHOLERA CLICRTXHXANTASPFYENDDT	Date treatment ended	Date (MM/DD/YYYY)		
H2 blocker	CLICRTXHXH2BK	H2 blocker or other ulcer medications (e.g., Pepcid, Prilosec, Tagmet)	DropDownList	Yes No Unknown	Y N U
Treatment	CLICRTXHXH2BKSPFYTX	If Yes, treatment name	DropDownList	Axid	AXID
				Dexilant	DEXIL
				Nexium	NEXM
				Nizatidine	NIZAT
				Pepcid	PEPCD
				Prevacid	PREVA
				Prilosec	PRILO
				Protonix	PROTO
				Tagamet	TAGMT
				Zantac	ZANTC
				Zegerid	ZEGRD
				Other	OTH
				Unknown	UNK
Frequency	CLICRTXHXH2BKFREQ	Frequency	FreeText		

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 started	CHOLERACLICRTXHXH2BKSPFYSTARTDT	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CHOLERACLICRTXHXH2BKSPFYENDDT	Date treatment ended	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	How many total hospital nights?	Date (MM/DD/YYYY)		
ICU/CCU	HOSPICU	During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)?	DropDownList	Yes No Unknown	Y N U
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		

CLINICAL INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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?	TXMGTREATMENT	Received treatment?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT – DETAILS					
Treatment type	CLICRTXMGTDLTXTYPE_1 CLICRTXMGTDLTXTYPE_2 CLICRTXMGTDLTXTYPE_3	Treatment type	DropDownList	Antibiotic Other	ABX OTH
Treatment name	CLICRTXMGTDLTXNM_1 CLICRTXMGTDLTXNM_2 CLICRTXMGTDLTXNM_3	Treatment name	DropDown	Amoxicillin	AMOX
				Azithromycin	AZIT
				Cephalexin	CEPHX
				Ciprofloxacin/ Cipro	CIPRO
				Amoxicillin/Clavulanate	AMOXCL
				Ampicillin	AMPI
				Augmentin	AUGM
				Bactrim	BACT
				Biaxin	BIAX
				Ceclor	CECL
				Cefaclor	CEFA
				Cefixime	CEFI
				Cefprozil	CEFP
				Ceftriaxone	CEFTX
				Ceftrin	CEFTN

CLINICAL INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Cefuorixime	CEFU
				Cefzil	CEFZ
				Cephadrine	CEPHR
				Chloramphenicol	CHLOR
				Clarithromycin	CLARI
				Dapsone	DAPS
				Doxycycline	DOXY
				Duricef	DURI
				Erythromycin	ERYT
				Erythromycin/Sulfisoxazole	ERYSUL
				Flagyl	FLAG
				Flouroquinolones	FLOUR
				Floxin	FLOX
				Keflex	KEFL
				Keftab	KEFT
				Levofloxacin	LEVOF
				Levoquin	LEVOQ
				Metronidazole	METRO
				Norfloxacin/Norflox	NORFL
				Ofloxacin/Norflox	OFLOX
				Other Quinolones	OTHQUI
				Pediazole	PEDIA
				Penicillin/Pen VK	PENIC
				Septra	SEPT
				Suprax	SUPRA
				Tetracycline	TETRA
				Trimethoprim/Sulfa	TRISUL
				Trimox	TRIM
				Zithromax	ZITH
				ZPAK	ZPAK

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 Other, specify	CLICRTXMGTDTLTXNMSPCFY_1 CLICRTXMGTDTLTXNMSPCFY_2 CLICRTXMGTDTLTXNMSPCFY_3	If Other, specify	FreeText	Other	OTH
				Unknown	UNK
Date started	CLICRTXMGTDTLTXSTARTDT_1 CLICRTXMGTDTLTXSTARTDT_2 CLICRTXMGTDTLTXSTARTDT_3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CLICRTXMGTDTLTXENDDT_1 CLICRTXMGTDTLTXENDDT_2 CLICRTXMGTDTLTXENDDT_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	Survived as of	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	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					
Collection date	RSLTSUMDT_1 RSLTSUMDT_2 RSLTSUMDT_3	Collection date	Date (MM/DD/YYYY)		
Specimentype	RSLTSUMSPECTYPE_1 RSLTSUMSPECTYPE_2 RSLTSUMSPECTYPE_3	Specimen type (e.g., stool, wound)	DropDownList	Stool Blood Ear discharge/drainage Urine Wound Abscess Amniotic fluid Bile Bone CSF Culture Ear Gall bladder Genitals Isolate Lung Peritoneal Fluid Placenta Pleural fluid Rectal swab Sputum Other Unknown	STL BLD EDD URN WND ABS AMN BIL BON CSF CUL EAR GAL GEN ISO LNG PER PLA PLR REC SPU OTH UNK
If Other, specify	RSLTSUMSPECTYPESPCFY_1 RSLTSUMSPECTYPESPCFY_2 RSLTSUMSPECTYPESPCFY_3	If Other, specify	FreeText		
Specimen source	RSLTSUMSPECSRC_1 RSLTSUMSPECSRC_2 RSLTSUMSPECSRC_3	Specimen source site/Anatomical source of the specimen (e.g., blister, right eye, left ear, right ankle)	DropDownList	Abdomen Appendix Arm	ABDM APDX ARM

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Bile duct	BILED
				Bite	BITE
				Blister	BLSTR
				Boil	BOIL
				Bone	BONE
				Buttock	BUTT
				Catheter	CATH
				Cervix	CRVX
				Chest	CHST
				Colon	COLON
				Cornea	CORN
				Ear	EAR
				Endotracheal	ENDOT
				ENT	ENT
				Eye	EYE
				Finger	FING
				Foot	FOOT
				Gallbladder	GALLB
				Gastrointestinal lumen walls	GASLW
				Genitourinary lumen	GENIL
				Hepatobiliary	HPTBL
				Joint	JNT
				Kidney	KDNY
				Left Ankle	LANK
				Left arm	LARM
				Left breast	LBRST
				Left ear	LEAR
				Left foot	LFOOT
				Left hand	LHAND
				Left ingrown fingernail	LINGF
				Left ingrown toenail	LINGT
				Left knee	LKNEE
				Left leg	LLEG
				Leg	LEG
				Lymphatic	LYMPH

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Other nervous system	OTHNS
				Outer eye	OUTEY
				Pancreas	PANC
				Rectum	RECT
				Reproductive	REPRO
				Respiratory lumen	RESPL
				Right ankle	RANK
				Right arm	RARM
				Right breast	RBRST
				Right ear	REAR
				Right foot	RFOOT
				Right hand	RHAND
				Right ingrown fingernail	RINGF
				Right ingrown toenail	RINGT
				Right knee	RKNEE
				Right leg	RLEG
				Skin	SKIN
				Spleen	SPLN
				Surgical wound	SURGW
				Toe	TOE
				Umbilical cord	UMBC
				Unknown wound site	UNKWS
				Vascular	VASC
				Wart	WART
				Other/ Not Specified	OTH
				Unknown	UNK
If Other, specify	RSLTSUMSPECSRCSPCFY_1 RSLTSUMSPECSRCSPCFY_2 RSLTSUMSPECSRCSPCFY_3	If Other, specify	FreeText		
Vibrio culture result	RSLTSUMVIBCULT_1 RSLTSUMVIBCULT_2 RSLTSUMVIBCULT_3	Vibrio culture result	DropDownList	Positive	POS
				Negative	NEG
				Not Done	NOT
				Unknown	UNK

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Vibrio species identified	RSLTSUMVIBCULTSPC_1 RSLTSUMVIBCULTSPC_2 RSLTSUMVIBCULTSPC_3	If culture completed, Vibrio species identified	DropDownList	Vibrio albensis Vibrio alginolyticus Vibrio anguillarum Vibrio campbelli Vibrio cholerae 01 Vibrio cholerae 075 Vibrio cholerae 0139 Vibrio cholerae 0141 Vibrio cholerae non-01 Vibrio cholerae non-0139 Vibrio cholerae non-01, non-0139 Vibrio cholerae, serogroup not specified Vibrio cidicii Vibrio cincinnatiensis Vibrio diazotrophicus Vibrio fischeri Vibrio fluvialis Vibrio furnissii Vibrio harveyi Vibrio metoecus Vibrio metschnikovii	VALB VALG VANG VCAM VCHOO1 VCH075 VHO0139 VCHO0141 VCHO01 VCHNO139 VCHONON VCHOSNS VCID VCINC VDIA VFIS VFLU VFUR VHAR VMCS VMET

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Vibrio mimicus	VMIM
				Vibrio mytili	VMYT
				Vibrio navarrensis	VNAV
				Vibrio parahaemolyticus	VPAR
				Vibrio ponticus	VPON
				Vibrio tubiashii	VTUB
				Vibrio vulnificus	VVUL
				Grimontia hollisae	GHOL
				Photobacterium damselae susp. Damselae	PDAM
				Vibrio species	NOT
				Vibrio Other	VOTH
				Other species	OTH
If Other, specify	RSLTSMVIBCULTSPCSPCFY_1 RSLTSMVIBCULTSPCSPCFY_2 RSLTSMVIBCULTSPCSPCFY_3	If Other, specify	FreeText		
Vibrio CIDT result	RSLTSMVIBCIDT_1 RSLTSMVIBCIDT_2 RSLTSMVIBCIDT_3	Vibrio CIDT result	DropDownList	Positive	POS
				Negative	NEG
				Not Done	NOT
				Unknown	UNK
Type of Diagnostic test	RSLTSMVIBCIDTDXTTESTTYPE_1 RSLTSMVIBCIDTDXTTESTTYPE_2 RSLTSMVIBCIDTDXTTESTTYPE_3	If CIDT, type of diagnostic test	DropDownList	PCR	PCR
				Antigen-based	AGB
				Other	OTH
				Unknown	UNK
If Other, specify	RSLTSMVIBCIDTDXTTESTTYPEPESPCFY_1 RSLTSMVIBCIDTDXTTESTTYPEPESPCFY_2 RSLTSMVIBCIDTDXTTESTTYPEPESPCFY_3	If Other, specify	FreeText		
Name of diagnostic test	RSLTSMVIBCIDTDXTTESTNAME_1 RSLTSMVIBCIDTDXTTESTNAME_2 RSLTSMVIBCIDTDXTTESTNAME_3	If CIDT, name of diagnostic test	DropDownList	BioFire FilmArray	BFA
				Diatherix	DIA
				Luminex	LUN
				Nanosphere	NAN

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Other	OTH
				Unknown	UNK
If Other, specify	RSLT SUM VIBC ID TDX TEST NAME SP CFY_1 RSLT SUM VIBC ID TDX TEST NAME SP CFY_2 RSLT SUM VIBC ID TDX TEST NAME SP CFY_3	If Other, specify	FreeText		
Completed Vibrio species	RSLT SUM VIBC ID TSPC_1 RSLT SUM VIBC ID TSPC_2 RSLT SUM VIBC ID TSPC_3	If CIDT, completed, Vibrio species identified	DropDownList	Vibrio	VIB
				Vibrio cholerae, serogroup not specified	VCHOSNS
				Vibrio &V. cholerae	VVCHO
				V. parahaemolyticus	VPAR
				Other	OTH
				Species not identified	NOT
If Other, specify	RSLT SUM VIBC ID TSPCSP CFY_1 RSLT SUM VIBC ID TSPCSP CFY_2 RSLT SUM VIBC ID TSPCSP CFY_3	If Other, specify	FreeText		
Type of test	CHOLERA LAB CRLAB RSLT SUM TST TYPE1 CHOLERA LAB CRLAB RSLT SUM TST TYPE2 CHOLERA LAB CRLAB RSLT SUM TST TYPE3	Type of laboratory test (method) performed	RadioButtonList	PCR Culture Other	PCR CULT OTH
If Other, specify	CHOLERA LAB CRLAB RSLT SUM TST TYPE PSP FY1 CHOLERA LAB CRLAB RSLT SUM TST TYPE PSP FY2 CHOLERA LAB CRLAB RSLT SUM TST TYPE PSP FY3	Specify other type of test method	FreeText		
Vibrio species isolated	CHOLERA LAB CRLAB RSLT SUM SPEC ISO1 CHOLERA LAB CRLAB RSLT SUM SPEC ISO2 CHOLERA LAB CRLAB RSLT SUM SPEC ISO3	What Vibrio species was isolated from lab testing?	DropDownList	V. alginolyticus	VALG
				V. cholerae O1	VCHO01
				V. cholerae O139	VCHO0139
				V. cholerae non-O1, non-O139	VCHONON
				V. cincinnatiensis	VCINC
				V. damsela	VDAMS
				V. fluvialis	VFLU
				V. furnissii	VFUR
				V. hollisae	VHOL
				V. metschnikovii	VMET

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				V. mimicus	VMIM
				V. parahaemolyticus	VPAR
				V. vulnificus	VVUL
				Vibrio species - not identified	NOT
Collection date	CHOLERALABCRLABRSLTSUMDT1 CHOLERALABCRLABRSLTSUMDT2 CHOLERALABCRLABRSLTSUMDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Serotype	RSLTSLUMSEROTYPE_1 RSLTSLUMSEROTYPE_2 RSLTSLUMSEROTYPE_3	Serotype	DropDownList	Inaba Ogawa Hikojima Not done Unknown	INABA OGAWA HIKO NOT UNK
Bio type	RSLTSLUMBIOTYPE_1 RSLTSLUMBIOTYPE_2 RSLTSLUMBIOTYPE_3	Biotype	DropDownList	El Tor Classical Not done Unknown	ET CL NOT UNK
Toxigenic	RSLTSLUMTOXIGEN_1 RSLTSLUMTOXIGEN_2 RSLTSLUMTOXIGEN_3	Toxigenic	DropDownList	Yes No Unknown	Y N U
Toxin positive by	RSLTSLUMTOXIGENSPFY_1 RSLTSLUMTOXIGENSPFY_2 RSLTSLUMTOXIGENSPFY_3	If Yes, toxin positive by	DropDownList	ELISA Latex agglutination PCR Other	ELISA LA PCR OTH
If Other, specify	RSLTSLUMTOXIGENSPFYOTH_1 RSLTSLUMTOXIGENSPFYOTH_2 RSLTSLUMTOXIGENSPFYOTH_3	If Other, specify	FreeText		
Other organisms isolated	RSLTSLUMOTHORGISO_1 RSLTSLUMOTHORGISO_2 RSLTSLUMOTHORGISO_3	Were other non-Vibrio organisms isolated from the same specimen?	RadioButtonList	Yes No Unknown	Y N U
If Yes, specify	RSLTSLUMOTHORGISOSPFY_1 RSLTSLUMOTHORGISOSPFY_2 RSLTSLUMOTHORGISOSPFY_3	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 INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Laboratory name	CHOLERALABCRLABRSLTSLABNAME1 CHOLERALABCRLABRSLTSLABNAME2 CHOLERALABCRLABRSLTSLABNAME3	Name of lab where testing was performed	FreeText		
Telephone	CHOLERALABCRLABRSLTSLABPHONE1 CHOLERALABCRLABRSLTSLABPHONE2 CHOLERALABCRLABRSLTSLABPHONE3	Telephone number of lab	FreeText		
Clinical Lab Name	RSLTSUMMLABNAME_1 RSLTSUMMLABNAME_2 RSLTSUMMLABNAME_3	Clinical Laboratory Name	FreeText		
Clinical Lab Phone	RSLTSUMMLABPHONE_1 RSLTSUMMLABPHONE_2 RSLTSUMMLABPHONE_3	Clinical Laboratory Telephone	FreeText		
Tested local public health lab	RSLTSUMPHLLOCALTEST_1 RSLTSUMPHLLOCALTEST_2 RSLTSUMPHLLOCALTEST_3	Was isolate tested at a local public health lab?	DropDownList	Yes No Unknown	Y N U
Public health lab name	RSLTSUMPHLLOCALNAME_1 RSLTSUMPHLLOCALNAME_2 RSLTSUMPHLLOCALNAME_3	Local public health laboratory name	FreeText		
Local lab isolate ID number	RSLTSUMPHLLOCALISOLID_1 RSLTSUMPHLLOCALISOLID_2 RSLTSUMPHLLOCALISOLID_3	Local lab isolate ID number	FreeText		
Tested state public health lab	RSLTSUMPHLSTATETEST_1 RSLTSUMPHLSTATETEST_2 RSLTSUMPHLSTATETEST_3	Was isolate tested at a state public health lab?	DropDownList	Yes No Unknown	Y N U
State public lab name	RSLTSUMPHLSTATENAME_1 RSLTSUMPHLSTATENAME_2 RSLTSUMPHLSTATENAME_3	State public health laboratory name	FreeText		
State lab isolate ID number	RSLTSUMPHLSTATEISOLID_1 RSLTSUMPHLSTATEISOLID_2 RSLTSUMPHLSTATEISOLID_3	State laboratory isolate ID number	FreeText		
Genome sequencing completed	RSLTSUMPHLGSCOMP_1 RSLTSUMPHLGSCOMP_2 RSLTSUMPHLGSCOMP_3	Was whole genome sequencing (WGS) completed?	DropDownList	Yes No Unknown	Y N U
WGS	RSLTSUMPHLWGSID_1 RSLTSUMPHLWGSID_2 RSLTSUMPHLWGSID_3	WGS ID Number	FreeText		
Specify results or upload to CalREDIE	RSLTSUMPHLGSRSLT_1 RSLTSUMPHLGSRSLT_2 RSLTSUMPHLGSRSLT_3	Specify results (e.g. allele code) or upload to the CalREDIE Electronic Filing Cabinet	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
Antimicrobial susceptibility testing	RSLTTSUMASTCOMP_1 RSLTTSUMASTCOMP_2 RSLTTSUMASTCOMP_3	Antimicrobial susceptibility testing completed?	DropDownList	Yes No Unknown	Y N U
Ampicillin	RSLTTSUMASTAMPI_1 RSLTTSUMASTAMPI_2 RSLTTSUMASTAMPI_3	Ampicillin	DropDownList	Susceptible	SUSP
				Intermediate	INTMED
				Resistant	RES
				Not done	NOT
Azithromycin	RSLTTSUMASTAZIT_1 RSLTTSUMASTAZIT_2 RSLTTSUMASTAZIT_3	Azithromycin	DropDownList	Susceptible	SUSP
				Intermediate	INTMED
				Resistant	RES
				Not done	NOT
Cefoxitin	RSLTTSUMASTCEFO_1 RSLTTSUMASTCEFO_2 RSLTTSUMASTCEFO_3	Cefoxitin	DropDownList	Susceptible	SUSP
				Intermediate	INTMED
				Resistant	RES
				Not done	NOT
Ciprofloxacin	RSLTTSUMASTCIPR_1 RSLTTSUMASTCIPR_2 RSLTTSUMASTCIPR_3	Ciprofloxacin	DropDownList	Susceptible	SUSP
				Intermediate	INTMED
				Resistant	RES
				Not done	NOT
Tetracycline	RSLTTSUMASTTETR_1 RSLTTSUMASTTETR_2 RSLTTSUMASTTETR_3	Tetracycline	DropDownList	Susceptible	SUSP
				Intermediate	INTMED
				Resistant	RES
				Not done	NOT
Trimethoprim-sulfamethoxazole	RSLTTSUMASTTRIM_1 RSLTTSUMASTTRIM_2 RSLTTSUMASTTRIM_3	Trimethoprim-sulfamethoxazole	DropDownList	Susceptible	SUSP
				Intermediate	INTMED
				Resistant	RES
				Not done	NOT
Other antimicrobial	RSLTTSUMASTOTH_1 RSLTTSUMASTOTH_2 RSLTTSUMASTOTH_3	Other antimicrobial	DropDownList	Susceptible	SUSP
				Intermediate	INTMED
				Resistant	RES
				Not done	NOT
Specify other antimicrobial	RSLTTSUMASTOTHSPCFY_1 RSLTTSUMASTOTHSPCFY_2 RSLTTSUMASTOTHSPCFY_3	Specify other antimicrobial	DropDownList	Amoxicillin	AMOX
				Azithromycin	AZIT
				Cephalexin	CEPHX
				Ciprofloxacin/Cipro	CIPRO
				Amoxicillin/Clavulanate	AMOXCL
				Ampicillin	AMPI

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Augmentin	AUGM
				Bactrim	BACT
				Biaxin	BIAX
				Ceclor	CECL
				Cefaclor	CEFA
				Cefixime	CEFI
				Cefprozil	CEFP
				Ceftriaxone	CEFTX
				Ceftrin	CEFTN
				Cefuorixime	CEFU
				Cefzil	CEFZ
				Cephradine	CEPHR
				Chloramphenic ol	CHLOR
				Clarithromycin	CLARI
				Dapsone	DAPS
				Doxycycline	DOXY
				Duricef	DURI
				Erythromycin	ERYT
				Erythromycin/ Sulfisoxazole	ERYSUL
				Flagyl	FLAG
				Flouroquinolones	FLOUR
				Floxin	FLOX
				Keflex	KEFL
				Keftab	KEFT
				Levofloxacin	LEVOF
				Levoquin	LEVOQ
				Metronidazole	METRO
				Norfloxacin/Norflox	NORFL
				Ofloxacin/Norflox	OFLOX
				Other Quinolones	OTHQUI
				Pediazole	PEDIA
				Penicillin/Pen VK	PENIC

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Septra	SEPT
				Suprax	SUPRA
				Tetracycline	TETRA
				Trimethoprim/Sulfa	TRISUL
				Trimox	TRIM
				Zithromax	ZITH
				ZPAK	ZPAK
				Other	OTH
				Unknown	UNK
CEIP LAB INFO- FOR CALIFORNIA EMERGING INFECTIONS PROGRAM (CEIP) USE ONLY					
Lab Type	CEIPType_1 CEIPType_2 CEIPType_3	Lab Type	DropDownList	CDC Lab Clinical Lab Commercial Lab Local Public Health Lab State Public Health Lab	CDC CLIN COMM LPHL SPHL
Lab Name	CEIPLabLookup_1 CEIPLabLookup_2 CEIPLabLookup_3	Laboratory Name	FreeText		
CEIP Lab code	CEIPLabNum_1 CEIPLabNum_2 CEIPLabNum_3	CEIP lab code	FreeText		
Accession Number	CEIPAcc_1 CEIPAcc_2 CEIPAcc_3	Laboratory accession number	FreeText		
Collection date	CEIPSPECColDt_1 CEIPSPECColDt_2 CEIPSPECColDt_3	Specimen collection date	Date (MM/DD/YYYY)		
Received date	CEIPSPECRecDt_1 CEIPSPECRecDt_2 CEIPSPECRecDt_3	Specimen received date	Date (MM/DD/YYYY)		
Specimen source	CEIPSPECSrce_1 CEIPSPECSrce_2	Specimen source	DropDownList	Stool Blood	STL BLD

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
	CEIPSpecSrce_3			Ear discharge/drainage	EDD
				Urine	URN
				Wound	WND
				Abscess	ABS
				Amniotic fluid	AMN
				Bile	BIL
				Bone	BON
				CSF	CSF
				Culture	CUL
				Ear	EAR
				Gall bladder	GAL
				Genitals	GEN
				Isolate	ISO
				Lung	LNG
				Peritoneal Fluid	PER
				Placenta	PLA
				Pleural Fluid	PLR
				Rectal swab	REC
				Sputum	SPU
				Other	OTH
				Unknown	UNK
If other	CEIPSpecSrceSpcfy_1 CEIPSpecSrceSpcfy_2 CEIPSpecSrceSpcfy_3	If other, specify	FreeText		
Test Type	CEIPTTestType_1 CEIPTTestType_2 CEIPTTestType_3	Test Type	DropDownList	Antigen	AG
If other	CEIPTTestTypeSpcfy_1 CEIPTTestTypeSpcfy_2 CEIPTTestTypeSpcfy_3	If other, specify	FreeText	Identification	ID
				Culture	CULT
				DFA	DFA
				Microscopy	MICRO
				PCR	PCR
				Other	OTH

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Test method	CEIPTestMeth_1 CEIPTestMeth_2 CEIPTestMeth_3	Test Method	DropDownList	Abbott Giardia/Crypto Quik Chek	ABBGC
				Abbott Shiga Toxin Quik Check	ABBSTX
				Autoflourescence	AUTOF
				BD ColorPac Crypto/Giardia	BDCPCG
				BD Max Extended Enteric Bacterial	BDMAXX
				BD Max Enteric Bacterial	BDMAX
				Biofire Filmarray Blood Culture Identification (BCID)	BFBCID
				Biofire FilmArray Gastrointestinal (GI)	BFGI
				Biofire FilmArray Meningitis/Encephalitis (ME)	BFME
				BioSite Triage Parasite Panel	BIOSITE
				Cellabs Crypto CEL	CELLCRY
				Cellabs Crypto CELISA	CELISA
				Cellabs Crypto/Giardia CEL	CELLCG

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Denka Seiken VTEC-RPLA	DENKA
				Diatherix Gastrointestinal	DIA
				Hologic Prodesse ProGastro SSCS	HOLO
				Lab-developed test	LDT
				Luminex Gram-Positive Blood Culture	LUMBC
				Luminex Verigene Enteric Pathogens	LUMENT
				Luminex xTag Gastrointestinal Pathogens	LUMTAG
				Medical Chemical Corporation Para-Tect Crypto Antigen 96	PARACRY
				Medical Chemical Corporation Para-Tect Crypto/Giardia DFA 75	PARACG
				Medical diagnostics	MEDDIA
				Merck Duopath STEC Rapid Test	DUOSTX
				Merck Duopath Verotoxins	DUOVER

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Meridian ImmunoCard STAT! CAMPY	ICCAMP
				Meridian ImmunoCard STAT! Crypto/Giardia	ICCG
				Meridian ImmunoCard STAT! E.coli O157 Plus	ICO157
				Meridian ImmunoCard STAT! EHEC	ICEHEC
				Meridian Merifluor Crypto/Giardia	MERICG
				Meridian Premier CAMPY	PRCAM
				Meridian Premier EHEC	PREHEC
				Metamatrix	META
				Microscopy-unspecified	MICRO
				Modified acid-fast	ACIDF
				Modified safranin stain	SAFRA
				Polymerase Chain Reaction (PCR)	PCR
				Remel ProSpecT Campylobacter	PSTCAM
				Remel ProSpecT Crypto/Giardia	PSTCG

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Remel ProSpecT Cryptosporidium	PSTCRY
				Remel ProSpecT STEC	PSTSTX
				Remel Xpect Campylobacter	XPTCAM
				Remel Xpect Crypto/Giardia	XPTCAM
				Remel Xpect Cryptosporidium	XPTCRY
				Seegene Allplex Gastrointestinal	SEEG
				Stained wet mount	SWET
				TechLab EIA Cryptosporidium	TECCRY
				Trichrome stain	TRICHR
				Vero Cell Assay	VERO
				Wampole EIA Cryptosporidium	WAMCRY
				Wet mount	WETM
If other	CEIPTTestMethSpcfy_1 CEIPTTestMethSpcfy_2 CEIPTTestMethSpcfy_3	If other, specify	FreeText		
Test Results	CEIPTTestRslt_1 CEIPTTestRslt_2 CEIPTTestRslt_3	Test Results	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Not done	NOT
				Unknown	UNK

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				No bacterial growth	NBG
Resulted organism	CEIPOrg_1 CEIPOrg_2 CEIPOrg_3	Resulted organism	DropDownList	Vibrio albensis	VALB
				Vibrio alginolyticus	VALG
				Vibrio anguillarum	VANG
				Vibrio campbelli	VCAM
				Vibrio cholerae 01	VCHOO1
				Vibrio cholerae 075	VCH075
				Vibrio cholerae 0139	VCHOO139
				Vibrio cholerae 0141	VCHO141
				Vibrio cholerae non-01	VCHNO1
				Vibrio cholerae non-0139	VCHNO139
				Vibrio cholerae non-01, non-0139	VCHONON
				Vibrio cholerae, serogroup not specified	VCHOSNS
				Vibrio cidicii	VCID
				Vibrio cincinnatiensis	VCINC
				Vibrio diazotrophicus	VDIA
				Vibrio fischeri	VFIS
				Vibrio fluvialis	VFLU
				Vibrio furnissii	VFUR
				Vibrio harveyi	VHAR
				Vibrio metoecus	VMCS

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Vibrio metschnikovii	VMET
				Vibrio mimicus	VMIM
				Vibrio mytili	VMYT
				Vibrio navarrensis	VNAV
				Vibrio parahaemolyticus	VPAR
				Vibrio ponticus	VPON
				Vibrio tubiashii	VTUB
				Vibrio vulnificus	VVUL
				Grimontia hollisae	GHOL
				Photobacterium damselae susp. Damselae	PDAM
				Vibrio species	NOT
				Vibrio Other	VOTH
				Other species	OTH
If other	CEIPOrgSpcfy_1 CEIPOrgSpcfy_2 CEIPOrgSpcfy_3	If other, specify	FreeText		
PHL	CEIPSentPHL_1 CEIPSentPHL_2 CEIPSentPHL_3	Sent to PHL?	DropDownList	Yes	Y
				No	N
				Unknown	U
PHL Accession	CEIPPHLAcc_1 CEIPPHLAcc_2 CEIPPHLAcc_3	PHL accession number	FreeText		
WGS completed?	CEIPWGS_1 CEIPWGS_2 CEIPWGS_3	Was whole genome sequencing (WGS) completed?	DropDownList	Yes	Y
				No	N
				Unknown	U
WGS ID	CEIPWGSID_1 CEIPWGSID_2 CEIPWGSID_3	WGS ID	FreeText		
Sent to CDC?	CEIPSentCDC_1 CEIPSentCDC_2 CEIPSentCDC_3	Sent to CDC?	DropDownList	Yes	Y
				No	N
				Unknown	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
Travel History					
Patient Travel	TRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes	Y
				No	N
				Unknown	U
Incubation Period		Incubation period	FreeText		
TRAVEL HISTORY-DETAILS					
Travel Type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Travel Type	RadioButton	Domestic	DOM
				International	INT
				Unknown	UNK
State	TrvHxDtlState_1 TrvHxDtlState_2 TrvHxDtlState_3	State	DropDownList	See Appendix S	
Country	TrvHxDtlCountry_1 TrvHxDtlCountry_2 TrvHxDtlCountry_3	Country	DropDownList	See Appendix C	
Location Details	TRVHXDTLLOCATION_1 TRVHXDTLLOCATION_2 TRVHXDTLLOCATION_3	Location details (city, resort, etc.)	FreeText		
Travel Start	TRVHXDTLSTARTDT_1 TRVHXDTLSTARTDT_2 TRVHXDTLSTARTDT_3	Date travel started	Date (MM/DD/YYYY)		
Travel End	TRVHXDTLENDDT_1 TRVHXDTLENDDT_2 TRVHXDTLENDDT_3	Date travel ended	Date (MM/DD/YYYY)		
Fly?	TRVHXDTLPatFly_1 TRVHXDTLPatFly_2 TRVHXDTLPatFly_3	Did patient fly while infectious?	DropDownList	Yes	Y
				No	N
				Unknown	U
Airline	TRVHXDTLPatFlyAirline_1 TRVHXDTLPatFlyAirline_2 TRVHXDTLPatFlyAirline_3	Airline(s)	FreeText		
Flight Numbers	TRVHXDTLPatFlyNumber_1 TRVHXDTLPatFlyNumber_2 TRVHXDTLPatFlyNumber_3	Flight number (s)	FreeText		
Departure date	TRVHXDTLPatFlyDepDt_1 TRVHXDTLPatFlyDepDt_2 TRVHXDTLPatFlyDepDt_3	Departure date	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
Arrival date	TRVHXDTLPatFlyArrDt_1 TRVHXDTLPatFlyArrDt_2 TRVHXDTLPatFlyArrDt_3	Arrival date	Date (MM/DD/YYYY)		
TRAVEL HISTORY- REASON FOR TRAVEL (CHOLERA CASES ONLY)					
Reason for travel	EPICRTRTRVHXREASREAS_VFR EPICRTRTRVHXREASREAS_BUS EPICRTRTRVHXREASREAS_TOUR EPICRTRTRVHXREASREAS_MILI EPICRTRTRVHXREASREAS_RLF EPICRTRTRVHXREASREAS_OTH EPICRTRTRVHXREASREAS_UNK	If patient traveled outside of the U.S., what was the reason for travel?	CheckBoxList	Visiting friends/relatives	VFR
				Business	BUS
				Tourism	TOUR
				Active duty military	MILI
				Medical/disaster relief	RLF
				Other	OTH
				Unknown	UNK
				If other	EPICRTRTRVHXREASREASSPCFY
FOOD HISTORY					
DID THE PATIENT EAT ANY OF THE FOLLOWING TYPES OF SEAFOOD DURING THE INCUBATION PERIOD?					
Oysters	EPICRFOODHXYOYST	Oysters	DropDownList	Yes No Unknown	Y N U
Multiple date	EPICRFOODHXYOYSTMULT	Consumed on multiple dates?	DropDownList	Yes No Unknown	Y N U
Last eaten	EPICRFOODHXYOYSTSPFYDT	Date last eaten?	Date (MM/DD/YYYY)		
Time eaten	EPICRFOODHXYOYSTSPFYTM	Time eaten (HH:MM AM/PM)	FreeText		
Eaten Raw	EPICRFOODHXYOYSTSPFYRAW	Eaten raw?	DropDownList	Yes No Unknown	Y N U
Undercooked	EPICRFOODHXYOYSTUNDER	Eaten undercooked?	DropDownList	Yes No Unknown	Y N U
Amount consumed	EPICRFOODHXYOYSTAMT	Amount consumed	FreeText		
Location Purchased	EPICRFOODHXYOYSTSPFYPURLOC	Location purchased (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
Location consumed	EPICRFOODHXYOYSTSPFYCONLOC	Location consumed (restaurant/store name and address)	FreeText		
Oysters meal/dish	EPICRFOODHXYOYSTDish	Were the oysters part of a dish, like chef special, happy hour special, shooters, etc.?	DropDownList	Yes No Unknown	Y N U
Specify dish	EPICRFOODHXYOYSTDishSpcfy	If Yes, specify type of dish	FreeText		
Dining partners	EPICRFOODHXYOYSTPRTNRR	Did any dining partners consume the same seafood?	DropDownList	Yes No Unknown	Y N U
If yes	EPICRFOODHXYOYSTPRTNRILL	If yes, did any become ill?	DropDownList	Yes No Unknown	Y N U
Oyster type	EPICRFOODHXYOYSTType_ATL EPICRFOODHXYOYSTType_BP EPICRFOODHXYOYSTType_CRLS EPICRFOODHXYOYSTType_CHRC EPICRFOODHXYOYSTType_KUMA EPICRFOODHXYOYSTType_PAC EPICRFOODHXYOYSTType_OTH EPICRFOODHXYOYSTType_UNK	Type of Oyster	CheckBoxList	Atlantic Blue Point Carlsbad Church Point Kumamoto Pacific Other Unknown	ATL BP CRLS CHRC KUMA PAC OTH UNK
If other	EPICRFOODHXYOYSTTypeSpcfy	If other, specify type of oyster	FreeText		
If unknown	EPICRFOODHXYOYSTTypeUnk	If Unknown, please provide any other details you can remember (Pacific NW, East Coast, Canada, etc.)	FreeText		
Clams	EPICRFOODHXCLAMS	Clams	DropDownList	Yes No Unknown	Y N U
Multiple dates	EPICRFOODHXCLAMSMULT	Consumed on multiple dates?	DropDownList	Yes No Unknown	Y N U
Date Eaten	EPICRFOODHXCLAMSSPFYDT	Date last eaten	Date (MM/DD/YYYY)		
Time Eaten	EPICRFOODHXCLAMSSPFYTM	Time eaten (HH:MM AM/PM)	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
Eaten raw	EPICRFOODHXCLAMSSPFYRAW	Eaten raw	DropDownList	Yes No Unknown	Y N U
Eaten undercooked	EPICRFOODHXCLAMSUNDER	Eaten undercooked	DropDownList	Yes No Unknown	Y N U
Amount consumed	EPICRFOODHXCLAMSAMT	Amount consumed	FreeText		
Location Purchased	EPICRFOODHXCLAMSSPFYPURLOC	Location purchased (restaurant/store name and address)	FreeText		
Location consumed	EPICRFOODHXCLAMSSPFYCONLOC	Location consumed (restaurant/store name and address)	FreeText		
Crab	EPICRFOODHXCRA	Crab	DropDownList	Yes No Unknown	Y N U
Multiple dates	EPICRFOODHXCRABMULT	Consumed on multiple dates?	DropDownList	Yes No Unknown	Y N U
Date last eaten	EPICRFOODHXCRABSPFYDT	Date last eaten	Date (MM/DD/YYYY)		
Time eaten	EPICRFOODHXCRABSPFYTM	Time eaten (HH:MM AM/PM)	FreeText		
Eaten raw	EPICRFOODHXCRABSPFYRAW	Eaten raw	DropDownList	Yes No Unknown	Y N U
Undercooked	EPICRFOODHXCRABUNDER	Eaten undercooked?	DropDownList	Yes No Unknown	Y N U
Amount consumed	EPICRFOODHXCRABAMT	Amount consumed	FreeText		
Location purchased	EPICRFOODHXCRABSPFYPURLOC	Location purchased (restaurant/store name and address)	FreeText		
Location consumed	EPICRFOODHXCRABSPFYCONLOC	Location 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
Lobster	EPICRFOODHXLOBST	Lobster	DropDownList	Yes No Unknown	Y N U
Multiple dates	EPICRFOODHXLOBSTMULT	Consumed on multiple dates?	DropDownList	Yes No Unknown	Y N U
Last eaten	EPICRFOODHXLOBSTSPFYDT	Date last eaten	Date (MM/DD/YYYY)		
Time eaten	EPICRFOODHXLOBSTSPFYTM	Time eaten (HH:MM AM/PM)	FreeText		
Eaten raw	EPICRFOODHXLOBSTSPFYRAW	Eaten raw	DropDownList	Yes No Unknown	Y N U
Eaten undercooked	EPICRFOODHXLOBSTUNDER	Eaten undercooked?	DropDownList	Yes No Unknown	Y N U
Amount consumed	EPICRFOODHXLOBSTAMT	Amount consumed	FreeText		
Location purchased	EPICRFOODHXLOBSTSPFPURLOC	Location purchased (restaurant/store name and address)	FreeText		
Location consumed	EPICRFOODHXLOBSTSPFYCONLOC	Location consumed (restaurant/store name and address)	FreeText		
Mussels	EPICRFOODHXMUSS	Mussels	DropDownList	Yes No Unknown	Y N U
Multiple dates	EPICRFOODHXMUSSMULT	Consumed on multiple dates?	DropDownList	Yes No Unknown	Y N U
Last eaten	EPICRFOODHXMUSSSPFYDT	Date last eaten	Date (MM/DD/YYYY)		
Time eaten	EPICRFOODHXMUSSSPFYTM	Time eaten (HH:MM AM/PM)	FreeText		
Eaten raw	EPICRFOODHXMUSSSPFYRAW	Eaten raw	DropDownList	Yes No Unknown	Y N U
Eaten undercooked	EPICRFOODHXMUSSUNDER	Eaten undercooked?	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
Amount consumed	EPICRFOODHXMUSSAMT	Amount consumed	FreeText		
Location purchased	EPICRFOODHXMUSSPFYPURLOC	Location purchased (restaurant/store name and address)	FreeText		
Location consumed	EPICRFOODHXMUSSPFYCONLOC	Location consumed (restaurant/store name and address)	FreeText		
Shrimp	EPICRFOODHXSHRMP	Shrimp	DropDownList	Yes No Unknown	Y N U
Multiple dates	EPICRFOODHXSHRMPMULT	Consumed on multiple dates?	DropDownList	Yes No Unknown	Y N U
Last eaten	EPICRFOODHXSHRMPSPFYDT	Date last eaten	Date (MM/DD/YYYY)		
Time eaten	EPICRFOODHXSHRMPSPFYTM	Time eaten (HH:MM AM/PM)	FreeText		
Eaten raw?	EPICRFOODHXSHRMPSPFYRAW	Eaten raw	DropDownList	Yes No Unknown	Y N U
Eaten undercooked?	EPICRFOODHXSHRMPUNDER	Eaten undercooked?	DropDownList	Yes No Unknown	Y N U
Amount consumed	EPICRFOODHXSHRMPAMT	Amount consumed	FreeText		
Location purchased	EPICRFOODHXSHRMPSPFYPURLOC	Location purchased (restaurant/store name and address)	FreeText		
Location consumed	EPICRFOODHXSHRMPSPFYCONLOC	Location consumed (restaurant/store name and address)	FreeText		
Crawfish	EPICRFOODHXCRAW	Crawfish	DropDownList	Yes No Unknown	Y N U
Multiple dates	EPICRFOODHXCRAWMULT	Consumed on multiple dates	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
Last eaten	EPICRFOODHXCRAWSPFYDT	Date last eaten	Date (MM/DD/YYYY)		
Time eaten	EPICRFOODHXCRAWSPFYTM	Time eaten (HH:MM AM/PM)	FreeText		
Eaten raw	EPICRFOODHXCRAWSPFYRAW	Eaten raw	DropDownList	Yes No Unknown	Y N U
Eaten undercooked	EPICRFOODHXCRAWUNDER	Eaten undercooked	DropDownList	Yes No Unknown	Y N U
Amount consumed	EPICRFOODHXCRAWAMT	Amount consumed	FreeText		
Location purchased	EPICRFOODHXCRAWSPFPURLOC	Location purchased (restaurant/store name and address)	FreeText		
Location consumed	EPICRFOODHXCRAWSPFYCONLOC	Location consumed (restaurant/store name and address)	FreeText		
Scallops	EPICRFOODHXSCAL	Scallops	DropDownList	Yes No Unknown	Y N U
Multiple dates	EPICRFOODHXSCALMULT	Consumed on multiple dates	DropDownList	Yes No Unknown	Y N U
Last eaten	EPICRFOODHXSCALSPFYDT	Date last eaten	Date (MM/DD/YYYY)		
Time eaten	EPICRFOODHXSCALSPFYTM	Time eaten (HH:MM AM/PM)	FreeText		
Eaten raw	EPICRFOODHXSCALSPFYRAW	Eaten raw	DropDownList	Yes No Unknown	Y N U
Eaten undercooked	EPICRFOODHXSCALUNDER	Eaten undercooked	DropDownList	Yes No Unknown	Y N U
Amount consumed	EPICRFOODHXSCALAMT	Amount consumed	FreeText		
Location purchased	EPICRFOODHXSCALSPFPURLOC	Location purchased (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
Location consumed	EPICRFOODHXSCALSPFYCONLOC	Location consumed (restaurant/store name and address)	FreeText		
Other shellfish	EPICRFOODHXOTHSF	Other Shellfish	DropDownList	Yes No Unknown	Y N U
Specify type	EPICRFOODHXOTHSFSPFYTYPE	If Other shellfish, specify	FreeText		
Multiple date	EPICRFOODHXOTHSPFMULT	Consumed on multiple dates	DropDownList	Yes No Unknown	Y N U
Last eaten	EPICRFOODHXOTHSFSPFYDT	Date last eaten	Date (MM/DD/YYYY)		
Time eaten	EPICRFOODHXOTHSPFYTM	Time eaten (HH:MM AM/PM)	FreeText		
Eaten raw	EPICRFOODHXOTHSPFYRAW	Eaten raw	DropDownList	Yes No Unknown	Y N U
Eaten undercooked	EPICRFOODHXOTHSFUNDER	Eaten undercooked	DropDownList	Yes No Unknown	Y N U
Amount consumed	EPICRFOODHXOTHSFAMT	Amount consumed	FreeText		
Location purchased	EPICRFOODHXOTHSPFPURLOC	Location purchased (restaurant/store name and address)	FreeText		
Location consumed	EPICRFOODHXOTHSPFYCONLOC	Location consumed (restaurant/store name and address)	FreeText		
Fish	EPICRFOODHXFISH	Fish	DropDownList	Yes No Unknown	Y N U
Specify type	EPICRFOODHXFISHSPFYTYPE	If Other fish, specify	FreeText		
Multiple dates	EPICRFOODHXFISHMULT	Consumed on multiple dates	DropDownList	Yes No Unknown	Y N U
Last eaten	EPICRFOODHXFISHSPFYDT	Date last 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
Time eaten	EPICRFOODHXFISHSPFYTM	Time eaten (HH:MM AM/PM)	FreeText		
Eaten raw	EPICRFOODHXFISHSPFYRAW	Eaten raw	DropDownList	Yes No Unknown	Y N U
Eaten undercooked	EPICRFOODHXFISHUNDER	Eaten undercooked	DropDownList	Yes No Unknown	Y N U
Amount consumed	EPICRFOODHXFISHAMT	Amount consumed	FreeText		
Location purchased	EPICRFOODHXFISHSPFPURLOC	Location purchased (restaurant/store name and address)	FreeText		
Location consumed	EPICRFOODHXFISHSPFYCONLOC	Location consumed (restaurant/store name and address)	FreeText		
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	CHOLERAEPICRFOODHXCRA	Did patient eat crab during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date eaten	CHOLERAEPICRFOODHXCRA	If Yes, specify date eaten	Date (MM/DD/YYYY)		
Eaten raw	CHOLERAEPICRFOODHXCRA	Was the crab eaten raw?	DropDownList	Yes No Unknown	Y N U
Location purchased	CHOLERAEPICRFOODHXCRA	Location crab was purchased	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
Location consumed	CHOLERAEPICRFOODHXCRABSPFYCONLOC	Location crab was consumed	FreeText		
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	CHOLERAEPICRFOODHXLOBSTSPFPURLOC	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	CHOLERAEPICRFOODHXMUSSSPFPURLOC	Location mussels were purchased	FreeText		
Location consumed	CHOLERAEPICRFOODHXMUSSSPFYCONLOC	Location mussels were consumed	FreeText		
Oysters	CHOLERAEPICRFOODHXYOYST	Did patient eat oysters during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date eaten	CHOLERAEPICRFOODHXYOYSTSPFYDT	If Yes, specify date eaten	Date (MM/DD/YYYY)		
Eaten raw	CHOLERAEPICRFOODHXYOYSTSPFYRAW	Were the oysters eaten raw?	DropDownList	Yes No Unknown	Y N U
Location purchased	CHOLERAEPICRFOODHXYOYSTSPFPURLOC	Location oysters were purchased (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
Location consumed	CHOLERAEPICRFOODHXOYSTSPFYCONLOC	Location oysters were consumed (restaurant/store name and address)	FreeText		
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	CHOLERAEPICRFOODHXCRAWSPFPURLOC	Location crayfish were purchased	FreeText		
Location consumed	CHOLERAEPICRFOODHXCRAWSPFYCONLOC	Location crayfish were consumed	FreeText		
Other shellfish	CHOLERAEPICRFOODHXOTHSTF	Did patient eat other shellfish during the incubation period?	DropDownList	Yes No Unknown	Y N U
Specify	CHOLERAEPICRFOODHXOTHSTFSFPFYTYPE	Specify other type of shellfish	FreeText		
Date eaten	CHOLERAEPICRFOODHXOTHSTFSFPFYDT	If Yes, specify date eaten	Date (MM/DD/YYYY)		
Eaten raw	CHOLERAEPICRFOODHXOTHSTFSFPFYRAW	Was the other shellfish eaten raw?	DropDownList	Yes No Unknown	Y N U
Location purchased	CHOLERAEPICRFOODHXOTHSTFSFPFPURLOC	Location other shellfish purchased	FreeText		
Location consumed	CHOLERAEPICRFOODHXOTHSTFSFPFYCONLOC	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	CHOLERAEPICRFOODHXFISHSPFPURLOC	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?	EPICRSFExpShITagUp	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	EPICREXPRISKFACTWATR	Did patient have contact with a body of water during the incubation period?	DropDownList	Yes No Unknown	Y N U
Water type	EPICREXPRISKFACTWATRSPFYTYPE	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	EPICREXPRISKFACTWATRSPFYOTH	Specify other type of body of water	FreeText		
Name and location	EPICREXPRISKFACTWATRSPFYLOC	Name and location of body of water	FreeText		
Date of exposure	EPICREXPRISKFACTWATRSPFYDT	Date of exposure to body of water	Date (MM/DD/YYYY)		
Describe exposure	EPICREXPRISKFACTWATRSPFYDESC	Describe exposure (e.g., swimming, surfing, ect.)			
Drippings from seafood	EPICREXPRISKFACTDRIP	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	EPICREXPRISKFACTDRIPSPFYTYPE	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	EPICREXPRISKFACTDRIPSPFYEXP	Describe exposure to seafood drippings (e.g. handling or cleaning)	FreeText		
Date of exposure	EPICREXPRISKFACTDRIPSPFYDT	Date of exposure to seafood drippings	Date (MM/DD/YYYY)		
Contact with marine life	EPICREXPRISKFACTCONT	Did patient have contact with other marine or freshwater life, including stings/bites	DropDownList	Yes No Unknown	Y N U
Type of marine life	EPICREXPRISKFACTCONTSPFYTYPE	If Yes, specify type of marine or freshwater life	FreeText		
Describe exposure	EPICREXPRISKFACTCONTSPFYDESC	Describe exposure (e.g., handling, cleaning, etc.)	FreeText		
Date of exposure	EPICREXPRISKFACTCONTSPFYDT	Date of exposure	Date (MM/DD/YYYY)		
Pre-existing wound	EPICREXPRISKFACTWOUND	Did the patient have a pre-existing wound at the site of exposure?	DropDownList	Yes No Unknown	Y N U
If yes	EPICREXPRISKFACTWOUNDSITE	If Yes, describe how wound occurred and anatomic site of pre-existing wound	FreeText		
New wound sustained	EPICREXPRISKFACTNEWWOUND	New wound sustained at site of exposure	DropDownList	Yes No Unknown	Y N U
If yes	EPICREXPRISKFACTNEWWOUNDSITE	If Yes, describe how wound occurred and anatomic site of new wound	FreeText		
Other exposure of interest	EPICREXPRISKFACTOTHEXP	Other exposure of interest	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPICREXPRISKFACTOTHEXPDESC	If Yes, describe	FreeText		
Occupational exposure	EPICREXPRISKFACTOCC	If yes to any of the above skin exposures, was this an occupational exposure?	DropDownList	Yes No Unknown	Y N U
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	TRVHXDTLENDT1 TRVHXDTLENDT2 TRVHXDTLENDT3	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	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPEFY	If other, specify	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPICREPILINKKNOWNCASE	Epi-Linked to known case?	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
Contact name / Case #	EPICREPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
DISEASE CASE CLASSIFICATION					
Disease type	EPICRCASECLASSDISEASE_I EPICRCASECLASSDISEASE_E EPICRCASECLASSDISEASE_W EPICRCASECLASSDISEASE_S EPICRCASECLASSDISEASE_O	Disease type	CheckBoxList (more than one choice is possible)	Intestinal Ear infection Wound infection Septicemic Other	I E W S O
If Other, specify	EPICRCASECLASSDISEASESPFY	If other, specify	FreeText		
OUTBREAK					
Part of outbreak	OBPARTOF	Part of known outbreak?	DropDownList	Yes No Unknown	Y N U
If yes	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 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	Specify other mode of transmission	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		
OUTBREAK-DETAILS					

EPIDEMIOLOGIC INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
CDC PulseNet Cluster Code	EPICROBDLCDCCODE	CDC PulseNet Cluster	FreeText		
NORS ID	EPICROBDTLNORSID	NORS ID	FreeText		
CEIP VARIABLES- FOR CALIFORNIA EMERGING INFECTIONS PROGRAM (CEIP) USE ONLY					
CDC NORS Outbreak	CEIPVarNORSID	CDC NORS Outbreak ID Number	FreeText		
Outbreak state ID	CEIPVarStateID	Outbreak state ID	FreeText		
Outbreak Type	CEIPVarOBType	Outbreak Type	DropDownList	Food bourne transmission	FOOD
				Water-bourne transmission	WATER
				Human to human transmission	HUMAN
				Environmental contamination other than food/water	ENVIRO
				Inderminate disease transmission mode	END
				Animal contact transmission	ANML
				Unknown	UNK
Found during an audit	CEIPVarAuditCaseFound	Was the case found during an audit?	DropDownList	Yes No Unknown	Y N U
Interviewed by public health	CEIPVarAuditPHInter	Was the subject interviewed by public health (i.e. state or local health department or FoodNet staff)?	DropDownList	Yes No Unknown	Y N U
Case Complete	CEIPVarInfoComp	Is all the information for this case complete?	DropDownList	Yes No Unknown	Y N U
Date case report	CEIPVarAuditCompDt	Date case report form was completed	Date (MM/DD/YYYY)		
Notes	Notes	Notes	FreeText		

Coccidioidomycosis

CLINICAL INFO – COCCIDIOMYCOSIS					
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
Medical Care	CLICRSignSxMedCareDt	Date first sought medical care	Date (MM/DD/YYYY)		
Duration acute symptoms	CLICRSignSxAcuteDur	Duration of acute symptoms	FreeText		
Specify units	CLICRSignSxAcuteDurUnits	Specify units	RadioButtonList	Days Weeks Months	D W M
School/work missed days	CLICRSignSxMiss	Did the patient miss school or work due to illness?	DropDownList	Yes No Unknown N/A	Y N U NA
# missed days	CLICRSignSxMissSpcfy	If Yes, specify number of days	FreeText		
CLINICAL CONDITIONS					
Signs and symptoms	CLICRSignSxFluSx	Influenza-like signs and symptoms (e.g., fever, chest pain, cough, myalgia, arthralgia, headache, and fatigue)	DropDownList	Yes No Unknown	Y N U
Pneumonia	CLICRSignSxPneum	Pneumonia, diagnosed by chest radiograph or CT	DropDownList	Yes No Unknown	Y N U
Pulmonary lesion	CLICRSignSxPulmLes	Other pulmonary lesion, diagnosed by chest radiograph or CT	DropDownList	Yes No Unknown	Y N U
Specify	CLICRSignSxPulmLesSpcfy	If yes, specify type of lesion	FreeText		
Rash	CLICRSignSxRash	Rash	DropDownList	Yes No Unknown	Y N U
Specify	CLICRSignSxRashSpcfy_MULTI CLICRSignSxRashSpcfy_NODOS	If yes, specify	CheckBoxList (more than one)	Erythema multiforme	MULTI
				Erythema nodosum	NODOS

CLINICAL INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
	CLICRSignSxRashSpcfy_OTH		choice is possible)	Other	OTH
Skin lesions	CLICRSignSxSkin	Skin lesions (dissemination to skin)	DropDownList	Yes No Unknown	Y N U
Bones	CLICRSignSxBones	Dissemination to bones	DropDownList	Yes No Unknown	Y N U
Specify	CLICRSignSxBonesSpcfy	If Yes, specify	FreeText		
Joints	CLICRSignSxJoints	Dissemination to joints	DropDownList	Yes No Unknown	Y N U
Specify	CLICRSignSxJointsSpcfy	If Yes, specify	FreeText		
Meningitis	CLICRSignSxMeng	Meningitis	DropDownList	Yes No Unknown	Y N U
Other disseminated site	CLICRSignSxOth	Other disseminated site (specify)	FreeText		
EXISTING MEDICAL CONDITIONS / PAST MEDICAL HISTORY					
Conditions and treatments	CLICRMedHxCond_ASTHMA CLICRMedHxCond_CANCER CLICRMedHxCond_CHEMO CLICRMedHxCond_COPD CLICRMedHxCond_CORT CLICRMedHxCond_DIAB CLICRMedHxCond_IMMUNO CLICRMedHxCond_ORGAN CLICRMedHxCond_TB CLICRMedHxCond_OTH	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	ASTHMA
				Cancer (specify)	CANCER
				Chemotherapy	CHEMO
				COPD/emphysema	COPD
				Corticosteroid	CORT
				Diabetes	DIAB
				Immuno-compromised	IMMUNO
				Organ recipient	ORGAN
				Tuberculosis	TB
				Other (specify)	OTH
Specify cancer	CLICRMedHxCondCanc	If Cancer, specify type of cancer	FreeText		
Other specify	CLICRMedHxCondOth	If Other, specify condition and/or treatment	FreeText		
HOSPITALIZATION					

CLINICAL INFO – COCCIDIOIDOMYCOSIS					
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	Hospital name	FreeText		
Street	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	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		
Diagnosis	HOSPDTLDISCHDX_1 HOSPDTLDISCHDX_2 HOSPDTLDISCHDX_3	Discharge diagnosis	FreeText		

CLINICAL INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
TREATMENT / MANAGEMENT					
Received treatment	CLICRTxMgtRecTx	Received treatment?	DropDownList	Yes No Unknown	Y N U
TREATMENT / MANAGEMENT - DETAILS					
Treatment type	CLICRTxMgtdTLType_1 CLICRTxMgtdTLType_2 CLICRTxMgtdTLType_3	Treatment type	CheckBoxList	Antifungal Other	FUNG OTH
Treatment name	CLICRTxMgtdTLName_1 CLICRTxMgtdTLName_2 CLICRTxMgtdTLName_3	Treatment name	FreeText		
Date started	CLICRTxMgtdTLStartDt_1 CLICRTxMgtdTLStartDt_2 CLICRTxMgtdTLStartDt_3	Date started	Date (MM/DD/YYYY)		
OUTCOME					
Outcome	CLICROutcomeOut	Outcome?	DropDownList	Survived Died Unknown	SURV DIED UNK
Survived as of	CLICROutcomeSurvDt	Survived as of	Date (MM/DD/YYYY)		
Date of death	CLICROutcomeDthDt	Date of death	Date (MM/DD/YYYY)		
Death caused by cocci	CLICROutcomeCaseDth	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	LABCRRsltSumBldReason	Reason for testing	DropDownList	Symptomatic Screening Other	SYMPT SCREEN OTH
Other, specify	LABCRRsltSumBldReasonSpcfy	If Other, specify	FreeText		
WERE THE FOLLOWING LABORATORY TESTS PERFORMED?					
IgM EIA	LABCRRsltSumBldIgMEIA	IgM enzyme immunoassay (EIA)	DropDownList	Done Not done Unknown	DONE NOT UNK
Collection date	LABCRRsltSumBldIgMEIAColDt	Collection date	Date (MM/DD/YYYY)		
Laboratory name	LABCRRsltSumBldIgMEIALab	Laboratory name	Link System Dictionary		
Interpretation	LABCRRsltSumBldIgMEIAInt	Interpretation	DropDownList	Positive	POS
				Negative	NEG
				Equivocal	EQUIV
				Unknown	UNK
				Pending	PEND
				Other	OTH
If Other, specify	LABCRRsltSumBldIgMEIAIntSpcfy	If Other, specify	FreeText		
IgG EIA	LABCRRsltSumBldIgGEIA	IgG enzyme immunoassay (EIA)	DropDownList	Done Not done Unknown	DONE NOT UNK
Collection date	LABCRRsltSumBldIgGEIAColDt	Collection date	Date (MM/DD/YYYY)		
Laboratory name	LABCRRsltSumBldIgGEIALab	Laboratory name	Link System Dictionary		
Interpretation	LABCRRsltSumBldIgGEIAInt	Interpretation	DropDownList	Positive	POS
				Negative	NEG
				Equivocal	EQUIV
				Unknown	UNK
				Pending	PEND
				Other	OTH

LABORATORY INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Specify	LABCRRsltSumBldIgGEAIIntSpcfy	If Other, specify	FreeText		
IgM ID	LABCRRsltSumBldIgMID	IgM immunodiffusion (ID)	DropDownList	Done Not done Unknown	DONE NOT UNK
Collection date	LABCRRsltSumBldIgMIDColDt	Collection date	Date (MM/DD/YYYY)		
Laboratory name	LABCRRsltSumBldIgMIDLab	Laboratory name	Link System Dictionary		
Interpretation	LABCRRsltSumBldIgMIDInt	Interpretation	DropDownList	Positive	POS
				Negative	NEG
				Equivocal	EQUIV
				Unknown	UNK
				Pending	PEND
				Other	OTH
Specify	LABCRRsltSumBldIgMIDIntSpcfy	If Other, specify	FreeText		
IgG ID	LABCRRsltSumBldIgGID	IgG immunodiffusion (ID)	DropDownList	Done Not done Unknown	DONE NOT UNK
Collection date	LABCRRsltSumBldIgGIDColDt	Collection date	Date (MM/DD/YYYY)		
Laboratory name	LABCRRsltSumBldIgGIDLab	Laboratory name	Link System Dictionary		
Interpretation	LABCRRsltSumBldIgGIDInt	Interpretation	DropDownList	Positive	POS
				Negative	NEG
				Equivocal	EQUIV
				Unknown	UNK
				Pending	PEND
				Other	OTH
Specify	LABCRRsltSumBldIgGIDIntSpcfy	If Other, specify	FreeText		
IgG CF	LABCRRsltSumBldIgGCF	IgG complement fixation (CF)	DropDownList	Done Not done Unknown	DONE NOT UNK
Collection date	LABCRRsltSumBldIgGCFColDt	Collection date	Date (MM/DD/YYYY)		
Laboratory name	LABCRRsltSumBldIgGCFLab	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	LABCRRsltSumBldIgGCFInt	Interpretation	DropDownList	Positive	POS
				Negative	NEG
				Equivocal	EQUIV
				Unknown	UNK
				Pending	PEND
				Other	OTH
Specify	LABCRRsltSumBldIgGCFIntSpcfy	If Other, specify	FreeText		
Titer	LABCRRsltSumBldIgGCFTiter	Titer	FreeText		
LABORATORY RESULTS SUMMARY - OTHER SPECIMENS					
Specimen	LABCRRsltSumOthSpec_1 LABCRRsltSumOthSpec_2 LABCRRsltSumOthSpec_3	Specimen type	DropDownList	CSF Tissue Other	CSF TISS OTH
If Tissue, specify	LABCRRsltSumOthSpecTiss_1 LABCRRsltSumOthSpecTiss_2 LABCRRsltSumOthSpecTiss_3	If Tissue, specify type of tissue	FreeText		
If Other, specify	LABCRRsltSumOthSpecOth_1 LABCRRsltSumOthSpecOth_2 LABCRRsltSumOthSpecOth_3	If Other, specify type of specimen	FreeText		
Type of test	LABCRRsltSumOthType_1 LABCRRsltSumOthType_2 LABCRRsltSumOthType_3	Type of test	DropDownList	IgM EIA IgG EIA IgM ID IgG ID IgG CF Culture Histopathology Other	IGMEIA IGGGEIA IGMID IGGID IGGCF CULT HISTO OTH
If Other, specify	LABCRRsltSumOthTypeSpcfy_1 LABCRRsltSumOthTypeSpcfy_2 LABCRRsltSumOthTypeSpcfy_3	If Other, specify type of test	FreeText		
Collection date	LABCRRsltSumOthSpecColDt_1 LABCRRsltSumOthSpecColDt_2 LABCRRsltSumOthSpecColDt_3	Collection date	Date (MM/DD/YYYY)		
Results	LABCRRsltSumOthSpecRslt_1 LABCRRsltSumOthSpecRslt_2 LABCRRsltSumOthSpecRslt_3	Results	FreeText		

LABORATORY INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Laboratory name	LABCRRsltSumOthLab_1 LABCRRsltSumOthLab_2 LABCRRsltSumOthLab_3	Laboratory name	Link System Dictionary		

EPIDEMIOLOGIC INFO – COCCIDIODOMYCOSIS					
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	EPICRDustExpSett_1 EPICRDustExpSett_2 EPICRDustExpSett_3	Setting of exposure	RadioButtonList	Home	HOME
				School	SCHOOL
				Worksite	WORKSITE
				Prision or jail	PRISION
				Long term care facility	LTC
				Outdoorevent or facility	OUTDOOR
				Other	OTH
If Other, specify	EPICRDustExpSettOth_1 EPICRDustExpSettOth_2 EPICRDustExpSettOth_3	If Other, specify setting of exposure	FreeText		
Name and address	EPICRDustExpSettName_1 EPICRDustExpSettName_2 EPICRDustExpSettName_3	Name and address of facility, worksite, or event	FreeText		
Date(s) of exposure	EPICRDustExpSettDates_1 EPICRDustExpSettDates_2 EPICRDustExpSettDates_3	Date(s) of exposure	FreeText		
Similar illness in others?	EPICRDustExpSettSimilar_1 EPICRDustExpSettSimilar_2 EPICRDustExpSettSimilar_3	Similar illness in others at facility, worksite, or event?	DropDownList	Yes No Unknown	Y N U
Dust generating activity	EPICRDustExpSettSource_ACT_1 EPICRDustExpSettSource_ACT_2 EPICRDustExpSettSource_ACT_3	Source of dust: Dust generating activity	CheckBoxList	Checked Unchecked	ACT (blank)
Wind/dust/earthquake	EPICRDustExpSettSource_WIND_1 EPICRDustExpSettSource_WIND_2 EPICRDustExpSettSource_WIND_3	Source of dust: Wind/dust storm/ earthquake	CheckBoxList	Checked Unchecked	WIND (blank)
Other	EPICRDustExpSettSource_OTH_1 EPICRDustExpSettSource_OTH_2 EPICRDustExpSettSource_OTH_3	Source of dust: Other	CheckBoxList	Checked Unchecked	OTH (blank)
Construction	EPICRDustExpSettSource_CONSTR_1 EPICRDustExpSettSource_CONSTR_2 EPICRDustExpSettSource_CONSTR_3	Source of dust: Construction	CheckBoxList	Checked Unchecked	CONSTR (blank)
Unknown	EPICRDustExpSettSource_UNK_1 EPICRDustExpSettSource_UNK_2 EPICRDustExpSettSource_UNK_3	Source of dust: Unknown	CheckBoxList	Checked Unchecked	UNK (blank)

EPIDEMIOLOGIC INFO – COCCIDIOMYCOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
If Other, specify	EPICRDustExpSettSourceOth1 EPICRDustExpSettSourceOth2 EPICRDustExpSettSourceOth3	If Other, specify source of dust	FreeText		
OTHER EPIDEMIOLOGIC INFORMATION					
Is patient a smoker?	EPICROthSmoke	Is the patient a current or former cigarette smoker?	DropDownList	Current	CURRENT
				Former	FORMER
				Never smoked cigarettes	NEVER
				Unknown	UNK
Frequency of use	EPICROthSmokeFreq	If current or former cigarette smoker, describe frequency of use (pack years)	FreeText		
Heard of cocci?	EPICROthHeard	Had the patient heard of coccidioidomycosis or Valley Fever prior to diagnosis?	DropDownList	Yes No Unknown	Y N U
If Yes, source	EPICROthHeardSrc_NEWS EPICROthHeardSrc_PROV EPICROthHeardSrc_FRIEND EPICROthHeardSrc_WEB EPICROthHeardSrc_OTH	If Yes, source of information	CheckBoxList (more than one choice is possible)	News source	NEWS
				Provider	PROV
				Friend/word of mouth	FRIEND
				Website	WEB
				Other	OTH
If Other, source	EPICROthHeardSrcSpcfy	If Other, specify source of information	FreeText		
PLACE OF RESIDENCE					
Reside outside current county	EPICRResMove	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	EPICRResDtl_1 EPICRResDtl_2 EPICRResDtl_3	Location (city, county, state, country)	FreeText		
Type of residence	EPICRResDtlType_1 EPICRResDtlType_2 EPICRResDtlType_3	Type of residence	DropDownList	Permanent residence/home	PERM
				Temporary work residence	TEMP
				Prison/jail	PRISION
				School/university campus	SCHOOL
				Long term care facility	LTC

EPIDEMIOLOGIC INFO – COCCIDIOMYCOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Other	OTH
If Other, specify	EPICRResDtlTypeSpcfy_1 EPICRResDtlTypeSpcfy_2 EPICRResDtlTypeSpcfy_3	If Other, specify type of residence	FreeText		
Residence started	EPICRResDtlStart_1 EPICRResDtlStart_2 EPICRResDtlStart_3	Month and year residence started	FreeText		
Residence ended	EPICRResDtlEnd_1 EPICRResDtlEnd_2 EPICRResDtlEnd_3	Month and year residence ended	FreeText		
TRAVEL HISTORY					
Travel outside county	EPICRTRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Patient travel outside U.S	EPICRTRVHXTtravelUS	Did the patient travel outside the U.S. during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY – DETAILS					
Location	EPICRTRVHXDTLLOCATION_1 EPICRTRVHXDTLLOCATION_2 EPICRTRVHXDTLLOCATION_3	Location (city, county, state, country)	FreeText		
Date started	EPICRTRVHXDTLSTARTDT_1 EPICRTRVHXDTLSTARTDT_2 EPICRTRVHXDTLSTARTDT_3	Date travel started	Date (MM/DD/YYYY)		
Date ended	EPICRTRVHXDTLENDDT_1 EPICRTRVHXDTLENDDT_2 EPICRTRVHXDTLENDDT_3	Date travel ended	Date (MM/DD/YYYY)		
REPORTING AGENCY					
Investigator name	EPICRRepAgencyName	Investigator name	FreeText		
Local health jurisdiction	EPICRRepAgencyLHJ	Local health jurisdiction	FreeText		
Telephone number	EPICRRepAgencyPhone	Telephone number	FreeText		
Date	EPICRRepAgencyDT	Date	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – COCCIDIOMYCOSES					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
First reported by	EPICRRepAgencyRepBy	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	EPICRRepAgencyRepBySpcfy	If Other, specify	FreeText		
Source of information	EPICRRepAgencySrc_PROV EPICRRepAgencySrc_PAT EPICRRepAgencySrc_OTH	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	EPICRRepAgencySrcSpcfy	If Other, specify	FreeText		
OUTBREAK					
Part of known outbreak?	EPICROBPartOf	Part of known outbreak?	DropDownList	Yes No Unknown	Y N U
If Yes, extent of outbreak	EPICROBExtentOf_ONEJUR EPICROBExtentOf_MULJUR EPICROBExtentOf_MULSTAT EPICROBExtentOf_INTR EPICROBExtentOf_UNK EPICROBExtentOf_OTH	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	EPICROBExtentOfSpcfy	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	CLICRCASDEFSUPDOC_HOSPDISCH CLICRCASDEFSUPDOC_MRI CLICRCASDEFSUPDOC_TEST CLICRCASDEFSUPDOC_BRAINBIOP CLICRCASDEFSUPDOC_AUTOPSY CLICRCASDEFSUPDOC_NEUROREPORT CLICRCASDEFSUPDOC_EEG CLICRCASDEFSUPDOC_DEATHCERT	Indicate what documentation is attached to this incident	CheckBoxList (more than one choice is possible)	Hospital Discharge Summary MRI Report 14-3-3 Test Results Brain Biopsy Report Autopsy Report Neurologist Report / Notes EEG Report Death Certificate	HOSPDISCH MRI TEST BRAINBIOP AUTOPSY NEUROREPORT EEG DEATHCERT
RESIDENCE INFORMATION					
City	CLICRRESDNCEINFOCITY	City of residence at time of diagnosis	FreeText		
State	CLICRRESDNCEINFOSTATE	State of residence at time of diagnosis	DropDownList	See Appendix J	See Appendix J
State where receiving care	CLICRRESDNCEINFOSTATECARE	State in which patient is receiving care	DropDownList	See Appendix J	See Appendix J
Patient's current location	CLICRRESDNCEINFOPTCURRENTLOC	Where is the patient currently located? (e.g. facility name, family member living with, etc.)	FreeText		
Location as of	CLICRRESDNCEINFOPTCURRENTLOCDT	What is the patient's last known date at this location?	Date (MM/DD/YYYY)		
DIAGNOSIS INFORMATION					
Onset date	CLICRDXINFOONSETDT	Onset date of symptoms of Creutzfeldt-Jakob Disease	Date (MM/DD/YYYY)		
Date of CJD diagnosis	CLICRDXINFOCJDDXDT	Date Creutzfeldt-Jakob Disease was diagnosed	Date (MM/DD/YYYY)		
Diagnosing hospital name	CLICRDXINFOHOSPNAME	Name of hospital where CJD diagnosis was made	FreeText		
Location	CLICRDXINFOHOSPLOC	Specify the location of the diagnosing hospital	FreeText		
Diagnosing physician's name	CLICRDXINFOPHYSNAME	Name of Diagnosing physician who diagnosed the patient	FreeText		

CLINICAL INFO – CREUTZFELDT-JAKOB DISEASE					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Telephone number	CLICRDXINFOPHYSPHONE	Telephone number	FreeText		
Seen by neurologist	CLICRDXINFONEURO	Was the patient seen by a neurologist?	DropDownList	Yes No Unknown	Y N U
Diagnosis by a neurologist?	CLICRDXINFONEURODX	If Yes, was diagnosis of CJD made by a neurologist?	DropDownList	Yes No Unknown	Y N U
If no, specialty	CLICRDXINFONEURODXSPECITY	If No, specialty of diagnosing physician	FreeText		
Other significant illnesses	CLICRDXINFOFOOTHILL	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	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		

CLINICAL INFO – CREUTZFELDT-JAKOB DISEASE					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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?	CLICROUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	CLICROUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	CLICROUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		
State in which death occurred	CLICROUTCOMEDEATHSTATE	If the patient died, indicate the state in which death occurred	DropDownList	See Appendix J	See Appendix J
CJD listed as cause of death?	CLICROUTCOMECJDDEATHCAUSE	Is CJD listed as a cause of death on the death certificate?	DropDownList	Yes No Unknown	Y N U
If No, primary cause?	CLICROUTCOMEDEATHCAUSE	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	LABCRLABRSLTSUMEGG	Was an EEG performed?	RadioButtonList	Yes No Unknown	Y N U
If Yes, specify results	LABCRLABRSLTSUMEGGSPFY	If EEG performed, specify results	FreeText		
MRI performed	LABCRLABRSLTSUMMRI	Was an MRI performed?	RadioButtonList	Yes No Unknown	Y N U
If Yes, specify results	LABCRLABRSLTSUMMRISPFY	If MRI performed, specify results	FreeText		
CSF tested for 14-3-3 protein	LABCRLABRSLTSUMCSF	Was CSF tested for 14-3-3 protein?	RadioButtonList	Yes No Unknown	Y N U
Lab report #1 date	LABCRLABRSLTUMCSFLABREP1DT	Date of Lab report #1	Date (MM/DD/YYYY)		
Blood in sample?	LABCRLABRSLTUMCSFLABREP1BLD	Was blood found in the sample?	RadioButtonList	Yes No Unknown	Y N U
Results	LABCRLABRSLTUMCSFLABREP1RSLT	Results of Lab #1	RadioButtonList	Elevated Not elevated Ambiguous Unknown	ELV NOTEVL AMBIG UNK
Lab report #2 date	LABCRLABRSLTUMCSFLABREP2DT	Date of Lab report #2	Date (MM/DD/YYYY)		
Blood in sample?	LABCRLABRSLTUMCSFLABREP2BLD	Was blood found in the sample?	RadioButtonList	Yes No Unknown	Y N U
Results	LABCRLABRSLTUMCSFLABREP2RSLT	Results of Lab #2	RadioButtonList	Elevated Not elevated Ambiguous Unknown	ELV NOTEVL AMBIG UNK
Specimens sent to NPDSC?	LABCRLABRSLTUMCSFNPDPC	CSF specimens sent to the National Prion Disease Pathology Surveillance Center (NPDSC)	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	LABCRLABRSLTCSFLABNAME	If No, which laboratory?	FreeText		
Brain biopsy performed	LABCRLABRSLTCSBRAIN	Was a brain biopsy performed?	RadioButtonList	Yes No Unknown	Y N U
Date of biopsy	LABCRLABRSLTCSBRAINDT	Date of brain biopsy	Date (MM/DD/YYYY)		
Sent to NPDSC	LABCRLABRSLTCSBRAINNPDPSC	Were brain biopsy specimens sent to the National Prion Disease Pathology Surveillance Center (NPDPSC)?	RadioButtonList	Yes No Unknown	Y N U
Western blot	LABCRLABRSLTCSBRAINWESTIMBLT	What were the results of the biopsy Western blot?	RadioButtonList	Abnormal Prion Protein present Abnormal Prion Protein NOT present	APP APPNOT
Immunohisto-chemistry	LABCRLABRSLTCSBRAINIMUNHXCHEM	What were the results of the biopsy Immunohistochemistry test?	RadioButtonList	Positive Negative	POS NEG
Diagnosis	LABCRLABRSLTCSBRAINIDX	Diagnosis based off brain biopsy	DropDownList	CJD Sporadic CJD Variant CJD Familial CJD Other	C S V F O
If Other, specify	LABCRLABRSLTCSBRAINDXSPFY	If Other diagnosis, please specify	FreeText		
Autopsy performed	LABCRLABRSLTCSAUTOP	Was an autopsy performed?	RadioButtonList	Yes No Unknown	Y N U
Date of autopsy	LABCRLABRSLTCSAUTOPDT	Date of autopsy	Date (MM/DD/YYYY)		
Hospital where autopsy performed	LABCRLABRSLTCSAUTOPHOSP	Specify the hospital where the autopsy was performed	FreeText		
Autopsy physician name	LABCRLABRSLTCSAUTOPPHYSNAME	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 NPDSC	LABCRLABRSLTsumAUTOPNPDSC	Were autopsy specimens sent to the National Prion Disease Pathology Surveillance Center (NPDSC)?	RadioButtonList	Yes No Unknown	Y N U
Western blot	LABCRLABRSLTsumAUTOPWESTIMBLT	What were the results of the autopsy Western blot?	RadioButtonList	Abnormal Prion Protein present Abnormal Prion Protein NOT present	APP APPNOT
Immunohisto-chemistry	LABCRLABRSLTsumAUTOPIMUNHXCHEM	What were the results of the autopsy Immunohistochemistry test?	RadioButtonList	Positive Negative	POS NEG
Diagnosis	LABCRLABRSLTsumAUTOPDX	What diagnosis was made?	DropDownList	CJD Sporadic CJD Variant CJD Familial CJD Other	C S V F O
If Other, specify	LABCRLABRSLTsumAUTOPDXSPFY	If Other diagnosis, please specify	FreeText		
Other (e.g., CSF results, PCR results, etc.)	LABCRLABRSLTsumOTHER	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	EPICREXPRSKFACBRAINSURG	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	EPICREXPRSKFACBRAINSURGYRS	If Yes, specify year(s) of brain surgery	FreeText		
Spinal surgery	EPICREXPRSKFACSPINSURG	Did the patient undergo spinal surgery before onset of the current illness?	DropDownList	Yes No Unknown	Y N U
If Yes, specify year(s) of each	EPICREXPRSKFACSPINSURGYRS	If Yes, specify year(s) of spinal surgery	FreeText		
Eye surgery	EPICREXPRSKFACEYESURG	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	EPICREXPRSKFACEYESURGYRS	If Yes, specify year(s) of eye surgery	FreeText		
Receive dura mater allograft	EPICREXPRSKFACDURAMAT	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	EPICREXPRSKFACDURAMATYRS	If Yes, specify year(s) of each dura mater allograft	FreeText		
Receive corneal allograft	EPICREXPRSKFACCORNEAL	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	EPICREXPRSKFACCORNEALYRS	If Yes, specify year(s) of each corneal allograft	FreeText		
Receive human derived pituitary growth hormone	EPICREXPRSKFACHORMONE	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	EPICREXPRSKFACHORMONEYRS	If Yes, specify year(s) human derived pituitary growth hormone was received	FreeText		
Other	EPICREXPRSKFACSURGOOTH	Did the patient undergo any other pertinent surgical procedures before onset of the current illness?	Text Box		

EPIDEMIOLOGIC INFO – CREUTZFELDT-JAKOB DISEASE

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
RECEIVE a blood transfusion	EPICREXPRSFKACBLDTRANS	Did the patient receive any blood transfusions?	DropDownList	Yes No Unknown	Y N U
Date(s)	EPICREXPRSFKACBLDTRANSDT	If yes, specify date(s)	FreeText		
Location(s)	EPICREXPRSFKACBLDTRANSLOC	If yes, specify location(s)	FreeText		
DONATE blood	EPICREXPRSFKACBLDDONAT	Did the patient donate blood?	DropDownList	Yes No Unknown	Y N U
Date(s)	EPICREXPRSFKACBLDDONATDT	If yes, specify date(s)	FreeText		
Location(s)	EPICREXPRSFKACBLDDONATLOC	If yes, specify location(s)	FreeText		
HUNT deer or elk	EPICREXPRSFKACHUNT	Did the patient hunt deer or elk?	DropDownList	Yes No Unknown	Y N U
Area(s) hunted	EPICREXPRSFKACHUNTAREA	If yes, specify area(s) hunted	FreeText		
Year(s)	EPICREXPRSFKACHUNTYRS	If yes, specify year(s)	FreeText		
Knowingly EAT deer or elk meat	EPICREXPRSFKFACEATDRELK	Did the patient knowingly eat deer or elk meat?	DropDownList	Yes No Unknown	Y N U
Meat origin	EPICREXPRSFKFACEATDRELKSRC	If yes, specify source location(s) of meat origin	FreeText		
Year(s)	EPICREXPRSFKFACEATDRELKYRS	If yes, specify year(s)	FreeText		
History of prion disease	EPICREXPRSFKACPRIONHX	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	EPICREXPRSFKACPRIONHXREL	If yes, specify relationship to patient	FreeText		
Name of disease	EPICREXPRSFKACPRIONHXDISNAME	If yes, specify name of disease	FreeText		
Other	EPICREXPRSFKFACEEXPOTH	Did the patient have any other pertinent exposures?	Text Box		
TRAVEL HISTORY					

EPIDEMIOLOGIC INFO – CREUTZFELDT-JAKOB DISEASE					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Travel outside the U.S.	EPICRTRVHXTRAVEL	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					
Travel Type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Travel Type	Radio Button	Domestic International Unknown	DOM INT UNK
State	TrvHxDtlState_1 TrvHxDtlState_2 TrvHxDtlState_3	State	DropDownList	See Appendix S	See Appendix S
Country	TrvHxDtlCountry_1 TrvHxDtlCountry_2 TrvHxDtlCountry_3	Country	DropDownList	See Appendix I	See Appendix I
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)		
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	What airline(s) did the patient fly on?	FreeText		
Flight number(s)	TRVHXDTLPatFlyNumber_1 TRVHXDTLPatFlyNumber_2 TRVHXDTLPatFlyNumber_3	Specify the flight number(s) of the flight(s)	FreeText		
Departure date	TRVHXDTLPatFlyDepDt_1 TRVHXDTLPatFlyDepDt_2 TRVHXDTLPatFlyDepDt_3	Flight departure date(s)	Date (MM/DD/YYYY)		
Arrival date	TRVHXDTLPatFlyArrDt_1 TRVHXDTLPatFlyArrDt_2 TRVHXDTLPatFlyArrDt_3	Flight arrival date(s)	Date (MM/DD/YYYY)		
REPORTING AGENCY					

EPIDEMIOLOGIC INFO – CREUTZFELDT-JAKOB DISEASE					
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	REPAGENCYREPORTEDBYSPEFY	If Other, specify	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPICREPILINKKNOWNCASE	Epi-linked to known case?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPICREPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
Link type	EPICREPILINKTYPE	Specify the Link type	DropDownList	Family Surgery Other	FAM SURG OTH
If Other, specify	EPICREPILINKTYPESPEFY	If Other type of link, please specify	FreeText		
DISEASE CASE CLASSIFICATION					
Disease type	EPICRCASECLASSDISEASE_S EPICRCASECLASSDISEASE_I EPICRCASECLASSDISEASE_V EPICRCASECLASSDISEASE_F EPICRCASECLASSDISEASE_O	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	EPICRCASECLASSFAMILPRIONSPFY	If Familial Prion Disease, specify	FreeText		
Other	EPICRCASECLASSOTHPRIONSPFY	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?	CLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with Cysticercosis / Taeniasis?	DropDownList	Yes No Unknown	Y N U
Medical care date	CLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Headaches	CLICRSIGNSXHEADACHE	Cysticercosis / Taeniasis signs and symptoms: Headaches	DropDownList	Yes No Unknown	Y N U
Seizures	CLICRSIGNSXSEIZURE	Cysticercosis / Taeniasis signs and symptoms: Seizures	DropDownList	Yes No Unknown	Y N U
Hydrocephalus	CLICRSIGNSXHYDROCEPHALUS	Cysticercosis / Taeniasis signs and symptoms: Hydrocephalus	DropDownList	Yes No Unknown	Y N U
Meningitis	CLICRSIGNSXMENINGITIS	Cysticercosis / Taeniasis signs and symptoms: Meningitis	DropDownList	Yes No Unknown	Y N U
Dementia	CLICRSIGNSXDEMENTIA	Cysticercosis / Taeniasis signs and symptoms: Dementia	DropDownList	Yes No Unknown	Y N U
Cranial nerve palsy	CLICRSIGNSXCNP	Cysticercosis / Taeniasis signs and symptoms: Cranial nerve palsy	DropDownList	Yes No Unknown	Y N U
Subcutaneous lesion	CLICRSIGNSXSUBLESION	Cysticercosis / Taeniasis signs and symptoms: Subcutaneous lesion	DropDownList	Yes No Unknown	Y N U
Bone lesion	CLICRSIGNSXBONELESION	Cysticercosis / Taeniasis signs and symptoms: Bone lesion	DropDownList	Yes No Unknown	Y N U
Eye lesion	CLICRSIGNSXEYELESION	Cysticercosis / Taeniasis signs and symptoms: Eye lesion	DropDownList	Yes No Unknown	Y N U
Stroke	CLICRSIGNSXSTROKE	Cysticercosis / Taeniasis signs and symptoms: Stroke	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
Gastrointestinal symptoms	CLICRSIGNSXGI	Did patient have gastrointestinal symptoms ?	DropDownList	Yes No Unknown	Y N U
Other	CLICRSIGNSXOTH	Other signs or symptoms of Cysticercosis / Taeniasis?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRSIGNSXOTHSPFY	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	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		

CLINICAL INFO – CYSTICERCOSIS / TAENIASIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGTREATMENT	Did the patient receive treatment for Cysticercosis / Taeniasis?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT – DETAILS					
Treatment	CLICRTXMGTDLTXTYPE_1 CLICRTXMGTDLTXTYPE_2 CLICRTXMGTDLTXTYPE_3	What was the general treatment type?	DropDownList	Antiparasitic	ANTIP
				Anti-convulsant	ANTIC
				Steroid	STER
				Other	OTH
Treatment name	CLICRTXMGTDLTXNAME_1 CLICRTXMGTDLTXNAME_2 CLICRTXMGTDLTXNAME_3	What was the specific name of the treatment?	FreeText		
Treatment dose	CLICRTXMGTDLTXDose_1 CLICRTXMGTDLTXDose_2 CLICRTXMGTDLTXDose_3	What treatment dosage did the patient receive?	FreeText		
Date started	CLICRTXMGTDLTXSTARTDT_1 CLICRTXMGTDLTXSTARTDT_2 CLICRTXMGTDLTXSTARTDT_3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CLICRTXMGTDLTXENDDT_1 CLICRTXMGTDLTXENDDT_2 CLICRTXMGTDLTXENDDT_3	Date treatment ended	Date (MM/DD/YYYY)		
SURGERY					

CLINICAL INFO – CYSTICERCOSIS / TAENIASIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Surgery	CLICRSURGSURGERY	Did patient undergo surgery for the illness?	DropDownList	Yes No Unknown	Y N U
Surgery date	CLICRSURGDT	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)		

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	LABCRLABRSLTSUMSPECTYPE_1 LABCRLABRSLTUMSPECTYPE_2 LABCRLABRSLTUMSPECTYPE_3	What type of specimen was submitted for testing?	DropDownList	Serum	SERUM
				Stool Tissue	STOOL
				Biopsy	BIOPSY
				Other	OTH
Tissue biopsy details	LABCRLABRSLTUMSPECTYPESPFY_1 LABCRLABRSLTUMSPECTYPESPFY_2 LABCRLABRSLTUMSPECTYPESPFY_3	If Tissue biopsy or Other, specify details	FreeText		
Type of test	LABCRLABRSLTUMTSTTYPE_1 LABCRLABRSLTUMTSTTYPE_2 LABCRLABRSLTUMTSTTYPE_3	Type of laboratory test performed	DropDownList	Immunobolt	IMBLT
				ELISA	ELISA
				Ova and parasite exam	OVA
				Microscopic exam	MICROEXAM
				Other	OTH
If Other, specify	LABCRLABRSLTUMTSTTYPESPFY_1 LABCRLABRSLTUMTSTTYPESPFY_2 LABCRLABRSLTUMTSTTYPESPFY_3	Specify other type of test	FreeText		
Collection date	LABCRLABRSLTUMCOLLECTDT_1 LABCRLABRSLTUMCOLLECTDT_2 LABCRLABRSLTUMCOLLECTDT_3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	LABCRLABRSLTUMRESULT_1 LABCRLABRSLTUMRESULT_2 LABCRLABRSLTUMRESULT_3	Results of laboratory testing	FreeText		
Interpretation	LABCRLABRSLTUMINTERPRET_1 LABCRLABRSLTUMINTERPRET_2 LABCRLABRSLTUMINTERPRET_3	Interpretation of lab test results	RadioButtonList	Positive Negative Equivocal	POS NEG EQU
Laboratory name	LABCRLABRSLTUMLABNAME_1 LABCRLABRSLTUMLABNAME_2 LABCRLABRSLTUMLABNAME_3	Name of laboratory where testing was performed	FreeText		
Telephone	LABCRLABRSLTUMLABPHONE_1 LABCRLABRSLTUMLABPHONE_2 LABCRLABRSLTUMLABPHONE_3	Telephone number of lab	FreeText		
IMAGING SUMMARY					

LABORATORY INFO – CYSTICERCOSIS / TAENIASIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Anatomic site	IMGSUMANATOMICSITE_1 IMGSUMANATOMICSITE_2 IMGSUMANATOMICSITE_3	If imaging study was done, what anatomic site was imaged?	FreeText		
Type of imaging	IMGSUMIMGTYPE_1 IMGSUMIMGTYPE_2 IMGSUMIMGTYPE_3	Specific type of imaging or radiographic study	RadioButtonList	X-Ray CT MRI Other	XRAY CT MRI OTH
If Other, specify	IMGSUMIMGTYPESPFY_1 IMGSUMIMGTYPESPFY_2 IMGSUMIMGTYPESPFY_3	If Other, specify	FreeText		
Date	IMGSUMDT_1 IMGSUMDT_2 IMGSUMDT_3	Date of imaging study?	Date (MM/DD/YYYY)		
Result	IMGSUMRSLT_1 IMGSUMRSLT_2 IMGSUMRSLT_3	What was the result of the radiographic or imaging study?	FreeText		
Interpretation	IMGSUMINTERPRET_1 IMGSUMINTERPRET_2 IMGSUMINTERPRET_3	What was the interpretation of the radiographic or imaging study?	FreeText		
Facility name	IMGSUMFACNAME_1 IMGSUMFACNAME_2 IMGSUMFACNAME_3	What is the hospital name where the imaging study was conducted?	FreeText		
Telephone	IMGSUMFACPHONE_1 IMGSUMFACPHONE_2 IMGSUMFACPHONE_3	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	EPICRFOODHXGAME	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)	EPICRFOODHXGAMESPECIE	If yes, specify type(s)	FreeText		
Where acquired or purchased	EPICRFOODHXGAMEACQLOC	Where was the game meat acquired or purchased?	FreeText		
Year eaten	EPICRFOODHXGameYear	Specify year eaten	FreeText		
Pork	EPICRFOODHXPORK	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)	EPICRFOODHXPORKTYPE	If yes, specify type(s)	FreeText		
Where acquired or purchased	EPICRFOODHXPORKPURLOC	Where was the pork acquired or purchased	FreeText		
Year eaten	EPICRFOODHXPorkYear	Specify year eaten	FreeText		
Beef	EPICRFOODHXBEEF	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)	EPICRFOODHXBEEFTYPE	If yes, specify type(s)	FreeText		
Where acquired or purchased	EPICRFOODHXBEEFPURLOC	Where was the beef acquired or purchased	FreeText		
Year eaten	EPICRFOODHXBeefYear	Specify year eaten	FreeText		
Other	EPICRFOODHXOTH	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	EPICRFOODHXOTHSPFY	If Yes, specify other meat	FreeText		

EPIDEMIOLOGIC INFO – CYSTICERCOSIS / TAENIASIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
TRAVEL HISTORY					
Travel during the last 10 years?	TRVHXTTRAVEL	Did patient travel outside of country during the last 10 years?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY – DETAILS					
Country	TRVHXDTLCountry_1 TRVHXDTLCountry_2 TRVHXDTLCountry_3	What country did the patient travel to?	FreeText		
Year traveled	TRVHXDTLYear_1 TRVHXDTLYear_2 TRVHXDTLYear_3	What year did the patient travel?	FreeText		
Ate raw or uncooked meat	TRVHXDTLRawMeat_1 TRVHXDTLRawMeat_2 TRVHXDTLRawMeat_3	Ate raw or undercooked meat while travelling?	DropDownList	Yes No Unknown	Y N U
Types of meat eaten	TRVHXDTLRawMeatDesc_1 TRVHXDTLRawMeatDesc_2 TRVHXDTLRawMeatDesc_3	Describe types of meats eaten and other relevant information	FreeText		
CONTACTS/OTHER ILL PERSONS					
Contacts with case?	EPICRCRONTOTHCONTACT	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

EPIDEMIOLOGIC INFO – CYSTICERCOSIS / TAENIASIS					
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		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-linked to known case of Cysticercosis / Taeniasis?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		
DISEASE CASE CLASSIFICATION					
Disease type	EPICRCASECLASSDISEASE _CYSTICRS EPICRCASECLASSDISEASE_NEUROCYSTICRS EPICRCASECLASSDISEASE_OCULARCYSTICRS EPICRCASECLASSDISEASE _TAENIASIS EPICRCASECLASSDISEASE _OTHERCYSTICRS	What type of Cysticercosis or Taeniasis did the patient have?	CheckBoxList (more than one choice is possible)	Cysticercosis	CYSTICRS
				Neurocysticerosis	NEUROCYSTICRS
				Ocular or periocular cysticercosis	OCULARCYSTICRS
				Taeniasis	TAENIASIS
				Other cysticercosis	OTHERCYSTICRS
If Other cysticercosis, specify	EPICRCASECLASDISSpfy	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	CLICRSIGNSXEYEPAINT	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
Diarrhea	CLICRSIGNSXDIARRHEA	Dengue signs and symptoms: Diarrhea	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
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)		
Systolic / Diastolic	CLICRSIGNSXHYPOSYSTOLIC	Systolic / Diastolic	FreeText		
Other	CLICRSIGNSXOTH	Other signs or symptoms of dengue	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
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		
City	HOSPDTLCITY_1 HOSPDTLCITY_2 HOSPDTLCITY_3	City where hospital located	FreeText		
State	HOSPDTLSTATE_1 HOSPDTLSTATE_2 HOSPDTLSTATE_3	State	FreeText		

CLINICAL INFO – DENGUE VIRUS INFECTION					
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	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	LABCRLABRSLSUMSPECTYPE_1 LABCRLABRSLSUMSPECTYPE_2 LABCRLABRSLSUMSPECTYPE_3	What type of specimen was submitted for lab testing?	DropDownList	Serum CSF Other	SERUM CSF OTH
If Other, specify	LABCRLABRSLSUMSPECTYPESPFY_1 LABCRLABRSLSUMSPECTYPESPFY_2 LABCRLABRSLSUMSPECTYPESPFY_3	Specify other type of specimen	FreeText		
Type of test	LABCRLABRSLSUMTESTTYPE_1 LABCRLABRSLSUMTESTTYPE_2 LABCRLABRSLSUMTESTTYPE_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	LABCRLABRSLSUMTESTTYPESPFY_1 LABCRLABRSLSUMTESTTYPESPFY_2 LABCRLABRSLSUMTESTTYPESPFY_3	Specify other type of laboratory test	FreeText		
Interpretation	LABCRLABRSLSUMINTERPRET_1 LABCRLABRSLSUMINTERPRET_2 LABCRLABRSLSUMINTERPRET_3	Interpretation of lab test results	DropDownList	Positive Negative Equivocal	POS NEG EQU
Result	LABCRLABRSLSUMRSLT_1 LABCRLABRSLSUMRSLT_2 LABCRLABRSLSUMRSLT_3	Results of lab testing	FreeText		
Collection date	LABCRLABRSLSUMCOLLECTDT_1 LABCRLABRSLSUMCOLLECTDT_2 LABCRLABRSLSUMCOLLECTDT_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	LABCRLABRSLTUMPHONE_1 LABCRLABRSLTUMPHONE_2 LABCRLABRSLTUMPHONE_3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS SUMMARY – OTHER					
Hematology	LABCRLABRSLTUMOTHHEMATOL	Hematology performed	RadioButtonList	Yes No Unknown	Y N U
Date collected	LABCRLABRSLTUMOTHCOLLECTDT	If Yes, specify date sample collected	Date (MM/DD/YYYY)		
WBC	LABCRLABRSLTUMOTHWBC	Hematology results: WBC (white blood cell count)	FreeText		
HCT	LABCRLABRSLTUMOTHHCT	Hematology results: HCT (hematocrit)	FreeText		
Hb	LABCRLABRSLTUMOTHHB	Hematology results: Hb (hemoglobin)	FreeText		
Platelets	LABCRLABRSLTUMOTHPLATE	Hematology results: Platelet count	FreeText		
Other laboratory diagnostics	LABCRLABRSLTUMOTHOTHLAB	Other laboratory diagnostics performed (e.g., IHC, virus isolation)?	RadioButtonList	Yes No Unknown	Y N U
If Yes, describe	LABCRLABRSLTUMOTHOTHLABSPFY	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
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					
ImportedCountry	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		

EPIDEMIOLOGIC INFO – DENGUE VIRUS INFECTION					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Date of mosquito bite	EPICRBITEHBITEDT_1 EPICRBITEHBITEDT_2 EPICRBITEHBITEDT_3	Specify date(s) of mosquito bite(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	Specify other agency	Date (MM/DD/YYYY)		

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	NONE
				Direct active monitoring through 21 days or until the contact leaves the jurisdiction	DAM
				Active monitoring through 21 days or until the contact leaves the jurisdiction	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
Quarantine	EBOLASUMInfoQuar	Was a legal order of quarantine served?	DropDownList	Yes No	Y N

CONTACT SUMMARY – EBOLA CONTACT TRACKING – EBOLA VIRUS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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 Emergency 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

Ebola/Marburg Traveler Monitoring

TRAVEL HISTORY – EBOLA/MARBURG TRAVELER MONITORING – 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	EBOLATHXIntInfoIntLHDAddCtyStZp	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
TRAVELER INFORMATION					
Preferred contact method	EBOLATHXTrvInfoPrefCnt	Preferred contact method	Radio Button	Phone Email	
Phone Number	EBOLATHXTrvInfoPrefPhone	Phone Number	FreeText		
Email	EBOLATHXTrvInfoPrefEmail	Email	FreeText		
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		

TRAVEL HISTORY – EBOLA/MARBURG TRAVELER MONITORING – EBOLA VIRUS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
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					
Returning from:	EBOLATHXExpHxReturnFrom	Returning from: (check all that apply)	CheckBox	Ebola-affected country Marburg-affected country	EBOL MARB

TRAVEL HISTORY – EBOLA/MARBURG TRAVELER MONITORING – EBOLA VIRUS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Ebola-affected or Marburg-affected country	EBOLATHXExpHxCountries_C EBOLATHXExpHxCountries_G EBOLATHXExpHxCountries_L EBOLATHXExpHxCountries_M EBOLATHXExpHxCountries_SL EBOLATHXExpHxCountries_U EBOLATHXExpHxCountries_OTH	Was the traveler in an Ebola-affected or Marburg-affected country in the past 21 days?	CheckBox	Congo (DRC) Equatorial Guinea Guinea Liberia Mali Sierra Leone Tanzania Uganda Other	C EG G L M SL T U OTH
If Other, specify	EBOLATHXExpHxCountriesSpcfy	If Other, specify	FreeText		
Date travel started	EBOLATHXExpHxTrvStDt	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	EBOLATHXExpHxTrvEndDt	Date travel ended	Date (MM/DD/YYYY)		
Visit Outbreak Affected Area	EBOLATHXExpHxEVDArea	Did the traveler visit an Ebola or Marburg outbreak-affected area / district within the country?	DropDownList	Yes No Unknown	Y N U
If yes, specify area / district	EBOLATHXExpHxEVDAreaSpcfy	If yes, specify area / district	FreeText		
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 Uganda Other	G L SL M U OTH
Specify area/ district/date	EBOLATHXExpHxEVDAreaSpcfyMor	If more than one region, please specify the area/district(s) and dates of travel	FreeText		
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_RESP EBOLATHXExpHxPurpose_PERMRES EBOLATHXExpHxPurpose_VISITOR EBOLATHXExpHxPurpose_OTH	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		

TRAVEL HISTORY – EBOLA/MARBURG TRAVELER MONITORING – EBOLA VIRUS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Traveler role	EBOLATHXExpHxPurposeRespRole	What was the traveler's role?	FreeText		
Agency worked with	EBOLATHXExpHxPurposeRespAgency	What agency or group did traveler work with in country?	FreeText		
EXPOSURE HISTORY - DETAILS					
Traveler near Ebola	EBOLATHXExpHxDtlSickEVD1	Was the traveler near anyone in the last 21 days while abroad who was sick (or died) with confirmed or suspected Ebola/Marburg virus infection?	DropDownList	Yes No Unknown	Y N U
If Yes, provide details	EBOLATHXExpHxDtlSickEVD1Spcfy	If Yes, provide details	FreeText		
Traveler near sick individual	EBOLATHXExpHxDtlSick1	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 Unknown	Y N U
If Yes, provide details	EBOLATHXExpHxDtlSick1Spcfy	If Yes, provide details	FreeText		
Traveler in medical facility	EBOLATHXExpHxDtlFac1	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 Unknown	Y N U
If Yes, provide details	EBOLATHXExpHxDtlFac1Spcfy	If Yes, provide details	FreeText		
Traveler attend funeral	EBOLATHXExpHxDtlFune1	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 Unknown	Y N U
If Yes, provide details	EBOLATHXExpHxDtlFune1Spcfy	If Yes, did they participate in any funeral ritual, including touching the deceased person or clean or bathe the body? (Describe)	FreeText		
Exposure to blood	EBOLATHXExpHxDtlBdFld1	Did the traveler have exposure to blood and other body fluids?	DropDownList	Yes No Unknown	Y N U

TRAVEL HISTORY – EBOLA/MARBURG TRAVELER MONITORING – EBOLA VIRUS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
If yes, exposed to Ebola	EBOLATHXExpHxDtlBdFld1EVD	If yes, were they ever exposed to the blood or other body fluids (including feces, saliva, sweat, urine, vomit, sputum, breast milk, tears, or semen) of a person with Ebola, Marburg, or an unknown illness? (Describe)	FreeText		
PROPHYLAXIS/VACCINATION INFORMATION					
Malaria prophylaxis	EBOLATHXVaxMall	During trip to Guinea/Liberia/Sierra Leone/Mali/Uganda, 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
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	ORAL AX EAR NTEAR

TRAVEL HISTORY – EBOLA/MARBURG TRAVELER MONITORING – EBOLA VIRUS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Non-touch, forehead	NTFORE
				Rectal	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 <u>county</u> 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		
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		
Medical or dental appointments	EBOLATHXFUMed1	Does traveler have any medical or dental appointments or procedures scheduled in the next three weeks?	DropDownList	Yes No	Y N
Procedure for?	EBOLATHXFUMedPurp	What is the appointment or procedure for?	FreeText		
Facility 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/MARBURG TRAVELER MONITORING – 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	Last date monitoring is required	Date (MM/DD/YYYY)		
Monitoring to be conducted	EBOLATHXFUSummaryActMonMeth_INPERS ON EBOLATHXFUSummaryActMonMeth_PHONE EBOLATHXFUSummaryActMonMeth_EMAIL EBOLATHXFUSummaryActMonMeth_SKYPE EBOLATHXFUSummaryActMonMeth_OTH	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/MARBURG TRAVELER MONITORING – 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	Phone number	FreeText		
Email address	EBOLATHXFUSummaryActMonRespEmail	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	EBOLATHXNOTESAdd1	Additional Notes	FreeText		

ASSESSMENT – EBOLA/MARBURG TRAVELER MONITORING – EBOLA VIRUS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
RISK ASSESSMENT SUMMARY					
Exposure category	EBOLAASMRiskExpCat	What is the traveler's exposure category?	DropDownList	High risk Present in designated outbreak area Present in outbreak country but not designated area No identifiable risk	
Type of monitoring	EBOLAASMRiskMonRec	What type of monitoring is recommended?	DropDownList	Daily At least twice weekly until 21 days departure from outbreak country At least weekly until 21 days departure from outbreak country	

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ASSESSMENT – EBOLA/MARBURG TRAVELER MONITORING – EBOLA VIRUS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				None	
Last day monitoring	EBOLAASMRiskMonLastReqDt	Last day monitoring is required	Date (MM/DD/YYYY)		
Health Network	EBOLAASMRiskInsur	Health Network / Insurance / Primary Care	DropDownList	Yes No Unknown	Y N U
Name	EBOLAASMRiskInsurPCP	If Yes: Name of primary care provider / health network	FreeText		
Telehealth options?	EBOLAASMRiskInsurTelehlth	Does network / provider have telehealth options?	DropDownList	Yes No Unknown	Y N U
Develop symptoms	EBOLAASMRiskSx	Did traveler develop symptoms during monitoring period?	DropDownList	Yes No Unknown	Y N U
Was CDPH consulted?	EBOLAASMRiskConsultCDPH	Was CDPH consulted?	DropDownList	Yes No Unknown	Y N U
Was CDC consulted?	EBOLAASMRiskConsultCDC	Was CDC consulted?	DropDownList	Yes No Unknown	Y N U
Tested	EBOLAASMRiskEVDTst	Tested for Ebolavirus Disease or Marburg Virus Disease	DropDownList	Yes No Unknown	Y N U
Test Result*	EBOLAASMRiskEVDTstRslt	Test Result*	DropDownList	Positive Negative Unknown	POS NEG UNK
Other infectious diseases	EBOLAASMRiskTstOthInfDis_MLR EBOLAASMRiskTstOthInfDis_TYF EBOLAASMRiskTstOthInfDis_OTH	Was traveler tested for any other infectious diseases? If yes, check all that apply	CheckBox	Malaria Typhoid Fever Other	MLR TYF OTH
If Other, specify	EBOLAASMRiskTstOthInfDisSpcfy	If Other, specify	FreeText		
If Yes, what were the results?	EBOLAASMRiskTstOthInfDisRslt	If Yes, what were the results?	FreeText		
Describe:	EBOLAASMRiskFinDxDesc	What was the final diagnosis? Describe:	FreeText		
	EBOLAASMRiskFinDisp	Final Monitoring Disposition	DropDownList	Completed follow-up, no symptoms	NOSXS

ASSESSMENT – EBOLA/MARBURG TRAVELER MONITORING – EBOLA VIRUS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Final Monitoring Disposition				Developed symptoms	SXS
				Transferred to another state	TRANSFER
				Lost to follow-up	LTFU
Case Classification	EBOLAASMRiskFinDispClass	If completed follow-up, Case Classification	DropDownList	Asymptomatic monitored traveler	ASXMT
				Developed symptoms, not EVD or MVD	SXNEV
				Suspect EVD or MVD	SSPEV
				Confirmed EVD or MVD	CNFEV
Location and Date	EBOLAASMRiskFinDispTransf	If transferred to a different state or country, indicate location and date of transfer	FreeText		
Public Health notified?	EBOLAASMRiskFinDispTransfPH	If transferred to a different state or country, was Public Health at destination notified?	DropDownList	Yes No Unknown	Y N U
Lost to follow-up	EBOLAASMRiskFinDispLost	If traveler was lost to follow-up (unable to make initial contact), provide reason		Non-working number	NWNUM
				Incorrect address	INCAD
				No response	NORSP
				Other	OTH
Other reason	EBOLAASMRiskFinDispLostOth	Other reason	FreeText		
Provide reason	EBOLAASMRiskFinDispLostAft	If lost to follow-up after initial contact, provide reason		Stopped responding	STRSP
				Transferred to another jurisdiction	TRJUR
				Other	OTH
Other reason	EBOLAASMRiskFinDispLostAftOth	Other reason	FreeText		
Describe	EBOLAASMRiskFinDispOth	If other final monitoring disposition, describe	FreeText		
Notes/Remarks	EBOLAASMRiskNotes	Notes/Remarks	FreeText		

SYMPTOM DIARY – EBOLA/MARBURG TRAVELER MONITORING – EBOLA VIRUS					
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 5 6 7+	1 2 3 4 5 6 7+
SYMPTOM FOLLOW-UP DIARY – ENTRY 1 through ENTRY 21 (Display 1-3)					

SYMPTOM DIARY – EBOLA/MARBURG TRAVELER MONITORING – EBOLA VIRUS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Date of follow-up	EBOLATTSXEnt1FUDt EBOLATTSXEnt2FUDt EBOLATTSXEnt3FUDt	Date of follow-up	Date (MM/DD/YYYY)		
Unable to contact	EBOLATTSXEnt1NoCt EBOLATTSXEnt2NoCt EBOLATTSXEnt2NoCt	Unable to contact	CheckBox	Unchecked Checked	(blank) Y
No symptoms	EBOLATTSXEnt1NoSx EBOLATTSXEnt2NoSx EBOLATTSXEnt3NoSx	No symptoms reported	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_FEVER EBOLATTSXEnt1Sx_CHILLS EBOLATTSXEnt1Sx_WEAK EBOLATTSXEnt1Sx_ACHE EBOLATTSXEnt1Sx_ABPAIN EBOLATTSXEnt1Sx_HMRHG EBOLATTSXEnt1Sx_VOMIT EBOLATTSXEnt1Sx_DIARH EBOLATTSXEnt1Sx_RASH EBOLATTSXEnt1Sx_HEAD EBOLATTSXEnt1Sx_OTH	Reported symptoms	CheckBox (more than one choice is possible)	Fever≥100.4 F/38 C	FEVER
				Chills	CHILLS
				Weakness	WEAK
				Muscle aches	ACHE
				Abdominal pain	ABPAIN
				Unexplained hemorrhage	HMRHG
				Vomiting	VOMIT
				Diarrhea	DIARH
				Rash	RASH
				Headache	HEAD
				Other symptoms	OTH
Specify other symptoms	EBOLATTSXEnt1SxSpcfy EBOLATTSXEnt2SxSpcfy EBOLATTSXEnt3SxSpcfy	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/MARBURG TRAVELER MONITORING – EBOLA VIRUS					
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	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	EnterоЖiCRGenInfoDisease	Disease	FreeText		
SIGNS AND SYMPTOMS					
Symptomatic	EnterоЖiCRSignsSxSymptomatic	Symptomatic?	DropDownList	Yes No Unknown	Y N U
Onset Date	EnterоЖiCRSignsSxOnsetDt	Onset date	FreeText		
Medical Care Date	EnterоЖiCRSignsSxSgtMedCareDt	Date first sought medical care	Date (MM/DD/YYYY)		
Fever	EnterоЖiCRSignsSxFever	Fever	DropDownList	Yes No Unknown	Y N U
Highest Temperature	EnterоЖiCRSignsSxFeverHighTemp	If Yes, highest temperature (specify F/C)	FreeText		
Chills	EnterоЖiCRSignsSxChills	Chills	DropDownList	Yes No Unknown	Y N U
Rash	EnterоЖiCRSignsSxRash	Rash	DropDownList	Yes No Unknown	Y N U
Rash Location	EnterоЖiCRSignsSxRashLoc	If Yes, specify location	FreeText		
Other Skin Lesion	EnterоЖiCRSignsSxSkinLesn	Other skin lesion	DropDownList	Yes No Unknown	Y N U
Lesion Type	EnterоЖiCRSignsSxSkinLesnType	If Yes, specify lesion type	FreeText		
Headache	EnterоЖiCRSignsSxHeadache	Headache	DropDownList	Yes No Unknown	Y N U
Mental Status	EnterоЖiCRSignsSxMentalChange	Change in mental status	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
Stiff Neck	EnterоЖiCRSignsSxStiffNeck	Stiff neck	DropDownList	Yes No Unknown	Y N U
Sore Throat	EnterоЖiCRSignsSxSoreThroat	Sore throat	DropDownList	Yes No Unknown	Y N U
Cough	EnterоЖiCRSignsSxCough	Cough	DropDownList	Yes No Unknown	Y N U
Shortness of Breath	EnterоЖiCRSignsSxShortBreath	Shortness of breath	DropDownList	Yes No Unknown	Y N U
Abdominal Cramps	EnterоЖiCRSignsSxAbCramp	Abdominal cramps	DropDownList	Yes No Unknown	Y N U
Vomiting	EnterоЖiCRSignsSxVomit	Vomiting	DropDownList	Yes No Unknown	Y N U
Diarrhea	EnterоЖiCRSignsSxDiarrhea	Diarrhea	DropDownList	Yes No Unknown	Y N U
Stools/24 hr	EnterоЖiCRSignsSxMaxStools24	If Yes, specify Max # stools / 24 hr.	FreeText		
Bloody Stool	EnterоЖiCRSignsSxBloodyStool	Bloody stool	DropDownList	Yes No Unknown	Y N U
Myalgia	EnterоЖiCRSignsSxMyalgia	Myalgia	DropDownList	Yes No Unknown	Y N U
Joint Pain	EnterоЖiCRSignsSxJointPain	Joint pain	DropDownList	Yes No Unknown	Y N U
Joint Pain Location	EnterоЖiCRSignsSxJointPainSpcfy	If Yes, specify which joint	FreeText		
Joint Swelling	EnterоЖiCRSignsSxJointSwell	Joint swelling	DropDownList	Yes No Unknown	Y N U
Joint Swelling Location	EnterоЖiCRSignsSxJointSwellSpcfy	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
Shock	EnterоЖiCRPSignsSxShock	Shock (systolic BP<90)	DropDownList	Yes No Unknown	Y N U
Other	EnterоЖiCRPSignsSxOth	Other	DropDownList	Yes No Unknown	Y N U
Specify	EnterоЖiCRPSignsSxOthSpcfy	If Yes, specify	FreeText		
PAST MEDICAL HISTORY					
Chronic Medical Condition	EnterоЖiCRPPasMedHxChronic	Chronic medical condition	DropDownList	Yes No Unknown	Y N U
Chronic Conditions	EnterоЖiCRPPasMedHxChronicSpcfy	If Yes, list conditions	FreeText		
Cancer / Immunosuppressive	EnterоЖiCRPPasMedHxCancrImmSup	Cancer or other immunosuppressive condition	DropDownList	Yes No Unknown	Y N U
Cancer / Immunosuppressive Conditions	EnterоЖiCRPPasMedHxCancrImmSupSpcfy	If Yes, list conditions	FreeText		
Cardiopulmonary Disease	EnterоЖiCRPPasMedHxCardPulm	Cardiopulmonary disease	DropDownList	Yes No Unknown	Y N U
Cardiopulmonary Conditions	EnterоЖiCRPPasMedHxCardPulmSpcfy	If Yes, list conditions	FreeText		
Antibiotic Use	EnterоЖiCRPPasMedHxAbxUse	Recent antibiotic use	DropDownList	Yes No Unknown	Y N U
Antibiotic Names	EnterоЖiCRPPasMedHxAbxUseSpcfy	If Yes, list antibiotic names	FreeText		
Surgery	EnterоЖiCRPPasMedHxSurg	Surgery	DropDownList	Yes No Unknown	Y N U
Date of Surgery	EnterоЖiCRPPasMedHxSurgDt	If Yes, specify below: Date of surgery	Date (MM/DD/YYYY)		
Hospital Name	EnterоЖiCRPPasMedHxSurgHospName	If Yes, specify below: Hospital name	FreeText		

CLINICAL INFO – ENTEROVIRUS-D68					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Hospital Location	EnterоЖiCRPasMedHxSurgHospLoc	If Yes, specify below: Hospital Location (city, state)	FreeText		
Hospital Phone #	EnterоЖiCRPasMedHxSurgHospPhone	If Yes, specify below: Hospital contact phone #	FreeText		
Dental Work	EnterоЖiCRPasMedHxDental	Dental work	DropDownList	Yes No Unknown	Y N U
Dental Work Date	EnterоЖiCRPasMedHxDentalDt	If Yes, specify below: Date of dental work	Date (MM/DD/YYYY)		
Dentist Name	EnterоЖiCRPasMedHxDentalName	If Yes, specify below: Dentist name	FreeText		
Dentist Location	EnterоЖiCRPasMedHxDentalLoc	If Yes, specify below: Dentist location (city, state)	FreeText		
Dentist Phone #	EnterоЖiCRPasMedHxDentalPhone	If Yes, specify below: Telephone	FreeText		
Other	EnterоЖiCRPasMedHxOth	Other	DropDownList	Yes No Unknown	Y N U
Specify	EnterоЖiCRPasMedHxOthSpcfy	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	HOSPTLNAME1 HOSPTLNAME2 HOSPTLNAME3	Hospital name	FreeText		
Street Address	HOSPTLADDRESS1 HOSPTLADDRESS2 HOSPTLADDRESS3	Street address	FreeText		

CLINICAL INFO – ENTEROVIRUS-D68

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
City	HOSPDTL CITY1 HOSPDTL CITY2 HOSPDTL CITY3	City	FreeText		
State	HOSPDTL STATE1 HOSPDTL STATE2 HOSPDTL STATE3	State	FreeText		
Zip Code	HOSPDTL ZIPCODE1 HOSPDTL ZIPCODE2 HOSPDTL ZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTL PHONE1 HOSPDTL PHONE2 HOSPDTL PHONE3	Telephone	FreeText		
Admit Date	HOSPDTL ADMIT DT1 HOSPDTL ADMIT DT2 HOSPDTL ADMIT DT3	Admit date	Date (MM/DD/YYYY)		
Discharge / Transfer Date	HOSPDTL DISCH DT1 HOSPDTL DISCH DT2 HOSPDTL DISCH DT3	Discharge / transfer date	Date (MM/DD/YYYY)		
Medical Record Number	HOSPDTL MRN1 HOSPDTL MRN2 HOSPDTL MRN3	Medical record number	FreeText		
Discharge Diagnosis	HOSPDTL DISCH DX1 HOSPDTL DISCH DX2 HOSPDTL DISCH DX3	Discharge diagnosis	FreeText		

HOSPITALIZATION - DETAILS - ICU / INTUBATION

Patient in ICU	EnterоКIICR HospDetailsIcuICU_1 EnterоКIICR HospDetailsIcuICU_2 EnterоКIICR HospDetailsIcuICU_3	Patient in ICU?	DropDownList	Yes No Unknown	Y N U
ICU Admit Date	EnterоКIICR HospDetailsIcuAdmit Dt_1 EnterоКIICR HospDetailsIcuAdmit Dt_2 EnterоКIICR HospDetailsIcuAdmit Dt_3	If YES, complete the questions below: ICU Admit date	Date (MM/DD/YYYY)		
ICU Discharge Date	EnterоКIICR HospDetailsIcuDisch Dt_1 EnterоКIICR HospDetailsIcuDisch Dt_2 EnterоКIICR HospDetailsIcuDisch Dt_3	If YES, complete the questions below: ICU Discharge date	Date (MM/DD/YYYY)		
Patient Intubated?	EnterоКIICR HospDetailsIcuIntub_1 EnterоКIICR HospDetailsIcuIntub_2 EnterоКIICR HospDetailsIcuIntub_3	Patient intubated?	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
Intubation Start Date #1	EnterоЖiCRHospDetailsIcuIntubStartDt_1 EnterоЖiCRHospDetailsIcuIntubStartDt_2 EnterоЖiCRHospDetailsIcuIntubStartDt_3	If YES, complete the questions below: Intubation start date #1	Date (MM/DD/YYYY)		
Intubation End Date #1	EnterоЖiCRHospDetailsIcuIntubEndDt_1 EnterоЖiCRHospDetailsIcuIntubEndDt_2 EnterоЖiCRHospDetailsIcuIntubEndDt_3	If YES, complete the questions below: Intubation end date #1	Date (MM/DD/YYYY)		
Intubation Start Date #2	EnterоЖiCRHospDetailsIcuIntubStartDt2_1 EnterоЖiCRHospDetailsIcuIntubStartDt2_2 EnterоЖiCRHospDetailsIcuIntubStartDt2_3	If YES, complete the questions below: Intubation start date #2	Date (MM/DD/YYYY)		
Intubation End Date #2	EnterоЖiCRHospDetailsIcuIntubEndDt2_1 EnterоЖiCRHospDetailsIcuIntubEndDt2_2 EnterоЖiCRHospDetailsIcuIntubEndDt2_3	If YES, complete the questions below: Intubation end date #2	Date (MM/DD/YYYY)		
TREATMENT/MANAGEMENT					
Treatment Received	TXMGTRENTMENT	Received treatment?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT-DETAILS					
Treatment Type	EnterоЖiCRTxMgtDtlType1 EnterоЖiCRTxMgtDtlType2 EnterоЖiCRTxMgtDtlType3	Treatment type	FreeText		
Treatment Name	EnterоЖiCRTxMgtDtlName1 EnterоЖiCRTxMgtDtlName2 EnterоЖiCRTxMgtDtlName3	Treatment name	FreeText		
Date Started	EnterоЖiCRTxMgtDtlStartDt1 EnterоЖiCRTxMgtDtlStartDt2 EnterоЖiCRTxMgtDtlStartDt3	Date treatment started	Date (MM/DD/YYYY)		
Date Ended	EnterоЖiCRTxMgtDtlEndDt1 EnterоЖiCRTxMgtDtlEndDt2 EnterоЖiCRTxMgtDtlEndDt3	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)		

CLINICAL INFO – ENTEROVIRUS-D68					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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	EnterоЛabCRLabRsltSumSpecType1 EnterоЛabCRLabRsltSumSpecType2 EnterоЛabCRLabRsltSumSpecType3	Specimen type	FreeText		
Type of Test	EnterоЛabCRLabRsltSumTstType1 EnterоЛabCRLabRsltSumTstType2 EnterоЛabCRLabRsltSumTstType3	Type of test	FreeText		
Collection Date	EnterоЛabCRLabRsltSumCollectDt1 EnterоЛabCRLabRsltSumCollectDt2 EnterоЛabCRLabRsltSumCollectDt3	Collection date	Date (MM/DD/YYYY)		
Result	EnterоЛabCRLabRsltSumRslt1 EnterоЛabCRLabRsltSumRslt2 EnterоЛabCRLabRsltSumRslt3	Result	FreeText		
Interpretation	EnterоЛabCRLabRsltSumInterpret1 EnterоЛabCRLabRsltSumInterpret2 EnterоЛabCRLabRsltSumInterpret3	Interpretation	FreeText		
Laboratory Name	EnterоЛabCRLabRsltSumLabName1 EnterоЛabCRLabRsltSumLabName2 EnterоЛabCRLabRsltSumLabName3	Laboratory name	FreeText		
Telephone	EnterоЛabCRLabRsltSumLabPhone1 EnterоЛabCRLabRsltSumLabPhone2 EnterоЛabCRLabRsltSumLabPhone3	Telephone	FreeText		
LABORATORY STUDIES					
CSF Studies	EnterоЛabCRStudiesCSF	Were CSF studies performed?	DropDownList	Yes No Unknown	Y N U
WBC (cells/ml)	EnterоЛabCRStudiesCSFWBC	If Yes, list results for: WBC (cells/ml)	FreeText		
Differential	EnterоЛabCRStudiesDifferential	If Yes, list results for: Differential (e.g. %PMNs / %Lymph)	FreeText		
RBC (cells/ml)	EnterоЛabCRStudiesCSFRBC	If Yes, list results for: RBC (cells/ml)	FreeText		
Protein	EnterоЛabCRStudiesCSFProt	If Yes, list results for: Protein	FreeText		
Glucose	EnterоЛabCRStudiesCSFGluc	If Yes, list results for: Glucose	FreeText		

LABORATORY INFO-ENTEROVIRUS-D68					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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	IMGSUMSHORTIMGTYPEPFY	If Other, specify	FreeText		
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

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	CLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with hanta virus?	DropDownList	Yes No Unknown	Y N U
Date sought medical care	CLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Location where first seen	CLICRSIGNSXLOC	Location where first seen	DropDownList	Emergency department Hospital Outpatient clinic/office Urgent care center Unknown Other	ED HOSP OUTPAT CARECNTR UNK OTH
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		
Onset date	CLICRSIGNSXFEVERONSETDT	Onset date	Date (MM/DD/YYYY)		
Sweats / chills / rigors	CLICRSIGNSXSWEATS	Hanta virus signs and symptoms: Sweats / chills / rigors	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXSWEATSONSETDT	Onset date of sweats / chills / rigors	Date (MM/DD/YYYY)		
Weakness / lethargy / malaise	CLICRSIGNSXWEAKNESS	Hanta virus signs and symptoms: Weakness / lethargy / malaise	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXWEAKNESSONSETDT	Onset date of weakness / lethargy / malaise	Date (MM/DD/YYYY)		
Shortness of breath	CLICRSIGNSXSHRTBRTH	Hanta virus signs and symptoms: Shortness of breath	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXSHRTBRTHONSETDT	Onset date of shortness of breath	Date (MM/DD/YYYY)		
Chest pain	CLICRSIGNSXCHSTPAIN	Hanta virus signs and symptoms: Chest pain	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	CLICRSIGNSXCHSTPAINONSETDT	Onset date of chest pain	Date (MM/DD/YYYY)		
Cough	CLICRSIGNSXCOUGH	Hantavirus signs and symptoms: Cough	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXCOUGHONSETDT	Onset date of cough	Date (MM/DD/YYYY)		
Respiratory distress (ARDS)	CLICRSIGNSXARDS	Hantavirus signs and symptoms: Respiratory distress (ARDS)	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXARDSONSETDT	Onset date of respiratory distress	Date (MM/DD/YYYY)		
Fatigue	CLICRSIGNSXFATIGUE	Hantavirus signs and symptoms: Fatigue	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXFATIGUEONSETDT	Onset date of fatigue	Date (MM/DD/YYYY)		
Headache	CLICRSIGNSXHEADACHE	Hantavirus signs and symptoms: Headache	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXHEADACHEONSETDT	Onset date of headache	Date (MM/DD/YYYY)		
Confusion / delirium	CLICRSIGNSXCONFUSE	Hantavirus signs and symptoms: Confusion / delirium	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXCONFUSEONSETDT	Onset date of confusion or delirium	Date (MM/DD/YYYY)		
Muscle ache	CLICRSIGNSXMUSCACHE	Hantavirus signs and symptoms: Muscle ache	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXMUSCACHEONSETDT	Onset date of muscle ache	Date (MM/DD/YYYY)		
Nausea, vomiting, and/or diarrhea	CLICRSIGNSXNAUSEA	Hantavirus signs and symptoms: Nausea, vomiting, and / or diarrhea	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXNAUSEAONSETDT	Onset date of nausea, vomiting or diarrhea	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
Abdominal pain	CLICRSIGNSXABPAIN	Hantavirus signs and symptoms: Abdominal pain	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXABPAINONSETDT	Onset date of abdominal pain	Date (MM/DD/YYYY)		
Dizziness	CLICRSIGNSXDIZZY	Hantavirus signs and symptoms: Dizziness	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXDIZZYONSETDT	Onset date of dizziness	Date (MM/DD/YYYY)		
Other	CLICRSIGNSXOTH	Other signs or symptoms of Hantavirus	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXOTHONSETDT	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	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		

CLINICAL INFO – HANTAVIRUS INFECTIONS					
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	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	HOSPTLMRN_1 HOSPTLMRN_2 HOSPTLMRN_3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPTLDISCHDX_1 HOSPTLDISCHDX_2 HOSPTLDISCHDX_3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received treatment	CLICRTXMGTTREATMENT	Did the patient receive treatment for hantavirus?	DropDownList	Yes No Unknown	Y N U
Supplementary Oxygen	CLICRTXMGTSUPOXY	Did patient receive supplementary oxygen?	DropDownList	Yes No Unknown	Y N U
Date started	CLICRTXMGTSUPOXYSTARTDT	If Yes, specify date started supplementary oxygen	Date (MM/DD/YYYY)		
Date ended	CLICRTXMGTSUPOXYENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Intubated	CLICRTXMGТИNCUB	Was patient intubated?	DropDownList	Yes No Unknown	Y N U
Date started	CLICRTXMGТИNCUBSTARTDT	If Yes, date intubation started	Date (MM/DD/YYYY)		
Date ended	CLICRTXMGТИNCUBENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Respirator	CLICRTXMGTRESPIRT	Was patient placed on a respirator?	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
Date started	CLICRTXMGTRESPIRTSTARTDT	If Yes, date started on respirator	Date (MM/DD/YYYY)		
Date ended	CLICRTXMGTRESPIRTENDDT	Date treatment ended	Date (MM/DD/YYYY)		
ECMO	CLICRTXMGTECMO	Did patient receive ECMO?	DropDownList	Yes No Unknown	Y N U
Date started	CLICRTXMGTECMOSTARTDT	If Yes, date started ECMO	Date (MM/DD/YYYY)		
Date ended	CLICRTXMGTECMOENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Hemodynamic support (vasopressors)	CLICRTXMGTHEMODMIC	Did patient receive hemodynamic support (vasopressors)?	DropDownList	Yes No Unknown	Y N U
Date started	CLICRTXMGTHEMODMICSTARTDT	If Yes, date started hemodynamic support	Date (MM/DD/YYYY)		
Date ended	CLICRTXMGTHEMODMICENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Other treatment / management	CLICRTXMGTOOTH	Other treatment / management or complications related to illness	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT – OTHER/COMPLICATIONS					
Treatment / management or complication	CLICRTXMGTOOTHCOMPSPFY_1 CLICRTXMGTOOTHCOMPSPFY_2 CLICRTXMGTOOTHCOMPSPFY_3	If Yes, describe other treatment / management or complication	FreeText		
Date started	CLICRTXMGTOOTHCOMPSTARTDT_1 CLICRTXMGTOOTHCOMPSTARTDT_2 CLICRTXMGTOOTHCOMPSTARTDT_3	Date started	Date (MM/DD/YYYY)		
Date ended	CLICRTXMGTOOTHCOMPENDDT_1 CLICRTXMGTOOTHCOMPENDDT_2 CLICRTXMGTOOTHCOMPENDDT_3	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)		

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	LABCRLABRSLSUMSPECTTYPE_1 LABCRLABRSLSUMSPECTTYPE_2 LABCRLABRSLSUMSPECTTYPE_3	What type of specimen was submitted for testing?	FreeText		
Type of test	LABCRLABRSLSUMTSTTYPE_1 LABCRLABRSLSUMTSTTYPE_2 LABCRLABRSLSUMTSTTYPE_3	Type of laboratory test performed	FreeText		
Antigen	LABCRLABRSLSUMANTIGEN_1 LABCRLABRSLSUMANTIGEN_2 LABCRLABRSLSUMANTIGEN_3	What hantavirus antigen was detected?	DropDownList	Sin Nombre virus Puumala virus Hantavirus (unspecified) Other antigen Unknown antigen	SINOMBVIRUS PUUVIRUS HANTAVIRUS OTH UNK
If Other antigen, specify	LABCRLABRSLSUMANTIGENSPFY_1 LABCRLABRSLSUMANTIGENSPFY_2 LABCRLABRSLSUMANTIGENSPFY_3	If Other antigen, specify	FreeText		
Results	LABCRLABRSLSUMRESULT_1 LABCRLABRSLSUMRESULT_2 LABCRLABRSLSUMRESULT_3	What were the results of the laboratory testing?	FreeText		
Collection date	LABCRLABRSLSUMCOLLECTDT_1 LABCRLABRSLSUMCOLLECTDT_2 LABCRLABRSLSUMCOLLECTDT_3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Interpretation	LABCRLABRSLSUMINTERPRET_1 LABCRLABRSLSUMINTERPRET_2 LABCRLABRSLSUMINTERPRET_3	What was the interpretation of the lab test?	DropDownList	Positive Negative Equivocal	POS NEG EQU
Laboratory name	LABCRLABRSLSUMLABNAME_1 LABCRLABRSLSUMLABNAME_2 LABCRLABRSLSUMLABNAME_3	Name of lab where testing was performed	FreeText		
Telephone	LABCRLABRSLSUMLABPHONE_1 LABCRLABRSLSUMLABPHONE_2 LABCRLABRSLSUMLABPHONE_3	Telephone number of lab	FreeText		
ADDITIONAL LABORATORY RESULTS					
Thrombocytopenia	LABCRLABRSLTDTLTHRMB	Did the patient have thrombocytopenia (platelets $\leq 150,000 \text{ mm}^3$)?	DropDownList	Yes No Unknown	Y N U
If Yes, specify lowest count	LABCRLABRSLTDTLTHRMBLOWPLATCNT	If Yes, specify lowest platelet count measured	FreeText		

LABORATORY INFO – HANTAVIRUS INFECTIONS

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Elevated Hematocrit (Hct)	LABCRLABRSLTDTLHCT	Did patient have elevated Hematocrit (Hct)?	DropDownList	Yes No Unknown	Y N U
If Yes, specify highest Hct	LABCRLABRSLTDTLHCTHIGH	If Yes, specify highest hematocrit measured	FreeText		
Elevated creatinine	LABCRLABRSLTDTLCREATININ	Did patient have elevated creatinine?	DropDownList	Yes No Unknown	Y N U
If Yes, specify highest creatinine	LABCRLABRSLTDTLCREATININHIGH	If Yes, specify highest creatinine measured	FreeText		
WBC	LABCRLABRSLTDTLWBC	WBC total	FreeText		
Total neutrophils (%)	LABCRLABRSLTDTLTOTNEUTROPHILIS	Total neutrophils (%)	FreeText		
Banded neutrophils (%)	LABCRLABRSLTDTLBANDNEUTROPHIL	Banded neutrophils (%)	FreeText		
Lymphocytes (%)	LABCRLABRSLTDTLLYMPHOCYTE	Lymphocytes (%)	FreeText		
Thoracic radiographs	LABCRLABRSLTDTLTHORACICRADIO	Did patient have any thoracic radiographs taken?	FreeText		
Date	LABCRLABRSLTDTLTHORACICRADIODT	Date of radiographs	Date (MM/DD/YYYY)		
Chief findings	LABCRLABRSLTDTLFINDINGS	Chief findings of thoracic radiographs	FreeText		
Oxygen saturation <90%	LABCRLABRSLTDTLOXYSAT	Was patient's oxygen saturation less than 90% at any time?	DropDownList	Yes No Unknown	Y N U
Was an autopsy performed?	LABCRLABRSLTDTLAUTOP	(If patient is deceased) Was an autopsy performed?	DropDownList	Yes No Unknown	Y N U

EPIDEMOIOLOGIC INFO – HANTAVIRUS INFECTIONS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
DISEASE CASE CLASSIFICATION					
Case Classification	HANTAVIREPICRDCCCLASS	Classify which Hantavirus disease.	Radio Button	Hantavirus pulmonary syndrome (HPS) Hantavirus infection, non-Hantavirus pulmonary syndrome (non-HPS) Unknown	HPS NON UNK
EXPOSURES/RISK FACTORS					
DID THE PATIENT EXPERIENCE ANY OF THE FOLLOWING EVENTS DURING THE INCUBATION PERIOD?					
Enter confined space	EPICREXPRISKFACTENTRCFND	Did patient enter any confined or poorly ventilated spaces during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date	EPICREXPRISKFACTENTRCFNDDT	If Yes, specify date	Date (MM/DD/YYYY)		
Location(s)	EPICREXPRISKFACTENTRCFNDLOC	Specify location(s)	FreeText		
Clean confined space	EPICREXPRISKFACTCLNCFND	Did patient do any cleaning of confined or poorly ventilated spaces during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date	EPICREXPRISKFACTCLNCFNDDT	If Yes, specify date	Date (MM/DD/YYYY)		
Location(s)	EPICREXPRISKFACTCLNCFNDLOC	Specify location(s)	FreeText		
Observe rodents	EPICREXPRISKFACTOBSRODNT	Did patient observe rodents, rodent nests or droppings 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	EPICREXPRISKFACTOBSRODNTDT	If Yes, specify date	Date (MM/DD/YYYY)		
Location(s)	EPICREXPRISKFACTOBSRODNTLOC	Specify location(s)	FreeText		
Handle rodents	EPICREXPRISKFACTHNDRODNT	Did patient handle rodents, rodent nests or droppings during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date	EPICREXPRISKFACTHNDRODNTDT	If Yes, specify date	Date (MM/DD/YYYY)		
Location(s)	EPICREXPRISKFACTHNDRODNTLOC	Specify location(s)	FreeText		
TRAVEL HISTORY					
Travelled outside U.S.	EPICRTRVHXTRAVOUTSIDEUS	Has the patient travelled outside the U.S. during the incubation period?	DropDownList	Yes No Unknown	Y N U
Travel outside of county	EPICRTRVHXTRAVOUTSIDECNTY	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	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)		
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		

EPIDEMIOLOGIC INFO – HANTAVIRUS INFECTIONS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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)		
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	REPAGENCYREPORTEDBYSPEFY	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		

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?	CLICRSIGNSXSYMPTOMATIC	Did the patient have symptoms of Legionellosis?	DropDownList	Yes No Unknown	Y N U
Medical care date	CLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Cough	CLICRSIGNSXCOUGH	Cough	DropDownList	Yes No Unknown	Y N U
Shortness of breath	CLICRSIGNSXSHORT	Shortness of breath	DropDownList	Yes No Unknown	Y N U
Fever	CLICRSIGNSXFEVER	Fever	DropDownList	Yes No Unknown	Y N U
Myalgia	CLICRSIGNSXMYALGIA	Myalgia	DropDownList	Yes No Unknown	Y N U
Headache	CLICRSIGNSXHEAD	Headache	DropDownList	Yes No Unknown	Y N U
Diarrhea	CLICRSIGNSXDIARR	Diarrhea	DropDownList	Yes No Unknown	Y N U
Nausea	CLICRSIGNSXNAUSEA	Nausea	DropDownList	Yes No Unknown	Y N U
Confusion	CLICRSIGNSXCONFUS	Confusion	DropDownList	Yes No Unknown	Y N U
Other	CLICRSIGNSXOTH	Other	DropDownList	Yes No Unknown	Y N U
If Other, specify	CLICRSIGNSXOTHSpfcy	If Other, specify	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Asthma	CLICRPriorIllAsthma	Asthma	DropDownList	Yes No Unknown	Y N U
Chronic heart disease (i.e. coronary artery disease or heart failure, but not hypertension)	CLICRPriorIllHeartDis	Chronic heart disease (i.e. coronary artery disease or heart failure, but not hypertension)	DropDownList	Yes No Unknown	Y N U
Chronic liver disease	CLICRPriorIllLiverDis	Chronic liver disease	DropDownList	Yes No Unknown	Y N U
Chronic kidney disease	CLICRPriorIllKidneyDis	Chronic kidney disease	DropDownList	Yes No Unknown	Y N U
Chronic obstructive pulmonary disease (COPD)	CLICRPriorIllCOPD	Chronic obstructive pulmonary disease (COPD)	DropDownList	Yes No Unknown	Y N U
Current cancer (solid or hematologic)	CLICRPriorIllCancer	Current cancer (solid or hematologic)	DropDownList	Yes No Unknown	Y N U
Diabetes mellitus	CLICRPriorIllDiabMell	Diabetes mellitus	DropDownList	Yes No Unknown	Y N U
Immunosuppression due to disease (e.g. rheumatologic, transplant, etc.)	CLICRPriorIllDisImmuno	Immunosuppression due to disease (e.g. rheumatologic, transplant, etc.)	DropDownList	Yes No Unknown	Y N U
Immunosuppression due to medication	CLICRPriorIllMedImmuno	Immunosuppression due to medication	DropDownList	Yes No Unknown	Y N U
Neurologic disease (e.g. dementia, stroke, etc.)	CLICRPriorIllNeuroDis	Neurologic disease (e.g. dementia, stroke, etc.)	DropDownList	Yes No Unknown	Y N U
Current smoking	CLICRPriorIllSmoking	Current smoking	DropDownList	Yes No Unknown	Y N U
Current vaping	LEGIONLSCLICRPriorIllVaping	Current vaping	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Drink alcohol	LEGIONLSCLICRPriorIllAlcohol	Drink alcohol	DropDownList	Yes No Unknown	Y N U
If Yes, how many servings of alcohol in a typical week?	LEGIONLSCLICRPriorIllAlcoholServ	If Yes, how many servings of alcohol in a typical week?	DropDownList	Yes No Unknown	Y N U
Other	LEGIONLSCLICRPriorIllOth	Other	DropDownList	Yes No Unknown	Y N U
If Other, specify	LEGIONLSCLICRPriorIllOthSpcfy	If Other, specify	DropDownList	Yes No Unknown	Y N U
Comments	LEGIONLSCLICRPriorIllComments	Comments	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		
During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)?	HOSPICU	During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)?	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		

CLINICAL INFO – LEGIONELLOSIS					
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		
HOSPITAL COURSE					
Was patient admitted to the intensive care unit (ICU)?	CLICRHospCrsICU	Was patient admitted to the intensive care unit (ICU)?	DropDownList	Yes No Unknown	Y N U
Was patient placed on invasive mechanical ventilation (i.e. intubated)?	CLICRHospCrsIntubated	Was patient placed on invasive mechanical ventilation (i.e. intubated)?	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

CLINICAL INFO – LEGIONELLOSIS					
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)		

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	LABCRLABRSLSUMSPECTYPE_1 LABCRLABRSLSUMSPECTYPE_2 LABCRLABRSLSUMSPECTYPE_3	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	LABCRLABRSLSUMSPECTYPESPFY_1 LABCRLABRSLSUMSPECTYPESPFY_2 LABCRLABRSLSUMSPECTYPESPFY_3	If Other specimen type was submitted, please specify the type of specimen.	FreeText		
Collection date	LABCRLABRSLSUMCOLLECTDT_1 LABCRLABRSLSUMCOLLECTDT_2 LABCRLABRSLSUMCOLLECTDT_3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Type of test	LABCRLABRSLSUMTSTTYPE_1 LABCRLABRSLSUMTSTTYPE_2 LABCRLABRSLSUMTSTTYPE_3	Type of laboratory test performed	DropDownList	Antigen Culture DFA PCR IHC Immunofluorescence Antibody Other	ANTIG CULT DFA PCR IHC IMMABX OTH
If Other, specify	LABCRLABRSLSUMTSTTYPESPFY_1 LABCRLABRSLSUMTSTTYPESPFY_2 LABCRLABRSLSUMTSTTYPESPFY_3	If Other test type was performed, please specify the type of test	FreeText		
Results	LABCRLABRSLSUMRSLT_1 LABCRLABRSLSUMRSLT_2 LABCRLABRSLSUMRSLT_3	What are the results of the laboratory testing?	FreeText	Positive Negative Equivocal	POS NEG EQU
Interpretation	LABCRLABRSLSUMINTERPRET_1 LABCRLABRSLSUMINTERPRET_2 LABCRLABRSLSUMINTERPRET_3	What was the interpretation of the lab test?	DropDownList		
Legionella species	LABCRLABRSLSUMSPECIES_1 LABCRLABRSLSUMSPECIES_2 LABCRLABRSLSUMSPECIES_3	Legionella species	RadioButtonList	L. pneumophila L. longbeachae L. micdadei L. bozemanii Other	LEG LLB LMI LBZ OTH

LABORATORY INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
If Other, specify	LABCRLABRSLTSUMSPECIESPFY_1 LABCRLABRSLTSUMSPECIESPFY_2 LABCRLABRSLTSUMSPECIESPFY_3	If Other Legionella species, please specify	FreeText		
Serogroup	LABCRLABRSLTSUMSEROGROUP_1 LABCRLABRSLTSUMSEROGROUP_2 LABCRLABRSLTSUMSEROGROUP_3	Legionella species serogroup	FreeText		
Laboratory name	LABCRLABRSLTSUMLABNAME_1 LABCRLABRSLTSUMLABNAME_2 LABCRLABRSLTSUMLABNAME_3	Laboratory name where testing was performed	FreeText		
Telephone	LABCRLABRSLTSUMLABPHONE_1 LABCRLABRSLTSUMLABPHONE_2 LABCRLABRSLTSUMLABPHONE_3	Telephone	FreeText		
IMAGING SUMMARY					
Anatomic site	LABCRIMGSUMANATOMICSITE_1 LABCRIMGSUMANATOMICSITE_2 LABCRIMGSUMANATOMICSITE_3	If imaging study was done, what anatomic site was imaged?	FreeText		
Date	LABCRIMGSUMDT_1 LABCRIMGSUMDT_2 LABCRIMGSUMDT_3	Date of imaging study?	Date (MM/DD/YYYY)		
Type of imaging	LABCRIMGSUMIMGTYPE_XRAY_1 LABCRIMGSUMIMGTYPE_CT_1 LABCRIMGSUMIMGTYPE_MRI_1 LABCRIMGSUMIMGTYPE_OTH_1 LABCRIMGSUMIMGTYPE_XRAY_2 LABCRIMGSUMIMGTYPE_CT_2 LABCRIMGSUMIMGTYPE_MRI_2 LABCRIMGSUMIMGTYPE_OTH_2 LABCRIMGSUMIMGTYPE_XRAY_3 LABCRIMGSUMIMGTYPE_CT_3 LABCRIMGSUMIMGTYPE_MRI_3 LABCRIMGSUMIMGTYPE_OTH_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
If Other, specify	LABCRIMGSUMIMGTYPEPFY_1 LABCRIMGSUMIMGTYPEPFY_2 LABCRIMGSUMIMGTYPEPFY_3	If Other, specify	FreeText		
Result	LABCRIMGSUMRSLT_1 LABCRIMGSUMRSLT_2 LABCRIMGSUMRSLT_3	What was the result of the radiographic or imaging study?	FreeText		

LABORATORY INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Interpretation	LABCRIMGSUMINTERPRET_1 LABCRIMGSUMINTERPRET_2 LABCRIMGSUMINTERPRET_3	What was the interpretation of the radiographic or imaging study?	FreeText		
Hospital or clinic name	LABCRIMGSUMNAME_1 LABCRIMGSUMNAME_2 LABCRIMGSUMNAME_3	What is the hospital name where the imaging study was conducted?	FreeText		
Telephone	LABCRIMGSUMPHONE_1 LABCRIMGSUMPHONE_2 LABCRIMGSUMPHONE_3	Telephone number for the imaging hospital	FreeText		

EPIDEMOIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
HEALTHCARE EXPOSURES/RISK FACTORS					
Did the patient visit or stay in a healthcare setting (e.g. hospital, outpatient clinic, dialysis or oncology center, long term care/rehab/skilled nursing facility, etc.) during the incubation period?	EPICRHthExpSetting	Was the patient in a healthcare setting during the incubation period?	DropDownList	Yes, patient exposed during incubation period	Y
				No, patient not exposed during incubation period	N
				Unknown	U
EXPOSURES/RISK FACTORS - DETAILS					
Facility name	EPICRHthExpDtlFacNm_1 EPICRHthExpDtlFacNm_2 EPICRHthExpDtlFacNm_3	Facility name where patient was hospitalized	FreeText		
Street address	EPICRHthExpDtlAddr_1 EPICRHthExpDtlAddr_2 EPICRHthExpDtlAddr_3	What is the address of the facility?	FreeText		
City	EPICRHthExpDtlCity_1 EPICRHthExpDtlCity_2 EPICRHthExpDtlCity_3	City of facility	FreeText		
State	EPICRHthExpDtlStat_1 EPICRHthExpDtlStat_2 EPICRHthExpDtlStat_3	State of facility	FreeText		
Zip code	EPICRHthExpDtlZip_1 EPICRHthExpDtlZip_2 EPICRHthExpDtlZip_3	Zip code of facility	FreeText		
Type of healthcare setting / facility	EPICRHthExpDtlFacType_1 EPICRHthExpDtlFacType_2 EPICRHthExpDtlFacType_3	Type of healthcare setting / facility	DropDownList	Hospital	HOSP
				Clinic	CLIN
				Long Term Care/Skilled Nursing Facility	LTCF
				Other	OTH
				Unknown	UNK
If Other, specify	EPICRHthExpDtlFacTypeSpcfy_1 EPICRHthExpDtlFacTypeSpcfy_2 EPICRHthExpDtlFacTypeSpcfy_3	If Other, specify	FreeText		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Type of exposure	EPICRHthExpDtlExpType_1 EPICRHthExpDtlExpType_2 EPICRHthExpDtlExpType_3	Type of exposure	DropDownList	Inpatient/resident	RES
				Outpatient	OPT
				Visitor/Volunteer	VIS
				Employee	EMP
				Other	OTH
				Unknown	UNK
If Other, specify	EPICRHthExpDtlExpTypeSpcfy_1 EPICRHthExpDtlExpTypeSpcfy_2 EPICRHthExpDtlExpTypeSpcfy_3	If Other, specify	FreeText		
Visit start date	EPICRHthExpDtlStartDt_1 EPICRHthExpDtlStartDt_2 EPICRHthExpDtlStartDt_3	Visit start date	Date (MM/DD/YYYY)		
Visit end date	EPICRHthExpDtlEndDt_1 EPICRHthExpDtlEndDt_2 EPICRHthExpDtlEndDt_3	Visit end date	Date (MM/DD/YYYY)		
Invasive mechanical ventilation (i.e. intubation)	EPICRHthExpDtlIntub_1 EPICRHthExpDtlIntub_2 EPICRHthExpDtlIntub_3	Invasive mechanical ventilation (i.e. intubation)	DropDownList	Yes No Unknown	Y N U
Other respiratory equipment (e.g. BIPAP, CPAP, nebulizer, etc.)	EPICRHthExpDtlOthResp_1 EPICRHthExpDtlOthResp_2 EPICRHthExpDtlOthResp_3	Other respiratory equipment (e.g. BIPAP, CPAP, nebulizer, etc.)	DropDownList	Yes No Unknown	Y N U
Healthcare exposure notes (e.g. details regarding water exposures, etc.)	EPICRHthExpDtlNotes_1 EPICRHthExpDtlNotes_2 EPICRHthExpDtlNotes_3	Healthcare exposure notes (e.g. details regarding water exposures, etc.)	FreeText		
TRAVEL HISTORY					
Did patient travel outside of county of residence during the incubation period (e.g. work commute, day trips, etc.)?	EPICRTRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period (e.g. work commute, day trips, etc.)?	DropDownList	Yes No Unknown	Y N U
Incubation period	EPICRTRVHXINCUBPERIOD	Incubation period	FreeText		
TRAVEL HISTORY - DETAILS					

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
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	If Yes, what type of travel	CheckBoxList	Domestic International Unknown	DOM INT UNK
State	TrvHxDtlState_1 TrvHxDtlState_2 TrvHxDtlState_3	State	DropDownList	See Appendix S	
Country	TrvHxDtlCountry_1 TrvHxDtlCountry_2 TrvHxDtlCountry_3	Country	DropDownList	All Countries	
Location details (city, resort, etc.)	TRVHXDTLLOCATION_1 TRVHXDTLLOCATION_2 TRVHXDTLLOCATION_3	Specify all locations (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 ACCOMMODATIONS					

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
In the 10 days before illness onset, did the patient spend any nights away from home (excluding healthcare settings)?	EPICRAccHxNightAway	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
TRAVEL ACCOMMODATION - DETAILS					
Accommodation name	EPICRAccHxDtlAccName_1 EPICRAccHxDtlAccName_2 EPICRAccHxDtlAccName_3	Accommodation name (e.g. hotel, cruise ship, Airbnb/VRBO, friend's house, motorhome/trailer, etc.)	FreeText		
State address	EPICRAccHxDtlAddress_1 EPICRAccHxDtlAddress_2 EPICRAccHxDtlAddress_3	State address	FreeText		
City	EPICRAccHxDtlCity_1 EPICRAccHxDtlCity_2 EPICRAccHxDtlCity_3	City	FreeText		
State	EPICRAccHxDtlState_1 EPICRAccHxDtlState_2 EPICRAccHxDtlState_3	State	FreeText		
Zip code	EPICRAccHxDtlZip_1 EPICRAccHxDtlZip_2 EPICRAccHxDtlZip_3	Zip code	FreeText		
Country	EPICRAccHxDtlCountry_1 EPICRAccHxDtlCountry_2 EPICRAccHxDtlCountry_3	Country	FreeText		
Room number	EPICRAccHxDtlRoom_1 EPICRAccHxDtlRoom_2 EPICRAccHxDtlRoom_3	Room number	FreeText		
Arrival date	EPICRAccHxDtlArrivalDt_1 EPICRAccHxDtlArrivalDt_2 EPICRAccHxDtlArrivalDt_3	Arrival date	FreeText		
Departure date	EPICRAccHxDtlDepartDt_1 EPICRAccHxDtlDepartDt_2 EPICRAccHxDtlDepartDt_3	Departure date	FreeText		
Accommodation notes	EPICRAccHxDtlNotes_1 EPICRAccHxDtlNotes_2 EPICRAccHxDtlNotes_3	Accommodation notes	FreeText		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
RESIDENTIAL EXPOSURES / RISK FACTORS					
Type of residence	EPICRResExpResType	In what type of residence does the patient live?	DropDownList	Single Family Res Multi Family Res Assisted Living Senior Living Correctional Fac Homeless Other Unknown	SING MULT ALF SLF CORR HMLS OTH UNK
If Other, specify	EPICRResExpResTypeSpcfy	If Other, specify	FreeText		
Facility or place	EPICRResExpFacName	Facility or place	FreeText		
Start date	EPICRResExpStartDt	Start date	FreeText		
End date	EPICRResExpEndDt	End date	FreeText		
Street address	EPICRResExpAddr	Street address	FreeText		
City	EPICRResExpCity	City	FreeText		
State	EPICRResExpState	State	FreeText		
Zip code	EPICRResExpZip	Zip code	FreeText		
OCCUPATIONAL EXPOSURES / RISK FACTORS					
Did the patient work during the incubation period?	EPICROccExpWork	Did the patient work during the incubation period?	DropDownList	Yes No Unknown	Y N U
OCCUPATIONAL EXPOSURES / RISK FACTORS - DETAILS					
Occupation / job description	EPICROccExpDtlOccDesc_1 EPICROccExpDtlOccDesc_1 EPICROccExpDtlOccDesc_1	Occupation / job description	FreeText		
Company name	EPICROccExpDtlCompany_1 EPICROccExpDtlCompany_2 EPICROccExpDtlCompany_3	Company name	FreeText		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Street address	EPICROccExpDtlAddr_1 EPICROccExpDtlAddr_2 EPICROccExpDtlAddr_3	Street address	FreeText		
City	EPICROccExpDtlCity_1 EPICROccExpDtlCity_2 EPICROccExpDtlCity_3	City	FreeText		
State	EPICROccExpDtlState_1 EPICROccExpDtlState_2 EPICROccExpDtlState_3	State	FreeText		
Zip code	EPICROccExpDtlZip_1 EPICROccExpDtlZip_2 EPICROccExpDtlZip_3	Zip code	FreeText		
Notes	EPICROccExpDtlNotes_1 EPICROccExpDtlNotes_2 EPICROccExpDtlNotes_3	Notes	FreeText		
COMMUNITY EXPOSURES / RISK FACTORS					
Patient spend time at other location?	EPICRComExpAnyLoc	Did the patient spend any time at a location other than home or work during the incubation period?	DropDownList	Yes No Unknown	Y N U
COMMUNITY EXPOSURES / RISK FACTORS - DETAILS					
Name of facility or place	EPICRComExpDtlFacName_1 EPICRComExpDtlFacName_2 EPICRComExpDtlFacName_3	Name of facility or place	FreeText		
Street address	EPICRComExpDtlAddr_1 EPICRComExpDtlAddr_2 EPICRComExpDtlAddr_3	Street address	FreeText		
City	EPICRComExpDtlCity_1 EPICRComExpDtlCity_2 EPICRComExpDtlCity_3	City	FreeText		
Street address	EPICRComExpDtlState_1 EPICRComExpDtlState_2 EPICRComExpDtlState_3	Street address	FreeText		
Zip code	EPICRComExpDtlZip_1 EPICRComExpDtlZip_2 EPICRComExpDtlZip_3	Zip code	FreeText		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Notes	EPICRComExpDtlNotes_1 EPICRComExpDtlNotes_2 EPICRComExpDtlNotes_3	Notes	FreeText		
COMMUNITY EXPOSURES / RISK FACTORS - ADDITIONAL SITES					
Amusement park	EPICRComExpSteAmus	Did the patient visit an amusement park during incubation period?	DropDownList	Yes No Unknown	Y N U
Name	EPICRComExpSteAmusName	Name	FreeText		
Street address	EPICRComExpSteAmusAddr	Street address	FreeText		
City	EPICRComExpSteAmusCity	City	FreeText		
State	EPICRComExpSteAmusState	State	FreeText		
Zip code	EPICRComExpSteAmusZip	Zip code	FreeText		
Notes	EPICRComExpSteAmusNotes	Notes	FreeText		
Casino	EPICRComExpSteCasino	Did the patient visit a casino park during incubation period?	DropDownList	Yes No Unknown	Y N U
Name	EPICRComExpSteCasinoName	Name	FreeText		
Street address	EPICRComExpSteCasinoAddr	Street address	FreeText		
City	EPICRComExpSteCasinoCity	City	FreeText		
State	EPICRComExpSteCasinoState	State	FreeText		
Zip code	EPICRComExpSteCasinoZip	Zip code	FreeText		
Notes	EPICRComExpSteCasinoNotes	Notes	FreeText		
Conference or convention	EPICRComExpSteConf	Did the patient visit a conference or convention during incubation period?	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
Name	EPICRComExpSteConfName	Name	FreeText		
Street address	EPICRComExpSteConfAddr	Street address	FreeText		
City	EPICRComExpSteConfCity	City	FreeText		
State	EPICRComExpSteConfState	State	FreeText		
Zip code	EPICRComExpSteConfZip	Zip code	FreeText		
Notes	EPICRComExpSteConfNotes	Notes	FreeText		
Day spa or resort	EPICRComExpSteSpaRsrt	Did the patient visit a day spa or resort during incubation period?	DropDownList	Yes No Unknown	Y N U
Name	EPICRComExpSteSpaRsrtName	Name	FreeText		
Street address	EPICRComExpSteSpaRsrtAddr	Street address	FreeText		
City	EPICRComExpSteSpaRsrtCity	City	FreeText		
State	EPICRComExpSteSpaRsrtState	State	FreeText		
Zip code	EPICRComExpSteSpaRsrtZip	Zip code	FreeText		
Notes	EPICRComExpSteSpaRsrtNotes	Notes	FreeText		
Gym	EPICRComExpSteGym	Did the patient visit a gym during incubation period?	DropDownList	Yes No Unknown	Y N U
Name	EPICRComExpSteGymName	Name	FreeText		
Street address	EPICRComExpSteGymAddr	Street address	FreeText		
City	EPICRComExpSteGymCity	City	FreeText		
State	EPICRComExpSteGymState	State	FreeText		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Zip code	EPICRComExpSteGymZip	Zip code	FreeText		
Notes	EPICRComExpSteGymNotes	Notes	FreeText		
Golf course	EPICRComExpSteGolf	Did the patient visit a golf course during incubation period?	DropDownList	Yes No Unknown	Y N U
Name	EPICRComExpSteGolfName	Name	FreeText		
Street address	EPICRComExpSteGolfAddr	Street address	FreeText		
City	EPICRComExpSteGolfCity	City	FreeText		
State	EPICRComExpSteGolfState	State	FreeText		
Zip code	EPICRComExpSteGolfZip	Zip code	FreeText		
Notes	EPICRComExpSteGolfNotes	Notes	FreeText		
Grocery store	EPICRComExpSteGrocery	Did the patient visit a grocery store during incubation period?	DropDownList	Yes No Unknown	Y N U
Name	EPICRComExpSteGroceryName	Name	FreeText		
Street address	EPICRComExpSteGroceryAddr	Street address	FreeText		
City	EPICRComExpSteGroceryCity	City	FreeText		
State	EPICRComExpSteGroceryState	State	FreeText		
Zip code	EPICRComExpSteGroceryZip	Zip code	FreeText		
Notes	EPICRComExpSteGroceryNotes	Notes	FreeText		
WATER EXPOSURES / RISK FACTORS					
Spa/hottub/whirlpool	EPICRWtrExpHotTub	Spa/hot tub/whirlpool	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
Street address	EPICRWtrExpHotTubAddr	Street address	FreeText		
City	EPICRWtrExpHotTubCity	City	FreeText		
State	EPICRWtrExpHotTubState	State	FreeText		
Zip code	EPICRWtrExpHotTubZip	Zip code	FreeText		
Notes	EPICRWtrExpHotTubNotes	Notes	FreeText		
Misters (e.g. outdoor patio or grocery produce area, etc.)	EPICRWtrExpMister	Misters (e.g. outdoor patio or grocery produce area, etc.)	DropDownList	Yes No Unknown	Y N U
Street address	EPICRWtrExpMisterAddr	Street address	FreeText		
City	EPICRWtrExpMisterCity	City	FreeText		
State	EPICRWtrExpMisterState	State	FreeText		
Zip code	EPICRWtrExpMisterZip	Zip code	FreeText		
Notes	EPICRWtrExpMisterNotes	Notes	FreeText		
Decorative fountains	EPICRWtrExpDecFnt	Decorative fountains	DropDownList	Yes No Unknown	Y N U
Street address	EPICRWtrExpDecFntAddr	Street address	FreeText		
City	EPICRWtrExpDecFntCity	City	FreeText		
State	EPICRWtrExpDecFntState	State	FreeText		
Zip code	EPICRWtrExpDecFntZip	Zip code	FreeText		
Notes	EPICRWtrExpDecFntNotes	Notes	FreeText		
Room humidifiers	EPICRWtrExpHumid	Room humidifiers	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
Street address	EPICRWtrExpHumidAddr	Street address	FreeText		
City	EPICRWtrExpHumidCity	City	FreeText		
State	EPICRWtrExpHumidState	State	FreeText		
Zip code	EPICRWtrExpHumidZip	Zip code	FreeText		
Notes	EPICRWtrExpHumidNotes	Notes	FreeText		
Water-related exposure	EPICRWtrExpOth	Other water-related exposure (e.g. steam rooms, sprinklers, swamp coolers, car washes, handheld showers, ice machines, etc.)	DropDownList	Yes No Unknown	Y N U
Street address	EPICRWtrExpOthAddr	Street address	FreeText		
City	EPICRWtrExpOthCity	City	FreeText		
State	EPICRWtrExpOthState	State	FreeText		
Zip code	EPICRWtrExpOthZip	Zip code	FreeText		
Notes	EPICRWtrExpOthNotes	Notes	FreeText		
Respiratory therapy equipment	EPICRWtrExpRespEquip	Did the patient use any respiratory therapy equipment (nebulizer, CPAP, BIPAP, etc.) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Does the device use a humidifier?	EPICRWtrExpRespEquipHumid	Does the device use a humidifier?	DropDownList	Yes No Unknown	Y N U
If Yes, what type of water is used in the device?	EPICRWtrExpRespEquipType	If Yes, what type of water is used in the device?	DropDownList	Sterile Distilled Bottled Tap Other Unknown	STER DIST BOTT TAP OTH UNK

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
If Other, specify	EPICRWtrExpRespEquipTypeSpcfy	If Other, specify	FreeText		
Garden or Potting Soil	EPICRWtrExpGarden	Did the patient garden or use any potting soil during the incubation period?	DropDownList	Yes No Unknown	Y N U
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	Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number	FreeText		
Date	REPAGENCYDT	Date	FreeText		
First reported by	REPAGENCYREPORTEDBY	First reported by	FreeText		
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
EPIDEMIOLOGICAL LINKAGE					
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		
DISEASE CASE CLASSIFICATION					
Disease type	EPICRCASECLASSDISEASE_LEGION	Disease type	CheckBoxList	Legionnaires' disease	LEGION
Disease type	EPICRCASECLASSDISEASE_PONTIA	Disease type	CheckBoxList	Pontiac fever	PONTIA
Disease type	EPICRCASECLASSDISEASE_XPULM	Disease type	CheckBoxList	Extrapulmonary legionellosis	XPULM

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
OUTBREAK					
Part of known outbreak?	OBPARTOF	Part of known outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	OBEXTENTOF_ONEJUR	If Yes, extent of outbreak	CheckBoxList	One CA jurisdiction	ONEJUR
Extent of outbreak	OBEXTENTOF_MULJUR	If Yes, extent of outbreak	CheckBoxList	Multiple CA jurisdictions	MULJUR
Extent of outbreak	OBEXTENTOF_MULSTAT	If Yes, extent of outbreak	CheckBoxList	Multistate	MULSTAT
Extent of outbreak	OBEXTENTOF_INTR	If Yes, extent of outbreak	CheckBoxList	International	INTR
Extent of outbreak	OBEXTENTOF_UNK	If Yes, extent of outbreak	CheckBoxList	Unknown	UNK
Extent of outbreak	OBEXTENTOF_OTH_OTH	If Yes, extent of outbreak	CheckBoxList	Other	OTH
If Other, specify	OBEXTENTOFSPFY	If Yes, extent of outbreak	FreeText		
Mode of transmission	OBTRANSMOD_SRC	Mode of transmission	CheckBoxList	Point source	SRC
Mode of transmission	OBTRANSMOD_P2P	Mode of transmission	CheckBoxList	Person-to-person	P2P
Mode of transmission	OBTRANSMOD_UNK	Mode of transmission	CheckBoxList	Unknown	UNK
Mode of transmission	OBTRANSMOD_OTH	Mode of transmission	CheckBoxList	Other	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		
ENVIRONMENTAL ASSESSMENT					

EPIDEMIOLOGIC INFO – LEGIONELLOSIS

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Environmental Assessment	EPICREnviroAssess	Were environmental assessment or other follow-up activities performed at any of patient's exposure sites?	DropDownList	Yes No Unknown	Y N U
Name of facility	EPICREnviroAssessFac	Name of facility	FreeText		
Street address	EPICREnviroAssessAddr	Street address	FreeText		
City	EPICREnviroAssessCity	City	FreeText		
State	EPICREnviroAssessState	State	FreeText		
Zip code	EPICREnviroAssessZip	Zip code	FreeText		
Environmental assessment and follow-up activities	EPICREnviroAssessActiv_SURV	Environmental assessment and follow-up activities	CheckBoxList	Conducted retrospective/prospective surveillance for additional cases	SURV
Environmental assessment and follow-up activities	EPICREnviroAssessActiv_LEAF	Environmental assessment and follow-up activities	CheckBoxList	Completed CDC Legionella Environmental Assessment Form (LEAF)	LEAF
Environmental assessment and follow-up activities	EPICREnviroAssessActiv_LEGTEST	Environmental assessment and follow-up activities	CheckBoxList	Collected/sent water samples for Legionella testing	LEGTEST
Environmental assessment and follow-up activities	EPICREnviroAssessActiv_CHMTST	Environmental assessment and follow-up activities	CheckBoxList	Collected water samples for general chemistry testing	CHMTST
Environmental assessment and follow-up activities	EPICREnviroAssessActiv_DISINF	Environmental assessment and follow-up activities	CheckBoxList	Performed disinfection of water system(s) (e.g., hyperchlorination, superheating, etc.)	DISINF
Environmental assessment and follow-up activities	EPICREnviroAssessActiv_FLUSH	Environmental assessment and follow-up activities	CheckBoxList	Performed flushing of water system(s)	FLUSH

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Environmental assessment and follow-up activities	EPICREnviroAssessActiv_AERO	Environmental assessment and follow-up activities	CheckBoxList	Installed devices to mitigate water aerosolization	AERO
Environmental assessment and follow-up activities	EPICREnviroAssessActiv_SUPSYS	Environmental assessment and follow-up activities	CheckBoxList	Installed supplemental disinfection system	SUPSYS
Environmental assessment and follow-up activities	EPICREnviroAssessActiv_RSTWTR	Environmental assessment and follow-up activities	CheckBoxList	Implemented restrictions on water use	RSTWTR
Environmental assessment and follow-up activities	EPICREnviroAssessActiv_WMP	Environmental assessment and follow-up activities	CheckBoxList	Reviewed and/or developed water management plan (WMP)	WMP
Environmental assessment and follow-up activities	EPICREnviroAssessActiv_ALERT	Environmental assessment and follow-up activities	CheckBoxList	Disseminated provider alerts and/or public notifications	ALERT
Environmental assessment and follow-up activities	EPICREnviroAssessActiv_PHLSQ	Environmental assessment and follow-up activities	CheckBoxList	Sent environmental isolates to public health laboratory for sequencing	PHLSQ
Environmental assessment and follow-up activities	EPICREnviroAssessActiv_OTH	Environmental assessment and follow-up activities	CheckBoxList	Other	OTH
Environmental assessment and follow-up activities	EPICREnviroAssessActivSpcfy	If Other, specify	FreeText		
Environmental assessment notes	EPICREnviroAssessNotes	Environmental assessment notes	FreeText		
STATE USE ONLY					
Exposure classification	EPICRStateUseExpClass_COMM	Community-associated	CheckBoxList		
Exposure classification	EPICRStateUseExpClass_HLTH	Healthcare-associated	CheckBoxList		
Exposure classification	EPICRStateUseExpClass_TRAVEL	Travel-associated	CheckBoxList		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
CDPH HAI Program case classification	EPICRStateUseReptHAIClass	CDPH HAI Program case classification	DropDownList	Healthcare-associated	HEALTH
				Presumptive Healthcare assoc	PRSHEALTH
				Possible Healthcare assoc	POSHEALTH
				Not Healthcare assoc	NOTHEALTH
				Other	OTH
If Other, specify	EPICRStateUseReptHAIClassSpcfy	If Other, specify	FreeText		
If case was Travel-Associated, was case reported to CDC at travellegionella@cdc.gov or to California local health jurisdiction?	EPICRStateUseReptCDC	If case was Travel-Associated, was case reported to CDC at travellegionella@cdc.gov or to California local health jurisdiction?	DropDownList	Yes No Unknown	Y N U
CDPH MICROBIAL DISEASES LABORATORY (MDL) OR OTHER REFERENCE PUBLIC HEALTH LABORATORY (PHL) RESULTS (OPTIONAL)					
Was whole genome sequencing (WGS) completed on clinical or environmental isolates?	EPICRMDLPHLWGS	Was whole genome sequencing (WGS) completed on clinical or environmental isolates?	DropDownList	Yes No Unknown	Y N U
CDPH MICROBIAL DISEASES LABORATORY (MDL) OR OTHER REFERENCE PUBLIC HEALTH LABORATORY (PHL) RESULTS - DETAILS (OPTIONAL)					
Clinical or environmental isolate?	EPICRMDLPHLDtIWGSIsol_1 EPICRMDLPHLDtIWGSIsol_2 EPICRMDLPHLDtIWGSIsol_3	Clinical or environmental isolate?	DropDownList	Clinical Environmental	CLI ENV
Accession number or specimen ID	EPICRMDLPHLDtIWGSID_1 EPICRMDLPHLDtIWGSID_2 EPICRMDLPHLDtIWGSID_3	Accession number or specimen ID	FreeText		
Submitting laboratory	EPICRMDLPHLDtIWGSSubLab_1 EPICRMDLPHLDtIWGSSubLab_2 EPICRMDLPHLDtIWGSSubLab_3	Submitting laboratory	Location Dictionary		
Testing laboratory	EPICRMDLPHLDtWGSTestLab_1 EPICRMDLPHLDtWGSTestLab_2 EPICRMDLPHLDtWGSTestLab_3	Testing laboratory	Location Dictionary		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Sequence type (MLST)	EPICRMDLPHLDtIWGSMLST_1 EPICRMDLPHLDtIWGSMLST_2 EPICRMDLPHLDtIWGSMLST_3	Sequence type (MLST)	FreeText		
Serogroup	EPICRMDLPHLDtWGSSero_1 EPICRMDLPHLDtWGSSero_2 EPICRMDLPHLDtWGSSero_3	Serogroup	FreeText		
Did isolate cluster with other clinical or environmental isolate(s)?	EPICRMDLPHLDtWGSCluster_1 EPICRMDLPHLDtWGSCluster_2 EPICRMDLPHLDtWGSCluster_3	Did isolate cluster with other clinical or environmental isolate(s)?	DropDownList	Yes No Unknown	Y N U
Was sequence data uploaded to a public database (e.g. NCBI)?	EPICRMDLPHLDtWGSData_1 EPICRMDLPHLDtWGSData_2 EPICRMDLPHLDtWGSData_3	Was sequence data uploaded to a public database (e.g. NCBI)?	DropDownList	Yes No Unknown	Y N U

HISTORICAL USE ONLY - EXPOSURES / RISK FACTORS

Inpatient hospitalization	EPICREXPRISKFACINPTHOSP	Inpatient hospitalization	DropDownList	Yes No Unknown	Y N U
Name of hospital	EPICREXPRISKFACINPTHOSPNAME	Name of hospital	FreeText		
Address	EPICREXPRISKFACINPTHOSPADRSS	Address	FreeText		
From	EPICREXPRISKFACINPTHOSPFROMDT	Dates of Hospitalization	Date (MM/DD/YYYY)		
To	EPICREXPRISKFACINPTHOSPENDDT	Dates of Hospitalization	Date (MM/DD/YYYY)		
Still hospitalized	EPICREXPRISKFACINPTHOSPSTILL	Still hospitalized	DropDownList	Yes No Unknown	Y N U
Mechanical ventilation	EPICREXPRISKFACINPTHOSPMCHVENT	Mechanical ventilation	DropDownList	Yes No Unknown	Y N U
Other respiratory equipment	EPICREXPRISKFACINPTHOSPRESPEQU	Other respiratory equipment	DropDownList	Yes No Unknown	Y N U
Visit hospital as an outpatient	EPICREXPRISKFACOUTPTHOSP	Visit hospital as an outpatient	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
Describe	EPICREXRISKFACOUTPTHOSPDESC	If yes, Describe	FreeText		
Name of hospital	EPICREXRISKFACOUTPTHOSPNAME	Name of hospital	FreeText		
Location	EPICREXRISKFACOUTPTHOSPLOC	Location	FreeText		
Date	EPICREXRISKFACOUTPTHOSPDT	Date	Date (MM/DD/YYYY)		
Visited hospitalized patient	EPICREXRISKFACVISITPT	Visited hospitalized patient	DropDownList	Yes No Unknown	Y N U
Name of hospital	EPICREXRISKFACVISITPTHOSPNAME	Name of hospital	FreeText		
Location	EPICREXRISKFACVISITPTHOSPLOC	Location	FreeText		
Date	EPICREXRISKFACVISITPTDT	Date	Date (MM/DD/YYYY)		
Employed by hospital	EPICREXRISKFACEMPLOY	Employed by hospital	DropDownList	Yes No Unknown	Y N U
Name of hospital	EPICREXRISKFACEMPLOYHOSPNAME	Name of hospital	FreeText		
Location	EPICREXRISKFACEMPLOYHOSPLOC	Location	FreeText		
Dental procedure	EPICREXRISKFACDENTAL	Dental procedure	DropDownList	Yes No Unknown	Y N U
Describe procedure	EPICREXRISKFACDENTALDESCPROC	Describe procedure	FreeText		
Name of dental office	EPICREXRISKFACDENTALOFFICENAME	Name of dental office	FreeText		
Address	EPICREXRISKFACDENTALADRSS	Address	FreeText		
Date	EPICREXRISKFACDENTALDT	Date	Date (MM/DD/YYYY)		
Long term care facility (LTCF) or skilled nursing facility (SNF) resident	EPICREXRISKFACLTCF	Long term care facility (LTCF) or skilled nursing facility (SNF) resident	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
Name of facility	EPICREXRISKFACLTCFNAME	Name of facility	FreeText		
Address	EPICREXRISKFACLTCFADRSS	Address	FreeText		
From	EPICREXRISKFACLTCFFromDt	Dates of Residency	Date (MM/DD/YYYY)		
To	EPICREXRISKFACLTCFToDt	Dates of Residency	Date (MM/DD/YYYY)		
Still a resident?	EPICREXRISKFACLTCFCmnt	Still a resident?	DropDownList	Yes No Unknown	Y N U
Employed by LTCF or SNF	EPICREXRISKFACLTCFee	Employed by LTCF or SNF	DropDownList	Yes No Unknown	Y N U
Name of facility	EPICREXRISKFACLTCFeeFac	If yes, name of facility	FreeText		
Location	EPICREXRISKFACLTCFeeLoc	Location	FreeText		
Other medical or healthcare setting exposures of interest	EPICREXRISKFACOTHMEDEXP	Other medical or healthcare setting exposures of interest	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPICREXRISKFACOTHMEDEXPDESC	If Yes, describe	FreeText		
Was this case associated with a healthcare exposure (hospital or long term care facility)?	EPICREXRISKFACCareExp	Was this case associated with a healthcare exposure (hospital or long term care facility)?	DropDownList	Definitely	DEF
				Possibly	POS
				No	NO
				Other	OTH
				Unknown	UNK
If Other, specify	EPICREXRISKFACCareExpSpcfy	If Other, specify	FreeText		
In the 10 days before onset, did the patient visit, stay, or work in an assisted living facility?	EPICREXRISKFACAssLiv	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	EPICREXRISKFACAssLivType	Type of exposure	DropDownList	Residential Visitor/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	EPICREXPRISKFACAssLivFac	Name of facility	FreeText		
City	EPICREXPRISKFACAssLivCity	City	FreeText		
State	EPICREXPRISKFACAssLivState	State	FreeText		
Start of stay	EPICREXPRISKFACAssLivStartDt	Start of stay	Date (MM/DD/YYYY)		
End of stay	EPICREXPRISKFACAssLivEndDt	End of stay	Date (MM/DD/YYYY)		
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)?	EPICREXPRISKFACSen	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	EPICREXPRISKFACSenType	Type of exposure	DropDownList	Residential Visitor/Volunteer Employee	RES VIS EMP
Name of facility	EPICREXPRISKFACSenFac	Name of facility	FreeText		
City	EPICREXPRISKFACSenCity	City	FreeText		
State	EPICREXPRISKFACSenState	State	FreeText		
Start of stay	EPICREXPRISKFACSenStartDt	Start of stay	Date (MM/DD/YYYY)		
End of stay	EPICREXPRISKFACSenEndDt	End of stay	Date (MM/DD/YYYY)		
Spa / hot tub / whirlpool	EPICREXPRISKFACSPATUB	Spa / hot tub / whirlpool	DropDownList	Yes No Unknown	Y N U
If Yes, location	EPICREXPRISKFACSPATUBLOC	If Yes, location	FreeText		
Mister	EPICREXPRISKFACMISTER	Mister	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
If Yes, location	EPICREXRISKFACMISTERLOC	If Yes, location	FreeText		
Decorative fountain	EPICREXRISKFACFOUNTAIN	Decorative fountain	DropDownList	Yes No Unknown	Y N U
If Yes, location	EPICREXRISKFACFOUNTAINLOC	If Yes, location	FreeText		
Room humidifier	EPICREXRISKFACHUMIDIFY	Room humidifier	DropDownList	Yes No Unknown	Y N U
If Yes, location	EPICREXRISKFACHUMIDIFYLOC	If Yes, location	FreeText		
Nebulizer, CPAP, BIPAP, or any other respiratory therapy equipment	EPICREXRISKFACResp	Nebulizer, CPAP, BIPAP, or any other respiratory therapy equipment	DropDownList	Yes No Unknown	Y N U
Does this device use a humidifier?	EPICREXRISKFACRespHum	Does this device use a humidifier?	DropDownList	Yes No Unknown	Y N U
Sterile	EPICREXRISKFACRespHumH20_STER	If Yes, what type of water is used in the device?	CheckBox List		
Distilled	EPICREXRISKFACRespHumH20_DIST	If Yes, what type of water is used in the device?	CheckBox List		
Bottled	EPICREXRISKFACRespHumH20_BOTT	If Yes, what type of water is used in the device?	CheckBox List		
Tap	EPICREXRISKFACRespHumH20_TAP	If Yes, what type of water is used in the device?	CheckBox List		
Other	EPICREXRISKFACRespHumH20_OTH	If Yes, what type of water is used in the device?	CheckBox List		
Unknown	EPICREXRISKFACRespHumH20_UNK	If Yes, what type of water is used in the device?	CheckBox List		
If Other, specify type of water	EPICREXRISKFACRespHumH20Spcfy	If Other, specify type of water	FreeText		
Other water-related exposure (e.g., handheld shower, ice machine)	EPICREXRISKFACOTHWATEREXP	Other water-related exposure (e.g., handheld shower, ice machine)	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPICREXRISKFACOTHWATEREXPDESC	If Yes, describe	FreeText		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Other exposures (specify)	EPICREXPRISKFACOTHAQUAEXP	Other exposures (specify)	FreeText		
Conference or convention	EPICREXPRISKFACCONFERENCE	Conference or convention	DropDownList	Yes No Unknown	Y N U
If Yes, location	EPICREXPRISKFACCONFERENCELOC	If Yes, location	FreeText		
Other activities of interest	EPICREXPRISKFACOTHACTIVITY	Other activities of interest	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPICREXPRISKFACOTHACTIVITYDESC	If Yes, describe	FreeText		

*The following (gray) fields are HISTORICAL data fields for Legionellosis.**

Still hospitalized	EPICREXPRISKFACINPTHOSPSTILL	Is the patient still hospitalized			
Mechanical ventilation	EPICREXPRISKFACINPTHOSPMCHVENT	Did the patient need mechanical ventilation?	DropDownList	Yes No Unknown	Y N U
Other respiratory equipment	EPICREXPRISKFACINPTHOSPRESPEQU	Did the patient need other respiratory equipment	DropDownList	Yes No Unknown	Y N U
Visit hospital as an outpatient	EPICREXPRISKFACOUTPTHOSP	Did the patient visit a hospital as an outpatient during the incubation period?	DropDownList	Yes No Unknown	Y N U
Describe	EPICREXPRISKFACOUTPTHOSPDESC	Describe the visit	FreeText		
Name of hospital	EPICREXPRISKFACOUTPTHOSPNAME	Hospital name where the patient was an outpatient	FreeText		
Location	EPICREXPRISKFACOUTPTHOSPLOC	Location of hospital where patient was an outpatient	FreeText		
Date	EPICREXPRISKFACOUTPTHOSPDT	Date the hospital was visited	Date (MM/DD/YYYY)		
Visited patient	EPICREXPRISKFACVISITPT	Did the patient visit a hospitalized patient during the incubation period?	DropDownList	Yes No Unknown	Y N U
Name of hospital	EPICREXPRISKFACVISITPTHOSPNAME	Hospital name where the patient visited	FreeText		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Location	EPICREXRISKFACVISITPTHOSPLOC	Location of hospital where the patient visited a hospitalized patient	FreeText		
Date	EPICREXRISKFACVISITPTDT	Date patient visited hospitalized patient	Date (MM/DD/YYYY)		
Employed by hospital	EPICREXRISKFACEMPLOY	Was the patient employed by a hospital during the incubation period?	DropDownList	Yes No Unknown	Y N U
Name of hospital	EPICREXRISKFACEEMPLOYHOSPNAME	Name of hospital where the patient was employed	FreeText		
Location	EPICREXRISKFACEEMPLOYHOSPLOC	Location of hospital where patient was employed	FreeText		
Dental procedure	EPICREXRISKFACDENTAL	Did the patient have a dental procedure during the incubation period?	DropDownList	Yes No Unknown	Y N U
Describe procedure	EPICREXRISKFACDENTALDESCPROC	Describe the dental procedure	FreeText		
Name of dental office	EPICREXRISKFACDENTALOFFICENAME	Name of dental office where the patient had a procedure	FreeText		
Address	EPICREXRISKFACDENTALADRSS	What is the address of the dental office?	FreeText		
Date	EPICREXRISKFACDENTALDT	Date of the dental procedure	Date (MM/DD/YYYY)		
Long-term care facility (LTCF) resident	EPICREXRISKFACLTFC	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	EPICREXRISKFACLTCFNAME	Name of LTCF or SNF where patient was a resident	FreeText		
Address	EPICREXRISKFACLTCFADRSS	What is the address of the long term care facility?	FreeText		
From	EPICREXRISKFACLTCCFromDt	Indicate the date patient took up residency in LTCF/SNF	Date (MM/DD/YYYY)		
To	EPICREXRISKFACLTCToDt	Indicate the date patient stopped residing in LTCF/SNF	Date (MM/DD/YYYY)		
Still a resident?	EPICREXRISKFACLTFCRnt	Indicate if the patient is still a resident	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
Employed by LTCF or SNF	EPICREXRISKFACLTCFee	Was the patient employed by an LTCF or SNF during the incubation period?	DropDownList	Yes No Unknown	Y N U
Name of facility	EPICREXRISKFACLTCFeeFac	If yes, specify the name of the facility	FreeText		
Location	EPICREXRISKFACLTCFeeLoc	If yes, specify the location of the facility	FreeText		
Other medical exposures of interest	EPICREXRISKFACOTHMEDEXP	Did the patient have any other medical exposures of interest during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPICREXRISKFACOTHMEDEXPDESC	If Yes, please describe other medical exposures	FreeText		
Healthcare exposure?	EPICREXRISKFACCareExp	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	EPICREXRISKFACCareExpSpcfy	If other selected, please specify	FreeText		
Visit assisted living facility?	EPICREXRISKFACAssLiv	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	EPICREXRISKFACAssLivType	Indicate the type of exposure	DropDownList	Resident Visitor or volunteer Employee	RES VIS EMP
Name of facility	EPICREXRISKFACAssLivFac	If yes, specify the name of the facility	FreeText		
City	EPICREXRISKFACAssLivCity	Specify the city the facility is in	FreeText		
State	EPICREXRISKFACAssLivState	Specify the state the facility is in	FreeText		
Start of stay	EPICREXRISKFACAssLivStartDt	Date the patient started working / staying at the facility	Date (MM/DD/YYYY)		
End of stay	EPICREXRISKFACAssLivEndDt	Date the patient stopped working / staying at the facility	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Visit senior living facility?	EPICREXPRISKFACSen	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	EPICREXPRISKFACSenType	Indicate the type of exposure	DropDownList	Resident	RES
				Visitor or volunteer	VIS
				Employee	EMP
Name of facility	EPICREXPRISKFACSenFac	If yes, specify the name of the facility	FreeText		
City	EPICREXPRISKFACSenCity	Specify the city the facility is in	FreeText		
State	EPICREXPRISKFACSenState	Specify the state the facility is in	FreeText		
Start of stay	EPICREXPRISKFACSenStartDt	Date the patient started working / staying at the facility	Date (MM/DD/YYYY)		
End of stay	EPICREXPRISKFACSenEndDt	Date the patient stopped working / staying at the facility	Date (MM/DD/YYYY)		
Spa / hot tub / whirlpool	EPICREXPRISKFACSPATUB	Was the patient exposed to spas, hot tubs, or whirlpools during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, location	EPICREXPRISKFACSPATUBLOC	If Yes, location of exposure to spas, hot tubs, or whirlpools	FreeText		
Mister	EPICREXPRISKFACMISTER	Was the patient exposed to a mister during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, location	EPICREXPRISKFACMISTERLOC	If Yes, location of exposure to mister	FreeText		
Decorative fountain	EPICREXPRISKFACFOUNTAIN	Was the patient exposed to decorative fountains during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, location	EPICREXPRISKFACFOUNTAINLOC	If Yes, location of the decorative fountains	FreeText		
Room humidifier	EPICREXPRISKFACHUMIDIFY	Was the patient exposed to a room humidifier during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, location	EPICREXPRISKFACHUMIDIFYLOC	If Yes, location of room humidifier	FreeText		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Nebulizer, CPAP, BIPAP	EPICREXPRISKFACResp	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?	EPICREXPRISKFACRespHum	If yes, does this device use a humidifier?	DropDownList	Yes No Unknown	Y N U
Type of water	EPICREXPRISKFACRespHumH20_STER	If Yes, what type of water is used in the device?	CheckBoxList	Sterile	STER
	EPICREXPRISKFACRespHumH20_DIST			Distilled	DIST
	EPICREXPRISKFACRespHumH20_BOTT			Bottled	BOTT
	EPICREXPRISKFACRespHumH20_TAP			Tap	TAP
	EPICREXPRISKFACRespHumH20_OTH			Other	OTH
	EPICREXPRISKFACRespHumH20_UNK			Unknown	UNK
If Other, specify	EPICREXPRISKFACRespHumH20Spcfy	If Other, specify type of water	FreeText		
Other water-related exposure	EPICREXPRISKFACOTHWATEREXP	Did the patient have any other water-related exposures during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPICREXPRISKFACOTHWATEREXPDESC	If Yes, describe the other water-related exposure	FreeText		
Other exposures (specify)	EPICREXPRISKFACOTHAQUAEXP	Did the patient have any other exposures during the incubation period?	FreeText		
Conference or convention	EPICREXPRISKFACCONFERENCE	Did the patient participate in a conference or convention during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, location	EPICREXPRISKFACCONFERENCELOC	If Yes, location of conference or convention	FreeText		
Other activities of interest	EPICREXPRISKFACOTHACTIVITY	Did the patient participate in any other activities of interest during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPICREXPRISKFACOTHACTIVITYDESC	If Yes, describe the other activities	FreeText		
TRAVEL HISTORY					
Travel during incubation period?	EPICRTRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	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
TRAVEL HISTORY – DETAILS					
Type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	If Yes, what type of travel	CheckBoxList	Domestic International Unknown	DOM INT UNK
Location	TRVHXDTLLOCATION_1 TRVHXDTLLOCATION_2 TRVHXDTLLOCATION_3	Specify all locations (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)		
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)		
ACCOMMODATION HISTORY					
Away from home 10 day before onset	EPICRAccHxNightAway	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					
Accommodation name	EPICRAccHxDtlAccName_1 EPICRAccHxDtlAccName_2 EPICRAccHxDtlAccName_3	What is the Accommodation name where the patient spent nights away from home? (name of hotel, friend's house, etc.)	FreeText		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Address	EPICRAccHxDtlAddress_1 EPICRAccHxDtlAddress_2 EPICRAccHxDtlAddress_3	What is the address of the accommodation	FreeText		
City	EPICRAccHxDtlCity_1 EPICRAccHxDtlCity_2 EPICRAccHxDtlCity_3	City where the accommodation is located?	FreeText		
State	EPICRAccHxDtlState_1 EPICRAccHxDtlState_2 EPICRAccHxDtlState_3	State	FreeText		
Zip	EPICRAccHxDtlZip_1 EPICRAccHxDtlZip_2 EPICRAccHxDtlZip_3	Zip	FreeText		
Country	EPICRAccHxDtlCountry_1 EPICRAccHxDtlCountry_2 EPICRAccHxDtlCountry_3	Country	FreeText		
Room number	EPICRAccHxDtlRoom_1 EPICRAccHxDtlRoom_2 EPICRAccHxDtlRoom_3	Number of the room in which the patient stayed	FreeText		
Arrival date	EPICRAccHxDtlArrivalDt_1 EPICRAccHxDtlArrivalDt_2 EPICRAccHxDtlArrivalDt_3	Arrival date	Date (MM/DD/YYYY)		
Departure date	EPICRAccHxDtlDepartDt_1 EPICRAccHxDtlDepartDt_2 EPICRAccHxDtlDepartDt_3	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
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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 – LEGIONELLOSIS					
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		
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		
DISEASE CASE CLASSIFICATION					
Disease type	EPICRCASECLASSDISEASE_LEGION EPICRCASECLASSDISEASE_PONTIA	What was the disease type(s)?	CheckBoxList (more than one choice is possible)	Legionnaires Disease (pneumonia, x-ray diagnosed) Pontiac fever (fever, myalgia w/o pneumonia)	LEGION 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_ONJUR 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

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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					
Reported to CDC	EPICRStateUseReptCDC	Was this case reported to CDC at travelegionella@cdc.gov?	DropDownList	Yes No Unknown	Y N U
CDPH HAI notified?	EPICRStateUseReptHAI	If case was healthcare-associated, was CDPH HAI Program notified?	DropDownList	Yes No Unknown	Y N U
Case classification	EPICRStateUseReptHAIClass	CDPH HAI Program case classification	DropDownList	Healthcare-associated Not healthcare-associated Other	HEALTH NOTHEALTH OTH
If Other, specify	EPICRStateUseReptHAIClassSpcfy	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	LPTOSPRCLICRSIGNSXPHTOPHOBIA	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
If Yes, location(s)	LPTOSPRCLICRSIGNSXRASHLOC	If Yes, location(s)	FreeText		

CLINICAL INFO – LEPTOSPIROSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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
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 – LEPTOSPIROSIS					
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	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	Discharged/ transfer date	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	Discharge diagnosis	FreeText		
TREATMENT/MANAGEMENT					
Received Treatment	TXMGTREATMENT	Did the patient receive treatment for Leptospirosis?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGMENT – DETAILS					

CLINICAL INFO – LEPTOSPIROSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Treatment type	LPTOSPRCLICRTXMGTDLTYPE1 LPTOSPRCLICRTXMGTDLTYPE2 LPTOSPRCLICRTXMGTDLTYPE3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
Treatment name and dosage	LPTOSPRCLICRTXMGTDLNAME1 LPTOSPRCLICRTXMGTDLNAME2 LPTOSPRCLICRTXMGTDLNAME3	What was the specific name of the treatment and dosage?	FreeText		
Date started	LPTOSPRCLICRTXMGTDLSTARTDT1 LPTOSPRCLICRTXMGTDLSTARTDT2 LPTOSPRCLICRTXMGTDLSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	LPTOSPRCLICRTXMGTDLENDDT1 LPTOSPRCLICRTXMGTDLENDDT2 LPTOSPRCLICRTXMGTDLENDDT3	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	LPTOSPRLABCRLABRSLSUMTSTTYPE1 LPTOSPRLABCRLABRSLSUMTSTTYPE2 LPTOSPRLABCRLABRSLSUMTSTTYPE3	Type of test	DropDownList	Microscopic Agglutination Test (MAT)	MAT
				Indirect Immunofluorescence (IFA)	IFA
				Complement Fixation (CF)	CF
				Microscopic Agglutination	MAGGL
				Indirect Hemagglutination Assay	IHA
				ELISA/EIA	ELISA
				Isolation/Culture	ISOCU
				Unspecified/Other	UNOTH
If Other test, specify	LPTOSPRLABCRLABRSLSUMTSTTYPESpfcy1 LPTOSPRLABCRLABRSLSUMTSTTYPESpfcy2 LPTOSPRLABCRLABRSLSUMTSTTYPESpfcy3	If Other test, specify	FreeText		
Collection date	LPTOSPRLABCRLabRsItOthSpecCollDt1 LPTOSPRLABCRLabRsItOthSpecCollDt2 LPTOSPRLABCRLabRsItOthSpecCollDt3	Collection date	Date (MM/DD/YYYY)		
If other, specify	LPTOSPRLABCRLABRSLSUMTSTTYPESpfcy1 LPTOSPRLABCRLABRSLSUMTSTTYPESpfcy2 LPTOSPRLABCRLABRSLSUMTSTTYPESpfcy3	If other, specify	FreeText		
Antibody type	LPTOSPRLABCRLABRSLSUMAnti1 LPTOSPRLABCRLABRSLSUMAnti2 LPTOSPRLABCRLABRSLSUMAnti3	Antibody type	CheckBoxList (more than one choice is possible)	IgG	IGG
				IgM	IGM
				Unspecified	UNSPEC
Titer(s)	LPTOSPRLABCRLABRSLSUMTiter1 LPTOSPRLABCRLABRSLSUMTiter2 LPTOSPRLABCRLABRSLSUMTiter3	Titer(s)	FreeText		
Interpretation	LPTOSPREPICRANIMLDXTSTINTERPRET1 LPTOSPREPICRANIMLDXTSTINTERPRET2 LPTOSPREPICRANIMLDXTSTINTERPRET3	Interpretation	Radio Button List	Positive	POS
				Negative	NEG
				Equivocal	EQU
				Canicola	CAN
Serovar?	LPTOSPRLABCRLABRSLSUMSero1 LPTOSPRLABCRLABRSLSUMSero2 LPTOSPRLABCRLABRSLSUMSero3	Serovar?	DropDownList	Icterohaemorrhagiae	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	LPTOSPRLABCRLABRSLTUMSeroSpcfy1 LPTOSPRLABCRLABRSLTUMSeroSpcfy2 LPTOSPRLABCRLABRSLTUMSeroSpcfy3	If Other	FreeText		
Laboratory name	LPTOSPRLABCRLABRSLTUMLABNAME1 LPTOSPRLABCRLABRSLTUMLABNAME2 LPTOSPRLABCRLABRSLTUMLABNAME3	Laboratory name	FreeText		
Telephone Number	LPTOSPRLABCRLABRSLTUMLABPHONE1 LPTOSPRLABCRLABRSLTUMLABPHONE2 LPTOSPRLABCRLABRSLTUMLABPHONE3	Telephone Number	FreeText		
LABORATORY RESULTS SUMMARY- OTHER SPECIMEN					
Type of Test	LPTOSPRLABCRLabRsItOthSpecType_1 LPTOSPRLABCRLabRsItOthSpecType_2 LPTOSPRLABCRLabRsItOthSpecType_3	Type of Test	DropDownList	Direct Immunofluorescence (DFA) Darkfield Microscopy Polymerase Chain Reaction (PCR) Culture Other	DFA DM PCR CULT OTH
If other, specify	LPTOSPRLABCRLabRsItOthSpecTypeScfy_1 LPTOSPRLABCRLabRsItOthSpecTypeScfy_2 LPTOSPRLABCRLabRsItOthSpecTypeScfy_3	If other, specify	FreeText		
Result	LPTOSPRLABCRLabRsItOthSpecRslt_1 LPTOSPRLABCRLabRsItOthSpecRslt_2 LPTOSPRLABCRLabRsItOthSpecRslt_3	Result	DropDownList		
Interpretation	LPTOSPRLABCRLabRsItOthSpecInterp_1 LPTOSPRLABCRLabRsItOthSpecInterp_2 LPTOSPRLABCRLabRsItOthSpecInterp_3	Interpretation	Radio Button List	Positive Negative Equivocal	POS NEG EQUIV
Collection Date	LPTOSPRLABCRLabRsItOthSpecCollDt_1 LPTOSPRLABCRLabRsItOthSpecCollDt_2 LPTOSPRLABCRLabRsItOthSpecCollDt_3	Collection Date	Date (MM/DD/YYYY)		
Laboratory Name	LPTOSPRLABCRLabRsItOthSpecLabName_1 LPTOSPRLABCRLabRsItOthSpecLabName_2 LPTOSPRLABCRLabRsItOthSpecLabName_3	Laboratory Name	FreeText		
Telephone Number	LPTOSPRLABCRLabRsItOthSpecLabPhone_1 LPTOSPRLABCRLabRsItOthSpecLabPhone_2 LPTOSPRLABCRLabRsItOthSpecLabPhone_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)	FreeText	Yes No Unknown	Y N U
If Yes, specify	LPTOSPREPICREXPRISKFACH20NatSpcfy	If Yes, specify activity and location	DropDownList		
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	CATTLE
				Dogs	DOG
				Rats / rodents	RAT
				Other - specify	OTH
If Other, specify	LPTOSPREPICRANIMLCONTANIMLTYPEPSPFY1 LPTOSPREPICRANIMLCONTANIMLTYPEPSPFY2 LPTOSPREPICRANIMLCONTANIMLTYPEPSPFY3	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	LPTOSPREPICRANIMLCONTIII_Sum_1 LPTOSPREPICRANIMLCONTIII_Sum_2 LPTOSPREPICRANIMLCONTIII_Sum_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?	LPTOSPREPICRTRVHXTABLE	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	TRVHXDTLENDT1 TRVHXDTLENDT2 TRVHXDTLENDT3	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	REPAGENCYREPORTEDBYSPEFY	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?	CLISIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with Listeriosis?	DropDownList	Yes No Unknown	Y N U
Date first sought medical care	CLISIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Duration of Acute Symptoms (days)	CLISIGNSXDURATION	What was the duration of Acute Symptoms in terms of days?	FreeText		
Meningitis	CLISIGNSXMENINGITIS	Listeriosis signs and symptoms: Meningitis	DropDownList	Yes No Unknown	Y N U
Bacteremia / sepsis	CLISIGNSXBACTERIA	Listeriosis signs and symptoms: Bacteremia or sepsis	DropDownList	Yes No Unknown	Y N U
Febrile gastroenteritis	CLISIGNSXGASTRO	Listeriosis signs and symptoms: Febrile gastroenteritis	DropDownList	Yes No Unknown	Y N U
Fever	CLICRSIGNSXFever	Listeriosis signs and symptoms: Fever	DropDownList	Yes No Unknown	Y N U
Highest temperature	CLISIGNSXGASTROHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Amnionitis	CLISIGNSXAMNIO	Listeriosis signs and symptoms: Amnionitis	DropDownList	Yes No Unknown	Y N U
Miscarriage / stillbirth	CLISIGNSXMISCARRIAGE	Listeriosis signs and symptoms: Miscarriage or stillbirth	DropDownList	Yes No Unknown	Y N U
Pneumonia (neonate)	CLISIGNSXPNEUMONIA	Listeriosis signs and symptoms: Pneumonia (neonate)	DropDownList	Yes No Unknown	Y N U
Granulomatosis infantisepticum (neonate)	CLISIGNSXGRANULOMA	Listeriosis signs and symptoms: Granulomatosis infantisepticum (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
Other	CLISIGNSXOTH	Other signs or symptoms of Listeriosis	DropDownList	Yes No Unknown	Y N U
If Other, specify	CLISIGNSXOTHSPFY	Specify other signs or symptoms	FreeText		
PAST MEDICAL HISTORY					
Patient pregnant	CLIPASMEDHXPREGNANT	Was the patient pregnant at onset?	DropDownList	Yes No Unknown	Y N U
If Yes, weeks gestation	CLIPASMEDHXGESTATION	If Yes, specify weeks of gestation	FreeText		
Neonatal patient entered in CalREDIE ?	CLICRPasMedHxPat	Was a neonatal patient entered in CalREDIE (Listeriosis, Neonatal)?	DropDownList	Yes No Unknown	Y N U
CalREDIE ID	CLICRPasMedHxPatID	If yes, Neonatal CalREDIE ID	FreeText		
Neonatal case classification	CLICRPasMedHxPatClass	Neonatal case classification (Listeriosis, Neonatal)?	DropDownList	Confirmed Probable Not A Case	CONF PROB NOT
Regular medications	CLIPASMEDHXREGMEDS	Does the patient take any medications regularly?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLIPASMEDHXREGMEDSSPFY	If Yes, specify regular medications	FreeText		
Medical conditions	CLIPASMEDHXCONDITIONS	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	CLIPASMEDHXCONDITIONSPFY	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

CLINICAL INFO – LISTERIOSIS					
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	HOSPTLNAME_1 HOSPTLNAME_2 HOSPTLNAME_3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPTLADDRESS_1 HOSPTLADDRESS_2 HOSPTLADDRESS_3	Street address of hospital	FreeText		
City	HOSPTLCITY_1 HOSPTLCIT_2 HOSPTLCITY_3	City where hospital located	FreeText		
State	HOSPTLSTATE_1 HOSPTLSTATE_2 HOSPTLSTATE_3	State	FreeText		
Zip code	HOSPTLZIPCODE_1 HOSPTLZIPCODE_2 HOSPTLZIPCODE_3	Zip code	FreeText		
Telephone	HOSPTLPHONE_1 HOSPTLPHONE_2 HOSPTLPHONE_3	Telephone number for hospital	FreeText		
Admit date	HOSPTLADMITDT_1 HOSPTLADMITDT_2 HOSPTLADMITDT_3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPTLDISCHDT_1 HOSPTLDISCHDT_2 HOSPTLDISCHDT_3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPTLMRN_1 HOSPTLMRN_2 HOSPTLMRN_3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPTLDISCHDX_1 HOSPTLDISCHDX_2 HOSPTLDISCHDX_3	What was the patient's final diagnosis at the time of discharge?	FreeText		
OUTCOME					

CLINICAL INFO – LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Outcome?	CLIOUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	CLIOUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	CLICROUTCOMEDEATHDT	Date of death	FreeText		
Outcome of fetus	CLIOUTCOMEFETUS	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	LABCRRsltSumSpecType_1 LABCRRsltSumSpecType_2 LABCRRsltSumSpecType_3	What type of specimen was submitted for lab testing?	DropDownList	Blood	BLD
				CSF	CSF
				Placenta	PLA
				Stool	STL
				Other	OTH
If Other, specify	LABCRRsltSumSpecTypeSpfy_1 LABCRRsltSumSpecTypeSpfy_2 LABCRRsltSumSpecTypeSpfy_3	Specify other type of specimen	FreeText		
Test Type	LABCRRsltSumTstType_1 LABCRRsltSumTstType_2 LABCRRsltSumTstType_3	Type of Test	DropDownList	Culture	CULT
				CIDT-Culture	
				Independent Diagnostic Test	CIDT
				Other	OTH
If Other, specify	LABCRRsltSumTstTypeSpfy_1 LABCRRsltSumTstTypeSpfy_2 LABCRRsltSumTstTypeSpfy_3	Specify other type of test	FreeText		
Specimen snet	LABCRRsltSumPHL_1 LABCRRsltSumPHL_2 LABCRRsltSumPHL_3	Was specimen sent to a public health laboratory?	DropDownList	Yes No Unknown	Y N U
Collection date	LABCRRsltSumCollDt_1 LABCRRsltSumCollDt_2 LABCRRsltSumCollDt_3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	LABCRRsltSumRslt_1 LABCRRsltSumRslt_2 LABCRRsltSumRslt_3	Results of laboratory testing	DropDownList	Listeriosis Monocytogenes	MONO
				Other Listeria Species	OTH
				Negative	NEG
Listeria species	LABCRRsltSumRsltSpfy_1 LABCRRsltSumRsltSpfy_2 LABCRRsltSumRsltSpfy_3	If other Listeria species, specify	FreeText		
Laboratory Name	LABCRRsltSumLabName_1 LABCRRsltSumLabName_2 LABCRRsltSumLabName_3	Laboratory Name	FreeText		
Telephone	LABCRRsltSumLabPhone_1 LABCRRsltSumLabPhone_2 LABCRRsltSumLabPhone_3	Telephone number of lab	FreeText		

LABORATORY INFO – LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Lab ID	LABCRRsltSumSpecID_1 LABCRRsltSumSpecID_2 LABCRRsltSumSpecID_3	State/local laboratory ID	FreeText		
Sequencing ID	LABCRRsltSumGSID_1 LABCRRsltSumGSID_2 LABCRRsltSumGSID_3	Whole Genome Sequencing ID	FreeText		
Allele Code	LABCRRsltSumGSAID_1 LABCRRsltSumGSAID_2 LABCRRsltSumGSAID_3	Whole Genome Sequencing Allele Code	FreeText		
Outbreak Code	LABCRRsltSumOB_1 LABCRRsltSumOB_2 LABCRRsltSumOB_3	Outbreak Code	FreeText		
Neonatal specimen	LABCRPARsltNeoSpec	Was a neonatal specimen collected?	DropDownList	Yes No Unknown	Y N U
Neonatal lab ID	LABCRPARsltLabID	If yes, neonatal lab ID	FreeText		
Collection Date	LABCRPARsltCollDt	Collection Date	Date (MM/DD/YYYY)		
Result	LABCRPARsltRslt	Result	DropDownList	Listeriosis Monocytogenes	MONO
				Other Listeria Species	OTH
				Negative	NEG
Specify	LABCRPARsltRsltSpfy	If other Listeria species, specify	FreeText		
Specimen type	LABCRLABRSLTUMSPECTYPE_1 LABCRLABRSLTUMSPECTYPE_2 LABCRLABRSLTUMSPECTYPE_3	Specimen type	DropDownList	Blood	BLD
				CSF	CSF
				Placenta	PLA
				Stool	STL
				Other	OTH
If Other, specify	LABCRLABRSLTUMSPECTYPESPFY_1 LABCRLABRSLTUMSPECTYPESPFY_2 LABCRLABRSLTUMSPECTYPESPFY_3	If Other, specify	FreeText		
Source	LABCRLABRSLTUMSOURCE_1 LABCRLABRSLTUMSOURCE_2 LABCRLABRSLTUMSOURCE_3	Source	Radio Button	Mother Neonate	MOTH NEO

LABORATORY INFO – LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Collection date	LABCRLABRSLSUMDT_1 LABCRLABRSLSUMDT_2 LABCRLABRSLSUMDT_3	Collection date	Date (MM/DD/YYYY)		
Results	LABCRLABRSLSUMRSLT_1 LABCRLABRSLSUMRSLT_2 LABCRLABRSLSUMRSLT_3	Results	FreeText		
Laboratory name	LABCRLABRSLSUMLABNAME_1 LABCRLABRSLSUMLABNAME_2 LABCRLABRSLSUMLABNAME_3	Laboratory name	FreeText		
Telephone	LABCRLABRSLSUMLABPHONE_1 LABCRLABRSLSUMLABPHONE_2 LABCRLABRSLSUMLABPHONE_3	Telephone	FreeText		
Local public health lab?	LABCRLABRSLSUMPHLCONF_1 LABCRLABRSLSUMPHLCONF_2 LABCRLABRSLSUMPHLCONF_3	Was result confirmed by local public health lab?	Radio Button	Yes No Unknown	Y N U
Specify result	LABCRLABRSLSUMPHLCONFRSLT_1 LABCRLABRSLSUMPHLCONFRSLT_2 LABCRLABRSLSUMPHLCONFRSLT_3	If Yes, specify result (including subtype)	FreeText		
Local lab ID number	LABCRLABRSLSUMPHLCONFID_1 LABCRLABRSLSUMPHLCONFID_2 LABCRLABRSLSUMPHLCONFID_3	Local lab ID number	FreeText		
Serotype confirmed?	LABCRLABRSLSUMISOSENT_1 LABCRLABRSLSUMISOSENT_2 LABCRLABRSLSUMISOSENT_3	Was isolate sent to state lab for serotyping confirmation?	Radio Button	Yes No Unknown	Y N U
If Yes, specify	LABCRLABRSLSUMISOENTRSLT_1 LABCRLABRSLSUMISOENTRSLT_2 LABCRLABRSLSUMISOENTRSLT_3	If Yes, specify result (including serotype)	FreeText		
State lab ID number	LABCRLABRSLSUMISOENTID_1 LABCRLABRSLSUMISOENTID_2 LABCRLABRSLSUMISOENTID_3	State lab ID number	FreeText		
Was PFGE requested?	LABCRLABRSLSUMPFGE_1 LABCRLABRSLSUMPFGE_2 LABCRLABRSLSUMPFGE_3	Was PFGE requested?	Radio Button	Yes No Unknown	Y N U
Pattern 1 #	LABCRLABRSLSUMPFGEPAT1_1 LABCRLABRSLSUMPFGEPAT1_2 LABCRLABRSLSUMPFGEPAT1_3	Pattern 1 #	FreeText		

LABORATORY INFO – LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Pattern 2 #	LABCRLABRSLTSUMPFGEPAT2_1 LABCRLABRSLTSUMPFGEPAT2_2 LABCRLABRSLTSUMPFGEPAT2_3	Pattern 2 #	FreeText		
CDC ID	LABCRLABRSLTSUMPFGECDCID_1 LABCRLABRSLTSUMPFGECDCID_2 LABCRLABRSLTSUMPFGECDCID_3	CDC Cluster ID # (if known)	FreeText		
If Yes, specify	LABRSLTSUMPHLCONFRLST_1 LABRSLTSUMPHLCONFRLST_2 LABRSLTSUMPHLCONFRLST_3	If Yes, specify result (including subtype)	FreeText		
Local lab ID number	LABRSLTSUMPHLCONFID_1 LABRSLTSUMPHLCONFID_2 LABRSLTSUMPHLCONFID_3	What is the local lab's ID number	FreeText		
Serotype confirmed?	LABRSLTSUMISOSENT_1 LABRSLTSUMISOSENT_2 LABRSLTSUMISOSENT_3	Was isolate sent to state lab for serotyping confirmation?	RadioButtonList	Yes No Unknown	Y N U
If Yes, specify	LABRSLTSUMISOENTRSLT_1 LABRSLTSUMISOENTRSLT_2 LABRSLTSUMISOENTRSLT_3	If Yes, specify result (including serotype)	FreeText		
State lab ID number	LABRSLTSUMISOENTID_1 LABRSLTSUMISOENTID_2 LABRSLTSUMISOENTID_3	What is the state lab's ID number	FreeText		
Was PFGE requested?	LABRSLTSUMPFGE_1 LABRSLTSUMPFGE_2 LABRSLTSUMPFGE_3	Was PFGE (Pulsed-field gel electrophoresis) requested?	RadioButtonList	Yes No Unknown	Y N U
Pattern 1 #	LABRSLTSUMPFGEPAT1_1 LABRSLTSUMPFGEPAT1_2 LABRSLTSUMPFGEPAT1_3	Pattern 1 #	FreeText		
Pattern 2 #	LABRSLTSUMPFGEPAT2_1 LABRSLTSUMPFGEPAT2_2 LABRSLTSUMPFGEPAT2_3	Pattern 2 #	FreeText		
CDC ID	LABRSLTSUMPFGECDCID_1 LABRSLTSUMPFGECDCID_2 LABRSLTSUMPFGECDCID_3	CDC Cluster ID # (if known)	FreeText		

EPIDEMIOLOGIC INFO – LISTERIOSIS *(OLD VARIABLES – No longer in DDP exports)*					
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	LISTEROSEPICREXPRISKFACTLISTEROSISEXP	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		
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		

EPIDEMIOLOGIC INFO – LISTERIOSIS *(OLD VARIABLES – No longer in DDP exports)*					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Eaten out of package	LISTEROSEPICREPRISKFACTHOTDOGSPFYRAW	Eaten right out of the package?	DropDownList	Yes No Unknown	Y N U
Where purchased?	LISTEROSEPICREPRISKFACTHOTDOGSPFYLOC	Where was the food purchased?	FreeText		
Refrigerated pâté or meat spreads	LISTEROSEPICREPRISKFACTSPREAD	Did patient eat refrigerated pâté or meat spreads, not canned, during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	LISTEROSEPICREPRISKFACTSPREADSPFYTYP	If yes, specify type(s)	FreeText		
Brand(s)	LISTEROSEPICREPRISKFACTSPREADSPFYBRN	If yes, specify brand(s)	FreeText		
Where purchased?	LISTEROSEPICREPRISKFACTSPREADSPFYLOC	Where was the food purchased?	FreeText		
Refrigerated, smoked or cured seafood	LISTEROSEPICREPRISKFACTSEAFD	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)	LISTEROSEPICREPRISKFACTSEAFDSPFYTYP	If yes, specify type(s)	FreeText		
Brand(s)	LISTEROSEPICREPRISKFACTSEAFDSPFYBRN	If yes, specify brand(s)	FreeText		
Where purchased?	LISTEROSEPICREPRISKFACTSEAFDSPFYLOC	Where was the food purchased?	FreeText		
Raw (unpasteurized) milk	LISTEROSEPICREPRISKFACTRAWMLK	Did patient drink raw (unpasteurized) milk during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	LISTEROSEPICREPRISKFACTRAWMLKSPFYTYP	If yes, specify type(s)	FreeText		
Brand(s)	LISTEROSEPICREPRISKFACTRAWMLKSPFYBRN	If yes, specify brand(s)	FreeText		
Where purchased?	LISTEROSEPICREPRISKFACTRAWMLKSPFYLOC	Where was the food purchased?	FreeText		
Raw milk products	LISTEROSEPICREPRISKFACTMLKPROD	Did patient eat or drink raw milk products during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – LISTERIOSIS *(OLD VARIABLES – No longer in DDP exports)*					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Type(s)	LISTEROSEPICREPRISKFACTMLKPRODSPFYTYP	If yes, specify type(s)	FreeText		
Brand(s)	LISTEROSEPICREPRISKFACTMLKPRODSPFYBRN	If yes, specify brand(s)	FreeText		
Where purchased?	LISTEROSEPICREPRISKFACTMLKPRODSPFYLOC	Where was the food purchased?	FreeText		
Mexican-style fresh cheese	LISTEROSEPICREPRISKFACTFRSHCHS	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?	LISTEROSEPICREPRISKFACTFRSHCHSSPFYUNPS	Was the cheese unpasteurized?	DropDownList	Yes No Unknown	Y N U
Type(s)	LISTEROSEPICREPRISKFACTFRSHCHSSPFYTYP	Specify type(s)	FreeText		
Brand(s)	LISTEROSEPICREPRISKFACTFRSHCHSSPFYBRN	Specify brand(s)	FreeText		
Location(s) where cheese obtained	LISTEROSEPICREPRISKFACTFRSHCHSSPFYLOC	Specify the location(s) where the cheese was obtained	FreeText		
Soft cheese	LISTEROSEPICREPRISKFACTSFTCHS	Did patient eat soft cheese (e.g., Brie, feta, Camembert, goat, blue) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	LISTEROSEPICREPRISKFACTSFTCHSSPFYTYP	If yes, specify type(s)	FreeText		
Brand(s)	LISTEROSEPICREPRISKFACTSFTCHSSPFYBRN	If yes, specify brand(s)	FreeText		
Where purchased?	LISTEROSEPICREPRISKFACTSFTCHSSPFYLOC	Where was the food purchased?	FreeText		
Ready-to-eat deli style salads	LISTEROSEPICREPRISKFACTDELSALD	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)	LISTEROSEPICREPRISKFACTDELSALDSPFYTYP	If yes, specify type(s)	FreeText		

EPIDEMIOLOGIC INFO – LISTERIOSIS *(OLD VARIABLES – No longer in DDP exports)*					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
FOOD HISTORY – GROCERIES					
Store / Location	LISTEROSEPICRFOODHXGROCLOCATION1 LISTEROSEPICRFOODHXGROCLOCATION2 LISTEROSEPICRFOODHXGROCLOCATION3 LISTEROSEPICRFOODHXGROCLOCATION4 LISTEROSEPICRFOODHXGROCLOCATIONS	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		

EPIDEMIOLOGIC INFO – LISTERIOSIS *(OLD VARIABLES – No longer in DDP exports)*					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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 LISTEROSEPICRFOODHXOUTHMDTLPLACES5	Name of location where patient consumed food or drink prepared outside of the home	FreeText		
Location (city, state)	LISTEROSEPICRFOODHXOUTHMDTLLLOCATION1 LISTEROSEPICRFOODHXOUTHMDTLLLOCATION2 LISTEROSEPICRFOODHXOUTHMDTLLLOCATION3 LISTEROSEPICRFOODHXOUTHMDTLLLOCATION4 LISTEROSEPICRFOODHXOUTHMDTLLLOCATIONS5	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.

EPIDEMIOLOGIC INFO – LISTERIOSIS *(OLD VARIABLES – No longer in DDP exports)*					
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)		
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	REPAGENCYREPORTEDBYSFY	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		

EPIDEMIOLOGIC INFO – LISTERIOSIS *(OLD VARIABLES – No longer in DDP exports)*					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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
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	OBEXTENTOFSFY	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		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
FOOD HISTORY					
Food Allergies	EPIFoodHxAlrg	Allergies that prevented him/her from eating certain foods	DropDownList	Yes No Unknown	Y N U
Specify Foods	EPIFoodHxAlrgFood_MLK EPIFoodHxAlrgFood_EGG EPIFoodHxAlrgFood_PNT EPIFoodHxAlrgFood_TREE EPIFoodHxAlrgFood_FSH EPIFoodHxAlrgFood_SOY EPIFoodHxAlrgFood_WHT EPIFoodHxAlrgFood_SHFSH EPIFoodHxAlrgFood_OTH	Specify Foods	Check Box List	Milk	MLK
				Eggs	EGG
				Peanuts	PNT
				Tree nuts	TREE
				Fish	FSH
				Soy	SOY
				Wheat	WHT
				Shellfish	SHFSH
				Other	OTH
If Other, specify	EPIFoodHxAlrgFoodSpcfy	If Other, specify	FreeText		
Vegetarian or vegan diet	EPIFoodHxVeg	Vegetarian or vegan diet	DropDownList	Yes No Unknown	Y N U
If Yes, which one?	EPIFoodHxVegWhich	If Yes, which one?	DropDownList	Vegetarian Vegan	
Special or restricted diet	EPIFoodHxDiet	Special or restricted diet or are there any types of foods the patient did not eat	DropDownList	Yes No Unknown	Y N U
If Yes, please describe	EPIFoodHxDietSpcfy	If Yes, please describe	FreeText		
FOOD HISTORY - GROCERIES - Details					
Store Name	EPIFoodHxGLoc_1 EPIFoodHxGLoc_2 EPIFoodHxGLoc_3	Store Name	FreeText		
Address / Cross-streets	EPIFoodHxGAddr_1 EPIFoodHxGAddr_2 EPIFoodHxGAddr_3	Address / Cross-streets	FreeText		
City	EPIFoodHxGCity_1 EPIFoodHxGCity_2 EPIFoodHxGCity_3	City	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
State	EPIFoodHxGState_1 EPIFoodHxGState_2 EPIFoodHxGState_2	State	FreeText		
FOOD HISTORY - OUTSIDE HOME					
Consume food or drink prepared outside the home	EPIFoodHxOHCons_1 EPIFoodHxOHCons_2 EPIFoodHxOHCons_3	Consume food or drink prepared outside the home	DropDownList	Yes No Unknown	Y N U
FOOD HISTORY - OUTSIDE HOME - DETAILS					
Name of place	EPIFoodHxOHDtlName_1 EPIFoodHxOHDtlName_2 EPIFoodHxOHDtlName_3	Name of place	FreeText		
Location (city, state)	EPIFoodHxOHDtlLoc_1 EPIFoodHxOHDtlLoc_2 EPIFoodHxOHDtlLoc_3	Location (city, state)	FreeText		
Date	EPIFoodHxOHDtlDt_1 EPIFoodHxOHDtlDt_2 EPIFoodHxOHDtlDt_3	Date	Date (MM/DD/YYYY)		
Items consumed	EPIFoodHxOHDtlItems_1 EPIFoodHxOHDtlItems_2 EPIFoodHxOHDtlItems_3	Items consumed	FreeText		
FOOD CONSUMPTION HISTORY - CHEESE					
Feta	EPIFoodCHxCFe	Feta	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCFeDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCFeRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCFePl	Place of purchase or consumption	FreeText		

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Goat Cheese	EPIFoodCHxCGc	Goat Cheese	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCGcDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCGcRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCGcPl	Place of purchase or consumption	FreeText		
Blue-veined cheese (gorgonzola, bleu)	EPIFoodCHxCBv	Blue-veined cheese (gorgonzola, bleu)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCBc	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCBvRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCBvPl	Place of purchase or consumption	FreeText		
Brie or camembert	EPIFoodCHxCBc	Brie or camembert	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCBcDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCBcRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCBcPl	Place of purchase or consumption	FreeText		

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Gouda	EPIFoodCHxCGoud	Gouda	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCGoudDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCGoudRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCGoudPl	Place of purchase or consumption	FreeText		
Prepackaged, shredded cheese	EPIFoodCHxCPShred	Prepackaged, shredded cheese	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCPShredDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCPShredRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCPShredPl	Place of purchase or consumption	FreeText		
Fresh mozzarella, sold in water	EPIFoodCHxCFMoz	Fresh mozzarella, sold in water	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCFMozDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCFMozRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCFMozPl	Place of purchase or consumption	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Cottage cheese	EPIFoodCHxCCC	Cottage cheese	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCCCDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCCCRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCCCPi	Place of purchase or consumption	FreeText		
Ricotta cheese	EPIFoodCHxCRic	Ricotta cheese	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCRicDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCRicRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCRicPi	Place of purchase or consumption	FreeText		
Other gourmet, fancy, or artisanal cheese	EPIFoodCHxCArt	Other gourmet, fancy, or artisanal cheese	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCArtDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCArtRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCArtPi	Place of purchase or consumption	FreeText		

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Any cheese sliced at a deli counter	EPIFoodCHxCDeli	Any cheese sliced at a deli counter	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCDeliDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCDeliRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCDeliPl	Place of purchase or consumption	FreeText		
Middle Eastern-style cheese (e.g., akawi, nabulsi)	EPIFoodCHxCME	Middle Eastern-style cheese (e.g., aka wi, nabulsi)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCMEDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCMERaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCMEPl	Place of purchase or consumption	FreeText		
Mexican- or Latin-style cheese (e.g., queso fresco)	EPIFoodCHxCML	Mexican- or Latin-style cheese (e.g., queso fresco)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Queso fresco	EPIFoodCHxCMLQF	Queso fresco	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCMLQFDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Made from raw/unpasteurized milk	EPIFoodCHxCMLQFRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCMLQFPI	Place of purchase or consumption	FreeText		
Queso blanco	EPIFoodCHxCMLQB	Queso blanco	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCMLQBDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCMLQBRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCMLQBPPI	Place of purchase or consumption	FreeText		
Queso casero	EPIFoodCHxCMLQC	Queso casero	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCMLQCDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCMLQCRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCMLQCPI	Place of purchase or consumption	FreeText		
Cuajada	EPIFoodCHxCMLCJ	Cuajada	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCMLCJDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Made from raw/unpasteurized milk	EPIFoodCHxCMLCJRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCMLCJPI	Place of purchase or consumption	FreeText		
Asadero	EPIFoodCHxCMLAS	Asadero	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCMLASDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCMLASRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCMLASPI	Place of purchase or consumption	FreeText		
Cotija	EPIFoodCHxCMLCO	Cotija	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCMLCODtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCMLCORaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCMLCOP1	Place of purchase or consumption	FreeText		
Panella	EPIFoodCHxCMLPN	Panella	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCMLPNDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Made from raw/unpasteurized milk	EPIFoodCHxCMLPNRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCMLPNPI	Place of purchase or consumption	FreeText		
Queso ranchero	EPIFoodCHxCMLQR	Queso ranchero	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCMLQRDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCMLQRRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCMLQRPI	Place of purchase or consumption	FreeText		
Requeson	EPIFoodCHxCMLRQ	Requeson	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCMLRQDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCMLRQRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCMLRQPI	Place of purchase or consumption	FreeText		
Oaxaca	EPIFoodCHxCMLOX	Oaxaca	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCMLOXDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Made from raw/unpasteurized milk	EPIFoodCHxCMLOXRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCMLOXPI	Place of purchase or consumption	FreeText		
Other Mexican- or Latin-style cheese (specify)	EPIFoodCHxCMLOth	Other Mexican- or Latin-style cheese (specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCMLOthDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCMLOthRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCMLOthPl	Place of purchase or consumption	FreeText		
Other soft cheese (not cream, cottage or ricotta) (specify)	EPIFoodCHxCOSoft	Other soft cheese (not cream, cottage or ricotta) (specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCOSoftDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Made from raw/unpasteurized milk	EPIFoodCHxCOSoftRaw	Raw/Unpasteurized	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCOSoftPl	Place of purchase or consumption	FreeText		
Any cheese from raw/unpasteurized milk	EPIFoodCHxCRaw	Any cheese from raw/unpasteurized milk	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCRawDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Place of purchase or consumption	EPIFoodCHxCRawPl	Place of purchase or consumption	FreeText		
Any other cheeses (specify)	EPIFoodCHxCOth	Any other cheeses (specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxCOthDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Any cheese from raw/unpasteurized milk	EPIFoodCHxCOthRaw	Any cheese from raw/unpasteurized milk	DropDownList	Yes No Unknown	Y N U
Place of purchase or consumption	EPIFoodCHxCOthPl	Place of purchase or consumption	FreeText		
FOOD CONSUMPTION HISTORY – OTHER DAIRY					
Milk	EPIFoodCHxODM	Milk	DropDownList	Drank Likely Drank Likely did NOT Drink Did NOT Drink Don't Know	1 2 3 4 99
Was any of this milk raw (unpasteurized)?	EPIFoodCHxODMRaw	Raw (unpasteurized)?	DropDownList	Yes No Unknown	Y N U
Whole Milk	EPIFoodCHxODMW	Whole Milk	DropDownList	Drank Likely Drank Likely did NOT Drink Did NOT Drink Don't Know	1 2 3 4 99
Details	EPIFoodCHxODMWdtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxODMWPl	Place of purchase or consumption	FreeText		
2%	EPIFoodCHxODM2p	2%	DropDownList	Drank Likely Drank Likely did NOT Drink Did NOT Drink Don't Know	1 2 3 4 99

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Details	EPIFoodCHxODM2pDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxODM2pPl	Place of purchase or consumption	FreeText		
1%	EPIFoodCHxODM1p	1%	DropDownList	Drank Likely Drank Likely did NOT Drink Did NOT Drink Don't Know	1 2 3 4 99
Details	EPIFoodCHxODM1pDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxODM1pPl	Place of purchase or consumption	FreeText		
Skim	EPIFoodCHxODMSk	Skim	DropDownList	Drank Likely Drank Likely did NOT Drink Did NOT Drink Don't Know	1 2 3 4 99
Details	EPIFoodCHxODMSkDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxODMSkPl	Place of purchase or consumption	FreeText		
Other milk (e.g., chocolate, buttermilk)	EPIFoodCHxODMOth	Other milk (e.g., chocolate, buttermilk)	DropDownList	Drank Likely Drank Likely did NOT Drink Did NOT Drink Don't Know	1 2 3 4 99
Details	EPIFoodCHxODMOthDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxODMOthPl	Place of purchase or consumption	FreeText		
Non-dairy milk (e.g., soy, almond - specify)	EPIFoodCHxODNonD	Non-dairy milk (e.g., soy, almond - specify)	DropDownList	Drank Likely Drank Likely did NOT Drink Did NOT Drink Don't Know	1 2 3 4 99

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Details	EPIFoodCHxODNonDDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxODNonDPI	Place of purchase or consumption	FreeText		
Frozen Yogurt	EPIFoodCHxODFroYo	Frozen Yogurt	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxODFroYoDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxODFroYoPl	Place of purchase or consumption	FreeText		
Yogurt	EPIFoodCHxODYog	Yogurt	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxODYogDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxODYogPl	Place of purchase or consumption	FreeText		
Was any of this yogurt raw (unpasteurized)?	EPIFoodCHxODYogRaw	Raw (unpasteurized)?	DropDownList	Yes No Unknown	Y N U
If Yes, specify type	EPIFoodCHxODYogRawSpcfy	If Yes, specify type	FreeText		
Yogurt drinks	EPIFoodCHxODYD	Yogurt drinks	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxODYDDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxODYDPI	Place of purchase or consumption	FreeText		

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Butter (not margarine or other butter substitute)	EPIFoodCHxODBut	Butter (not margarine or other butter substitute)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxODButDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxODButPl	Place of purchase or consumption	FreeText		
Cream or half-and-half	EPIFoodCHxODCrm	Cream or half-and-half	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxODCrmDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxODCrmPl	Place of purchase or consumption	FreeText		
Ice cream bars, milkshakes, or frozen dairy dessert items	EPIFoodCHxODICBM	Ice cream bars, milkshakes, or frozen dairy dessert items	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxODICBMDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxODICBMPl	Place of purchase or consumption	FreeText		
Ice cream	EPIFoodCHxODIC	Ice cream	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxODICDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxODICPl	Place of purchase or consumption	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Was any of the ice cream soft serve?	EPIFoodCHxODICSoft	Was any of the ice cream soft serve?	DropDownList	Yes No Unknown	Y N U
Sour cream or crema	EPIFoodCHxODSC	Sour cream or crema	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxODSCDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxODSCPl	Place of purchase or consumption	FreeText		
FOOD CONSUMPTION HISTORY - SEAFOOD					
Precooked shrimp	EPIFoodCHxSFPShmp	Precooked shrimp	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxSFPShmpDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxSFPShmpPl	Place of purchase or consumption	FreeText		
Precooked shellfish (e.g., crab, mussels, clams - specify)	EPIFoodCHxSFPShlf	Precooked shellfish (e.g., crab, mussels, clams - specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxSFPShlfDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxSFPShlfPl	Place of purchase or consumption	FreeText		
Refrigerated smoked or cured fish that was not from a can (e.g., smoked salmon)	EPIFoodCHxSFSC	Refrigerated smoked or cured fish that was not from a can (e.g., smoked salmon)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Details	EPIFoodCHxSFSCDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxSFSCP1	Place of purchase or consumption	FreeText		
Any raw fish or seafood, including sushi	EPIFoodCHxSFRaw	Any raw fish or seafood, including sushi	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxSFRawDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxSFRawPl	Place of purchase or consumption	FreeText		
Frozen processed seafood (e.g., fish sticks or breaded fish)	EPIFoodCHxSFFrPr	Frozen processed seafood (e.g., fish sticks or breaded fish)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxSFFrPrDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxSFFrPrPl	Place of purchase or consumption	FreeText		
FOOD CONSUMPTION HISTORY - DIPS AND SPREADS					
Hummus	EPIFoodCHxDSHum	Hummus	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxDSHumDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDSHumPl	Place of purchase or consumption	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Refrigerated, fresh salsa or pico de gallo (not from a jar or can)	EPIFoodCHxDSRSlsa	Refrigerated, fresh salsa or pico de gallo (not from a jar or can)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxDSRSlsaDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDSRSlsaPl	Place of purchase or consumption	FreeText		
Guacamole	EPIFoodCHxDSGuac	Guacamole	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxDSGuacDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDSGuacPl	Place of purchase or consumption	FreeText		
Other dips or spreads (specify)	EPIFoodCHxDSOth	Other dips or spreads (specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxDSOthDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDSOthPl	Place of purchase or consumption	FreeText		
FOOD CONSUMPTION HISTORY - FRUIT					
Apples, including apple slices	EPIFoodCHxFapl	Apples, including apple slices	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this product: Fresh	EPIFoodCHxFaplFFD_FRSH	Was this product: Fresh	Check Box	Fresh	FRSH

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Was this product: Frozen	EPIFoodCHxFApIFFD_FRZN	Was this product: Frozen	Check Box	Frozen	FRZN
Was this product: Dried	EPIFoodCHxFApIFFD_DRID	Was this product: Dried	Check Box	Dried	DRID
Were items purchased pre-sliced?	EPIFoodCHxFApIPS	Were items purchased pre-sliced?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxFApIDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFApIPl	Place of purchase or consumption	FreeText		
Caramel Apples	EPIFoodCHxFCApl	Caramel Apples	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxFCAplDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFCAplIPl	Place of purchase or consumption	FreeText		
Grapes	EPIFoodCHxFGrp	Grapes	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxFGrpDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFGrpIPl	Place of purchase or consumption	FreeText		
Raisins	EPIFoodCHxFRai	Raisins	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxFRaiDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Place of purchase or consumption	EPIFoodCHxFRaiPl	Place of purchase or consumption	FreeText		
Pears	EPIFoodCHxFPrs	Pears	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this product: Fresh	EPIFoodCHxFPrsFFD_FRSH	Was this product: Fresh	Check Box	Fresh	FRSH
Was this product: Frozen	EPIFoodCHxFPrsFFD_FRZN	Was this product: Frozen	Check Box	Frozen	FRZN
Was this product: Dried	EPIFoodCHxFPrsFFD_DRID	Was this product: Dried	Check Box	Dried	DRID
Were items purchased pre-sliced?	EPIFoodCHxFPrsPS	Were items purchased pre-sliced?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxFPrsDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFPrsPl	Place of purchase or consumption	FreeText		
Peaches	EPIFoodCHxFPch	Peaches	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this product: Fresh	EPIFoodCHxFPchFFD_FRSH	Was this product: Fresh	Check Box	Fresh	FRSH
Was this product: Frozen	EPIFoodCHxFPchFFD_FRZN	Was this product: Frozen	Check Box	Frozen	FRZN
Was this product: Dried	EPIFoodCHxFPchFFD_DRID	Was this product: Dried	Check Box	Dried	DRID
Details	EPIFoodCHxFPchDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFPchPl	Place of purchase or consumption	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Nectarines	EPIFoodCHxFNct	Nectarines	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this product: Fresh	EPIFoodCHxFNctFFD_FRSH	Was this product: Fresh	Check Box	Fresh	FRSH
Was this product: Frozen	EPIFoodCHxFNctFFD_FRZN	Was this product: Frozen	Check Box	Frozen	FRZN
Was this product: Dried	EPIFoodCHxFNctFFD_DRID	Was this product: Dried	Check Box	Dried	DRID
Details	EPIFoodCHxFNctDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFNctPl	Place of purchase or consumption	FreeText		
Apricots	EPIFoodCHxFApr	Apricots	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this product: Fresh	EPIFoodCHxFAprFFD_FRSH	Was this product: Fresh	Check Box	Fresh	FRSH
Was this product: Frozen	EPIFoodCHxFAprFFD_FRZN	Was this product: Frozen	Check Box	Frozen	FRZN
Was this product: Dried	EPIFoodCHxFAprFFD_DRID	Was this product: Dried	Check Box	Dried	DRID
Details	EPIFoodCHxFAprDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFAprPl	Place of purchase or consumption	FreeText		
Plums	EPIFoodCHxFPIm	Plums	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this product: Fresh	EPIFoodCHxFPImFFD_FRSH	Was this product: Fresh	Check Box	Fresh	FRSH

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Was this product: Frozen	EPIFoodCHxFPlmFFD_FRZN	Was this product: Frozen	Check Box	Frozen	FRZN
Was this product: Dried	EPIFoodCHxFPlmFFD_DRID	Was this product: Dried	Check Box	Dried	DRID
Details	EPIFoodCHxFPlmDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFPlmPl	Place of purchase or consumption	FreeText		
Strawberries	EPIFoodCHxFStr	Strawberries	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this product: Fresh	EPIFoodCHxFStrFFD_FRSW	Was this product: Fresh	Check Box	Fresh	FRSH
Was this product: Frozen	EPIFoodCHxFStrFFD_FRZN	Was this product: Frozen	Check Box	Frozen	FRZN
Was this product: Dried	EPIFoodCHxFStrFFD_DRID	Was this product: Dried	Check Box	Dried	DRID
Details	EPIFoodCHxFStrDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFStrPl	Place of purchase or consumption	FreeText		
Raspberries	EPIFoodCHxFRsp	Raspberries	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this product: Fresh	EPIFoodCHxFRspFFD_FRSW	Was this product: Fresh	Check Box	Fresh	FRSH
Was this product: Frozen	EPIFoodCHxFRspFFD_FRZN	Was this product: Frozen	Check Box	Frozen	FRZN
Was this product: Dried	EPIFoodCHxFRspFFD_DRID	Was this product: Dried	Check Box	Dried	DRID
Details	EPIFoodCHxFRspDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Place of purchase or consumption	EPIFoodCHxFRspPl	Place of purchase or consumption	FreeText		
Blueberries	EPIFoodCHxFBlu	Blueberries	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this product: Fresh	EPIFoodCHxFBluFFD_FRSH	Was this product: Fresh	Check Box	Fresh	FRSH
Was this product: Frozen	EPIFoodCHxFBluFFD_FRZN	Was this product: Frozen	Check Box	Frozen	FRZN
Was this product: Dried	EPIFoodCHxFBluFFD_DRID	Was this product: Dried	Check Box	Dried	DRID
Details	EPIFoodCHxFBluDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFBluPl	Place of purchase or consumption	FreeText		
Blackberries	EPIFoodCHxFBlk	Blackberries	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this product: Fresh	EPIFoodCHxFBlkFFD_FRSH	Was this product: Fresh	Check Box	Fresh	FRSH
Was this product: Frozen	EPIFoodCHxFBlkFFD_FRZN	Was this product: Frozen	Check Box	Frozen	FRZN
Was this product: Dried	EPIFoodCHxFBlkFFD_DRID	Was this product: Dried	Check Box	Dried	DRID
Details	EPIFoodCHxFBlkDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFBlkPl	Place of purchase or consumption	FreeText		
Cherries	EPIFoodCHxFChr	Cherries	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Was this product: Fresh	EPIFoodCHxFChrFFD_FRSH	Was this product: Fresh	Check Box	Fresh	FRSH
Was this product: Frozen	EPIFoodCHxFChrFFD_FRZN	Was this product: Frozen	Check Box	Frozen	FRZN
Was this product: Dried	EPIFoodCHxFChrFFD_DRID	Was this product: Dried	Check Box	Dried	DRID
Details	EPIFoodCHxFChrDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFChrPl	Place of purchase or consumption	FreeText		
Honeydew melon	EPIFoodCHxFHDew	Honeydew melon	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Were items purchased pre-sliced?	EPIFoodCHxFHDewPS	Were items purchased pre-sliced?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxFHDewDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFHDewPl	Place of purchase or consumption	FreeText		
Cantaloupe	EPIFoodCHxFCtlp	Cantaloupe	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Were items purchased pre-sliced?	EPIFoodCHxFCtlpPS	Were items purchased pre-sliced?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxFCtlpDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFCtlpPl	Place of purchase or consumption	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Watermelon	EPIFoodCHxFWtr	Watermelon	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Were items purchased pre-sliced?	EPIFoodCHxFWtrPS	Were items purchased pre-sliced?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxFWtrDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFWtrPl	Place of purchase or consumption	FreeText		
Pineapple	EPIFoodCHxFPine	Pineapple	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Were items purchased pre-sliced?	EPIFoodCHxFPinePS	Were items purchased pre-sliced?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxFPineDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFPinePl	Place of purchase or consumption	FreeText		
Mango	EPIFoodCHxFMng	Mango	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this product: Fresh	EPIFoodCHxFMngFFD_FRSH	Was this product: Fresh	Check Box	Fresh	FRSH
Was this product: Frozen	EPIFoodCHxFMngFFD_FRZN	Was this product: Frozen	Check Box	Frozen	FRZN
Was this product: Dried	EPIFoodCHxFMngFFD_DRID	Was this product: Dried	Check Box	Dried	DRID
Were items purchased pre-sliced?	EPIFoodCHxFMngPS	Were items purchased pre-sliced?	DropDownList	Yes No Unknown	Y N U

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Details	EPIFoodCHxFMngDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFMngPl	Place of purchase or consumption	FreeText		
Papaya	EPIFoodCHxFPpy	Papaya	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this product: Fresh	EPIFoodCHxFPpyFFD_FRSH	Was this product: Fresh	Check Box	Fresh	FRSH
Was this product: Frozen	EPIFoodCHxFPpyFFD_FRZN	Was this product: Frozen	Check Box	Frozen	FRZN
Was this product: Dried	EPIFoodCHxFPpyFFD_DRID	Was this product: Dried	Check Box	Dried	DRID
Details	EPIFoodCHxFPpyDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFPpyPl	Place of purchase or consumption	FreeText		
Avocado (including homemade guacamole)	EPIFoodCHxFavo	Avocado (including homemade guacamole)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this product: Fresh	EPIFoodCHxFavoFFD_FRSH	Was this product: Fresh	Check Box	Fresh	FRSH
Was this product: Frozen	EPIFoodCHxFavoFFD_FRZN	Was this product: Frozen	Check Box	Frozen	FRZN
Was this product: Dried	EPIFoodCHxFavoFFD_DRID	Was this product: Dried	Check Box	Dried	DRID
Details	EPIFoodCHxFavoDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFavoPl	Place of purchase or consumption	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Fruit salad (including pre-cut cubes of a single fruit)	EPIFoodCHxFFSld	Fruit salad (including pre-cut cubes of a single fruit)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxFFSldDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFFSldPl	Place of purchase or consumption	FreeText		
Other fruit (specify)	EPIFoodCHxFOthF	Other fruit (specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this product: Fresh	EPIFoodCHxFOthFFF_D_FRSN	Was this product: Fresh	Check Box	Fresh	FRSH
Was this product: Frozen	EPIFoodCHxFOthFFF_D_FRZN	Was this product: Frozen	Check Box	Frozen	FRZN
Was this product: Dried	EPIFoodCHxFOthFFF_D_DRID	Was this product: Dried	Check Box	Dried	DRID
Details	EPIFoodCHxFOthFDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFOthFPl	Place of purchase or consumption	FreeText		
Fruit Sorbet	EPIFoodCHxFSor	Fruit Sorbet	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxFSorDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxFSorPl	Place of purchase or consumption	FreeText		
FOOD CONSUMPTION HISTORY - DELI MEATS					

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Ham	EPIFoodCHxDMH	Ham	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item sliced at a deli counter?	EPIFoodCHxDMHDC	Was this item sliced at a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDMHDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDMHPl	Place of purchase or consumption	FreeText		
Bologna	EPIFoodCHxDMBo	Bologna	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item sliced at a deli counter?	EPIFoodCHxDMBoDC	Was this item sliced at a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDMBoDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDMBoPl	Place of purchase or consumption	FreeText		
Turkey breast	EPIFoodCHxDMTB	Turkey breast	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item sliced at a deli counter?	EPIFoodCHxDMTBDC	Was this item sliced at a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDMTB Dtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDMTBPl	Place of purchase or consumption	FreeText		

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Chicken deli meat (NOT fresh or rotisserie chicken)	EPIFoodCHxDMCh	Chicken deli meat (NOT fresh or rotisserie chicken)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item sliced at a deli counter?	EPIFoodCHxDMChDC	Was this item sliced at a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDMChDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDMChPl	Place of purchase or consumption	FreeText		
Roast beef	EPIFoodCHxDMRB	Roast beef	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item sliced at a deli counter?	EPIFoodCHxDMRBDC	Was this item sliced at a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDMRBDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDMRBPI	Place of purchase or consumption	FreeText		
Pastrami or corned beef	EPIFoodCHxDMPCB	Pastrami or corned beef	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item sliced at a deli counter?	EPIFoodCHxDMPCBDC	Was this item sliced at a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDMPCBDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDMPCBPI	Place of purchase or consumption	FreeText		

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Liverwurst or braunschweiger	EPIFoodCHxDMLB	Liverwurst or braunschweiger	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item sliced at a deli counter?	EPIFoodCHxDMLBDC	Was this item sliced at a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDMLBDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDMLBPI	Place of purchase or consumption	FreeText		
Paté or meat spread that was not canned	EPIFoodCHxDMPate	Paté or meat spread that was not canned	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item sliced at a deli counter?	EPIFoodCHxDMPateDC	Was this item sliced at a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDMPateDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDMPatePI	Place of purchase or consumption	FreeText		
Head cheese	EPIFoodCHxDMHC	Head cheese	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item sliced at a deli counter?	EPIFoodCHxDMHCDC	Was this item sliced at a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDMHCDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDMHCPI	Place of purchase or consumption	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Pepperoni	EPIFoodCHxDMPep	Pepperoni	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item sliced at a deli counter?	EPIFoodCHxDMPepDC	Was this item sliced at a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDMPepDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDMPepPl	Place of purchase or consumption	FreeText		
Any other Italian-style meats, such as salami or proscuitto	EPIFoodCHxDMSal	Any other Italian-style meats, such as salami or proscuitto	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item sliced at a deli counter?	EPIFoodCHxDMSalDC	Was this item sliced at a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDMSalDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDMSalPl	Place of purchase or consumption	FreeText		
Other deli/luncheon meat (specify)	EPIFoodCHxDMOth	Other deli/luncheon meat (specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item sliced at a deli counter?	EPIFoodCHxDMOthDC	Was this item sliced at a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDMOthDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDMOthPl	Place of purchase or consumption	FreeText		

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Anything from a deli area where meat is sliced	EPIFoodCHxDMSli	Anything from a deli area where meat is sliced	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item sliced at a deli counter?	EPIFoodCHxDMSliDC	Was this item sliced at a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDMSliDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDMSliPl	Place of purchase or consumption	FreeText		
FOOD CONSUMPTION HISTORY - OTHER MEAT / POULTRY					
Precooked sausage	EPIFoodCHxOMPPS	Precooked sausage	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxOMPPSDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOMPPSPI	Place of purchase or consumption	FreeText		
Precooked chicken (whole or parts, including rotisserie)	EPIFoodCHxOMPPC	Precooked chicken (whole or parts, including rotisserie)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxOMPPCDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOMPPCP1	Place of purchase or consumption	FreeText		
Other precooked meat (specify)	EPIFoodCHxOMPOPM	Other precooked meat (specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Details	EPIFoodCHxOMPOPMDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOMPOPMP1	Place of purchase or consumption	FreeText		
Cured or dried meat (e.g., jerky)	EPIFoodCHxOMPCure	Cured or dried meat (e.g., jerky)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxOMPCureDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOMPCurePl	Place of purchase or consumption	FreeText		
Hot dogs	EPIFoodCHxOMPHD	Hot dogs	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Were the hot dogs:	EPIFoodCHxOMPHDStatus	Heated?	DropDownList	Heated before being eaten	HOT
				Not Heated	NOT
				Unknown	UNK
Details	EPIFoodCHxOMPHDDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOMPHDPI	Place of purchase or consumption	FreeText		
Frozen processed poultry (e.g., chicken nuggets or turkey pot pie - specify)	EPIFoodCHxOMPFP	Frozen processed poultry (e.g., chicken nuggets or turkey pot pie - specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxOMPFPDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOMPFPPI	Place of purchase or consumption	FreeText		

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Ground chicken or turkey (specify)	EPIFoodCHxOMPGCT	Ground chicken or turkey (specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxOMPGCTDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOMPGCTPl	Place of purchase or consumption	FreeText		
FOOD CONSUMPTION HISTORY - VEGETABLES AND OTHER PRODUCE					
Sprouts (including in a sandwich, salad, soup, sushi, or other food)	EPIFoodCHxVOPSpr	Sprouts (including in a sandwich, salad, soup, sushi, or other food)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPSprDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPSprPl	Place of purchase or consumption	FreeText		
Alfalfa	EPIFoodCHxVOPSprAlf	Alfalfa	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPSprAlfDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPSprAlfPl	Place of purchase or consumption	FreeText		
Bean (e.g., mung, soybean)	EPIFoodCHxVOPSprBn	Bean (e.g., mung, soybean)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPSprBnDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Place of purchase or consumption	EPIFoodCHxVOPSprBnPl	Place of purchase or consumption	FreeText		
Clover	EPIFoodCHxVOPSprClv	Clover	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPSprClvDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPSprClvPl	Place of purchase or consumption	FreeText		
Radish	EPIFoodCHxVOPSprRad	Radish	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPSprRadDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPSprRadPl	Place of purchase or consumption	FreeText		
Broccoli	EPIFoodCHxVOPSprBrc	Broccoli	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPSprBrcDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPSprBrcPl	Place of purchase or consumption	FreeText		
Mixed	EPIFoodCHxVOPSprMxd	Mixed	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPSprMxdDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Place of purchase or consumption	EPIFoodCHxVOPSprMxdPl	Place of purchase or consumption	FreeText		
Other Sprouts (specify)	EPIFoodCHxVOPSprOth	Mixed	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPSprOthDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPSprOthPl	Place of purchase or consumption	FreeText		
Cucumbers	EPIFoodCHxVOPCuc	Cucumbers	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPCucDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPCucPl	Place of purchase or consumption	FreeText		
Pea pods/snap peas/snow peas	EPIFoodCHxVOPPP	Pea pods/snap peas/snow peas	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPPPDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPPPI	Place of purchase or consumption	FreeText		
Sweet peppers (green, red, orange, or yellow bell peppers)	EPIFoodCHxVOPSP	Sweet peppers (green, red, orange, or yellow bell peppers)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPSPDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Place of purchase or consumption	EPIFoodCHxVOPSPPI	Place of purchase or consumption	FreeText		
Hot chili peppers such as jalapenos or serranos	EPIFoodCHxVOPCP	Hot chili peppers such as jalapenos or serranos	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPCPDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPCPPI	Place of purchase or consumption	FreeText		
Green onions or scallions	EPIFoodCHxVOPGO	Green onions or scallions	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPGODtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPGODtl	Place of purchase or consumption	FreeText		
Celery	EPIFoodCHxVOPCel	Celery	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPCelDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPCelPI	Place of purchase or consumption	FreeText		
Mini-carrots	EPIFoodCHxVOPMC	Mini-carrots	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPMCDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Place of purchase or consumption	EPIFoodCHxVOPMCPI	Place of purchase or consumption	FreeText		
Fresh mushrooms	EPIFoodCHxVOPFM	Fresh mushrooms	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPFMDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPFMPI	Place of purchase or consumption	FreeText		
Pre-cut raw vegetables or vegetable mixes (e.g., celery, onions - specify)	EPIFoodCHxVOPCut	Pre-cut raw vegetables or vegetable mixes (e.g., celery, onions - specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPCutDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPCutPl	Place of purchase or consumption	FreeText		
Fresh basil	EPIFoodCHxVOPFB	Fresh basil	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPFBdtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPFBPl	Place of purchase or consumption	FreeText		
Fresh cilantro	EPIFoodCHxVOPFC	Fresh cilantro	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPFCdtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Place of purchase or consumption	EPIFoodCHxVOPFCPl	Place of purchase or consumption	FreeText		
Fresh parsley	EPIFoodCHxVOPFP	Fresh parsley	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPFPDt1	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPFPPl	Place of purchase or consumption	FreeText		
Other fresh herbs (sage, thyme, dill, etc. - specify)	EPIFoodCHxVOPOthH	Other fresh herbs (sage, thyme, dill, etc. - specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPOthHDt1	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPOthHPl	Place of purchase or consumption	FreeText		
Fresh tomatoes	EPIFoodCHxVOPFT	Fresh tomatoes	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Red round	EPIFoodCHxVOPFTRR	Red round	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPFTRRDt1	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPFTRRP1	Place of purchase or consumption	FreeText		

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Roma	EPIFoodCHxVOPFTRm	Roma	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPFTRmDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPFTRmPl	Place of purchase or consumption	FreeText		
Cherry/grape	EPIFoodCHxVOPFTCh	Cherry/grape	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPFTChDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPFTChPl	Place of purchase or consumption	FreeText		
Vine-ripe/sold on vine	EPIFoodCHxVOPFTVR	Vine-ripe/sold on vine	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPFTVRDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPFTVRPl	Place of purchase or consumption	FreeText		
Other (specify)	EPIFoodCHxVOPFTOth	Other (specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPFTOthDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPFTOthPl	Place of purchase or consumption	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Any lettuce	EPIFoodCHxVOPLtc	Any lettuce	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was any of this lettuce prepackaged?	EPIFoodCHxVOPLtcPreP	Was any of this lettuce prepackaged?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxVOPLtcDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPLtcPl	Place of purchase or consumption	FreeText		
Iceberg	EPIFoodCHxVOPLtcI	Iceberg	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPLtcIDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPLtcIPI	Place of purchase or consumption	FreeText		
Romaine	EPIFoodCHxVOPLtcRm	Romaine	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPLtcRmDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPLtcRmPl	Place of purchase or consumption	FreeText		
Mesclun ('spring mix')	EPIFoodCHxVOPLtcM	Mesclun ('spring mix')	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Details	EPIFoodCHxVOPLtcMDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPLtcMPI	Place of purchase or consumption	FreeText		
Radish	EPIFoodCHxVOPLtcRd	Radish	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPLtcRdDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPLtcRdPl	Place of purchase or consumption	FreeText		
Any other leaf lettuce (specify)	EPIFoodCHxVOPLtcOth	Any other leaf lettuce (specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPLtcOthDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPLtcOthPl	Place of purchase or consumption	FreeText		
Other prepackaged leafy green (e.g., kale, spinach - specify)	EPIFoodCHxVOPPreLG	Other prepackaged leafy green (e.g., kale, spinach - specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPPreLGDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPPreLGPl	Place of purchase or consumption	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Premade green salad that includes other ingredients besides greens (e.g., cobb, Caesar salads)	EPIFoodCHxVOPPreWOth	Premade green salad that includes other ingredients besides greens (e.g., cobb, Caesar salads)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPPreWOthDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPPreWOthPl	Place of purchase or consumption	FreeText		
Other produce (specify)	EPIFoodCHxVOPOthP	Other produce (specify)	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxVOPOthPDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxVOPOthPPl	Place of purchase or consumption	FreeText		
FOOD CONSUMPTION HISTORY - DELI SALAD					
Potato salad	EPIFoodCHxDSaPot	Potato salad	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item purchased from a deli counter?	EPIFoodCHxDSaPotDeli	Was this item purchased from a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDSaPotDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDSaPotPl	Place of purchase or consumption	FreeText		

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Pasta salad	EPIFoodCHxDaPas	Pasta salad	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item purchased from a deli counter?	EPIFoodCHxDaPasDeli	Was this item purchased from a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDaPasDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDaPasPl	Place of purchase or consumption	FreeText		
Egg salad	EPIFoodCHxDaEgg	Egg salad	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item purchased from a deli counter?	EPIFoodCHxDaEggDeli	Was this item purchased from a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDaEggDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDaEggPl	Place of purchase or consumption	FreeText		
Tuna salad	EPIFoodCHxDaTun	Tuna salad	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item purchased from a deli counter?	EPIFoodCHxDaTunDeli	Was this item purchased from a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDaTunDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDaTunDtl	Place of purchase or consumption	FreeText		

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Chicken salad	EPIFoodCHxDaChk	Chicken salad	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item purchased from a deli counter?	EPIFoodCHxDaChkDeli	Was this item purchased from a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDaChkDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDaChkPl	Place of purchase or consumption	FreeText		
Bean salad	EPIFoodCHxDaBea	Bean salad	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item purchased from a deli counter?	EPIFoodCHxDaBeaDeli	Was this item purchased from a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDaBeaDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDaBeaPl	Place of purchase or consumption	FreeText		
Seafood salad	EPIFoodCHxDaSea	Seafood salad	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item purchased from a deli counter?	EPIFoodCHxDaSeaDeli	Was this item purchased from a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDaSeaDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDaSeaPl	Place of purchase or consumption	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Cole slaw	EPIFoodCHxDaCol	Cole slaw	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item purchased from a deli counter?	EPIFoodCHxDaColDeli	Was this item purchased from a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDaColDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDaColPl	Place of purchase or consumption	FreeText		
Other ready-to-eat meat or vegetable salad not made at home	EPIFoodCHxDaOthRTE	Other ready-to-eat meat or vegetable salad not made at home	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Was this item purchased from a deli counter?	EPIFoodCHxDaOthRTEDeli	Was this item purchased from a deli counter?	DropDownList	Yes No Unknown	Y N U
Details	EPIFoodCHxDaOthRTEDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDaOthRTEPI	Place of purchase or consumption	FreeText		
Anything from a salad bar	EPIFoodCHxDaBar	Anything from a salad bar	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxDaBarDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxDaBarPl	Place of purchase or consumption	FreeText		
FOOD CONSUMPTION HISTORY - OTHER FOODS					

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Freshly-made smoothie with fresh or frozen fruit or produce	EPIFoodCHxOFSmooth	Freshly-made smoothie with fresh or frozen fruit or produce	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxOFSmoothDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOFSmoothPl	Place of purchase or consumption	FreeText		
Tahini	EPIFoodCHxOFTah	Tahini	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxOFTahDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOFTahPl	Place of purchase or consumption	FreeText		
Tofu, tempeh or seitan	EPIFoodCHxOFTofu	Tofu, tempeh or seitan	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxOFTofuDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOFTofuPl	Place of purchase or consumption	FreeText		
Rice noodles	EPIFoodCHxOFRNdl	Rice noodles	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxOFRNdlDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOFRNdlPl	Place of purchase or consumption	FreeText		

***NEW* EPIDEMIOLOGIC INFO - LISTERIOSIS**

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Sandwiches from a refrigerated case or vending machine	EPIFoodCHxOFSRefr	Sandwiches from a refrigerated case or vending machine	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxOFSRefrDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOFSRefrPl	Place of purchase or consumption	FreeText		
Peanut butter or other nut butters or nut cheeses	EPIFoodCHxOFNutBut	Peanut butter or other nut butters or nut cheeses	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxOFNutButDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOFNutButPl	Place of purchase or consumption	FreeText		
Nuts, including peanuts, almonds, cashews	EPIFoodCHxOFNuts	Nuts, including peanuts, almonds, cashews	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxOFNutsDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOFNutsPl	Place of purchase or consumption	FreeText		
Food brought here from another country	EPIFoodCHxOFSeeds	Food brought here from another country	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxOFSeedsDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOFSeedsPl	Place of purchase or consumption	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Food brought here from another country	EPIFoodCHxOFOoCntry	Food brought here from another country	DropDownList	Ate Likely Ate Likely did NOT eat Did NOT Eat Don't know	1 2 3 4 99
Details	EPIFoodCHxOFOoCntryDtl	Details (e.g., type, variety, brand, packaging, shape/size, how prepared)	FreeText		
Place of purchase or consumption	EPIFoodCHxOFOoCntryPl	Place of purchase or consumption	FreeText		
Any seasonal foods or special foods	EPIFoodCHxOFSeasFdSpcfy	Any seasonal foods or special foods	FreeText		
Other food exposure of interest	EPIFoodCHxOFOthFExpSpcfy	Other food exposure of interest	FreeText		
ANIMAL CONTACT					
Spent time at a petting zoo, farm, or other venue with livestock, such as cattle, sheep, goats, etc.	EPIACZoo	Spent time at a petting zoo, farm, or other venue with livestock, such as cattle, sheep, goats, etc.	DropDownList	Spent Time Likely Spent Time Likely did NOT Spend Time Did NOT Spend Time Don't Know	1 2 3 4 99
Type of animal or pet food	EPIACZooDtl	Type of animal or pet food			
Place of contact or purchase	EPIACZooPl	Place of contact or purchase			
Fed a cat or dog raw pet food (i.e., pet food marked as raw)	EPIACRawPet	Fed a cat or dog raw pet food (i.e., pet food marked as raw)		Fed Likely Fed Likely did NOT Feed Did NOT Feed Don't Know	1 2 3 4 99
Type of animal or pet food	EPIACRawPetDtl	Type of animal or pet food			
Place of contact or purchase	EPIACRawPetPl	Place of contact or purchase	FreeText		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Fed a cat or dog refrigerated, frozen or freeze-dried pet treats	EPIACRefrPet	Fed a cat or dog refrigerated, frozen or freeze-dried pet treats	DropDownList	Fed Likely Fed Likely did NOT Feed Did NOT Feed Don't Know	1 2 3 4 99
Type of animal or pet food	EPIACRefrPetDtl	Type of animal or pet food	FreeText		
Place of contact or purchase	EPIACRefrPetPl	Place of contact or purchase	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 (instruction field)	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					
Travel type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Travel type	Radio Button	Domestic International Unknown	DOM INTR UNK
State	TrvHxDtlState_1 TrvHxDtlState_2 TrvHxDtlState_3	State	DropDownList	Appendix S	
Country	TrvHxDtlCountry_1 TrvHxDtlCountry_2 TrvHxDtlCountry_3	Country	DropDownList	Appendix H	
Location	TRVHXDTLLOCATION_1 TRVHXDTLLOCATION_2 TRVHXDTLLOCATION_3	Location details (city, resort, etc.)	FreeText		
Date travel started	TRVHXDTLSTARTDT_1 TRVHXDTLSTARTDT_2 TRVHXDTLSTARTDT_3	Date travel started	Date (MM/DD/YYYY)		
Date traveled ended	TRVHXDTLENDDT_1 TRVHXDTLENDDT_2 TRVHXDTLENDDT_3	Date travel ended	Date (MM/DD/YYYY)		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
Date travel started	TRVHXDTLPatFlyDepDt_1 TRVHXDTLPatFlyDepDt_2 TRVHXDTLPatFlyDepDt_3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLPatFlyArrDt_1 TRVHXDTLPatFlyArrDt_2 TRVHXDTLPatFlyArrDt_3	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					

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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	LISTEPICRDCCType	Was the condition Neonatal or Non-Neonatal?	DropDownList	Neonatal Non-Neonatal	NEO NON
Nosocomial or Community Acquired	LISTEPICRDCCAquisition	Was the condition Nosocomial or Community Acquired?	DropDownList	Nosocomial Community Acquired	NOSO COMM
Specify	LISTEPICRDCCTypeSpfy	Specify if the condition was foodborne	CheckBoxList	Unchecked (blank) Checked	FB
OUTBREAK					
Part of outbreak	OBPARTOF	Is this case part of a known Listeriosis 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 jurisdiction	ONEJUR
				Multiple jurisdictions	MULJUR
				Multistate	MULSTAT
				International	INTR
				Unknown	UNK
				Other	OTH
If Other, specify	OBEXTENTOFSPFY	Specify other extent of outbreak	FreeText		
Mode of transmission	OBTRANSMOD_SRC OBTRANSMOD_P2P OBTRANSMOD_UNK OBTRANSMOD_OTH	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		

NEW EPIDEMIOLOGIC INFO - LISTERIOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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?	CLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with Lyme disease?	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXONSETDT	Onset date of symptoms of Lyme disease	System Defined Field Link		
Medical care date	CLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Duration of acute symptoms (days)	CLICRSIGNSXSXDUR	What was the duration of acute symptoms in terms of days?	FreeText		
Erythema migrans (EM)	CLICRSIGNSXEM	Does the patient have Erythema migrans (EM)?	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXEMONSETDT	Onset date of Erythema migrans	Date (MM/DD/YYYY)		
Location on body	CLICRSIGNSXEMANATMICLOC	Location of Erythema migrans on body	FreeText		
EM size at examination, diameter (cm)	CLICRSIGNSXEMSIZE	Erythema migrans size at examination, specify diameter in cm	FreeText		
EM >= 5 cm	CLICRSIGNSXEMSizeGT5	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	CLICRSIGNSXJNTSWL	Does the patient experience brief recurrent attacks of swelling in one or a few joints	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXJNTSWLONSETDT	Onset date of swelling	Date (MM/DD/YYYY)		
Joints affected	CLICRSIGNSXJNTSWLLIST	What joints affected swelled?	FreeText		
Chronic progressive arthritis	CLICRSIGNSXCPA	Does the patient experience chronic progressive arthritis preceded by brief attacks?	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
If Yes, specify onset date	CLICRSIGNSXCPAONSETDT	If Yes, specify onset date	Date (MM/DD/YYYY)		
Facial(VII)palsy	CLICRSIGNSXVII	Does the patient have facial(VII) palsy or other cranial neuropathy?	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	CLICRSIGNSXVIIIONSETDT	If Yes, specify onset date	Date (MM/DD/YYYY)		
Radiculoneuropathy	CLICRSIGNSXRADI	Lyme disease signs and symptoms: Radiculoneuropathy	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	CLICRSIGNSXRADIONSETDT	If Yes, specify onset date	Date (MM/DD/YYYY)		
Paresthesias, dysesthesias	CLICRSIGNSXPARDYS	Lyme disease signs and symptoms: Paresthesias, dysesthesias	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	CLICRSIGNSXPARDYSONSETDT	If Yes, specify onset date	Date (MM/DD/YYYY)		
Lymphocytic meningitis	CLICRSIGNSXLYMPHMEMEN	Lyme disease signs and symptoms: Lymphocytic meningitis	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	CLICRSIGNSXLYMPHMEMONSETDT	If Yes, specify onset date	Date (MM/DD/YYYY)		
Encephalomyelitis	CLICRSIGNSXENCPHALM	Lyme disease signs and symptoms: Encephalomyelitis	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	CLICRSIGNSXENCPHALMONSETDT	If Yes, specify onset date	Date (MM/DD/YYYY)		
Atrioventricular block	CLICRSIGNSXATRVNBBLK	Does the patient have a second or third degree Atrioventricular block?	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	CLICRSIGNSXATRVNBBLKONSETDT	If Yes, specify onset date	Date (MM/DD/YYYY)		
Myocarditis	CLICRSignSxMyo	Lyme disease signs and symptoms: Myocarditis	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	CLICRSignSxMyoOnsetDt	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
Other	CLICRSIGNSXOTH	Does the patient have any Other signs or symptoms of Lyme disease	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	CLICRSIGNSXOTHONSETDT	Specify onset date of other sign or symptom of Lyme disease	Date (MM/DD/YYYY)		
Specify	CLICRSIGNSXSPFY	Specify other sign or symptom	Text Box		
PAST MEDICAL HISTORY					
Prior Lyme disease diagnosis	CLICRPASMEDHXPRIORDX1 CLICRPASMEDHXPRIORDX2 CLICRPASMEDHXPRIORDX3	Does the patient have a prior Lyme disease diagnosis?	DropDownList	Yes No Unknown	Y N U
If Yes, specify diagnosis date	CLICRPASMEDHXPRIORDXDT1 CLICRPASMEDHXPRIORDXDT2 CLICRPASMEDHXPRIORDXDT3	If Yes, specify prior diagnosis date	Date (MM/DD/YYYY)		
PAST MEDICAL HISTORY – OTHER					
Specify	CLICRPASMEDHXOTHSPFY	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		
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 – LYME DISEASE					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
City	HOSPDTL CITY1 HOSPDTL CITY2 HOSPDTL CITY3	City where hospital located	FreeText		
State	HOSPDTL STATE1 HOSPDTL STATE2 HOSPDTL STATE3	State	FreeText		
Zip code	HOSPDTL ZIPCODE1 HOSPDTL ZIPCODE2 HOSPDTL ZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTL PHONE1 HOSPDTL PHONE2 HOSPDTL PHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTL ADMITDT1 HOSPDTL ADMITDT2 HOSPDTL ADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTL DISCHDT1 HOSPDTL DISCHDT2 HOSPDTL DISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Record Number	HOSPDTL MRN1 HOSPDTL MRN2 HOSPDTL MRN3	Medical record number for patient	FreeText		
Discharge Diagnosis	HOSPDTL DISCHDX1 HOSPDTL DISCHDX2 HOSPDTL DISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGT TREATMENT	Did the patient receive treatment for this disease?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT – DETAILS					
Treatment type	CLICRTXMGTDTLXTYPE1 CLICRTXMGTDTLXTYPE2 CLICRTXMGTDTLXTYPE3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
If Antibiotic, specify route	CLICRTXMGTDTLABXROUTE1 CLICRTXMGTDTLABXROUTE2 CLICRTXMGTDTLABXROUTE3	If antibiotic, specify route of administration	DropDownList	Intravenous Oral	INTRAVENOUS ORAL

CLINICAL INFO – LYME DISEASE					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Treatment name	CLICRTXMGTDTLTXNAME1 CLICRTXMGTDTLTXNAME2 CLICRTXMGTDTLTXNAME3	What was the specific name of the treatment?	FreeText		
Date started	CLICRTXMGTDTLXSTARTDT1 CLICRTXMGTDTLXSTARTDT2 CLICRTXMGTDTLXSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CLICRTXMGTDTLXENDDT1 CLICRTXMGTDTLXENDDT2 CLICRTXMGTDTLXENDDT3	Date treatment ended	Date (MM/DD/YYYY)		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	Outcome?	DropDownList	Survived Died Unknown	S D U
Survived	OUTCOMESURVIVEDT	Survived as of	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	Date of death	FreeText		

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	LABCRLABRSLSUMSPECTYPE1 LABCRLABRSLSUMSPECTYPE2 LABCRLABRSLSUMSPECTYPE3	What type of specimen was submitted for laboratory testing?	FreeText		
Collection date	LABCRLABRSLSUMCOLLECTDT1 LABCRLABRSLSUMCOLLECTDT2 LABCRLABRSLSUMCOLLECTDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Type of test	LABCRLABRSLSUMTSTTYPE1 LABCRLABRSLSUMTSTTYPE2 LABCRLABRSLSUMTSTTYPE3	Type of laboratory test performed	DropDownList	EIA or IFA First tier, (standard two-tier or modified two tier test) EIA Second Tier, (modified two-tier test) Western immunoblot, (WB or IB) B. burgdorferi, B. mayonii specific NAAT assay IHC on biopsy Other	EIFA EIST WESTIMBLT BBNA IHCB OTH
If Other, specify test	LABCRLABRSLSUMTESTTYPESPFY1 LABCRLABRSLSUMTESTTYPESPFY2 LABCRLABRSLSUMTESTTYPESPFY3	If other, specify other type of laboratory test	FreeText		
Specify antibody	LABCRLABRSLSUMANTIBODY1 LABCRLABRSLSUMANTIBODY2 LABCRLABRSLSUMANTIBODY3	Specify the antibody tested	DropDownList	IgM IgG Total Unspecified Other	IGM IGG TOTAL UNSPFY OTH
If Other, specify antibody	LABCRLABRSLSUMANTIBODYSPFY1 LABCRLABRSLSUMANTIBODYSPFY2 LABCRLABRSLSUMANTIBODYSPFY3	If other, specify other antibody	FreeText		
Interpretation	LABCRLABRSLSUMINTERPRET1 LABCRLABRSLSUMINTERPRET2 LABCRLABRSLSUMINTERPRET3	Interpretation of laboratory test	DropDownList	Positive Negative Equivocal Unknown	POS NEG EQU UNK

LABORATORY INFO – LYME DISEASE					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Pending	PEN
Results (e.g., OD value, titer, etc.)	LABCRLABRSLTSUMRESULT1 LABCRLABRSLTSUMRESULT2 LABCRLABRSLTSUMRESULT3	Results of laboratory testing (e.g. OD value, titer, etc.)	FreeText		
Western immunoblot	LABCRLABRSLTSUMWESTIMBLTBAND_1a LABCRLABRSLTSUMWESTIMBLTBAND_1b LABCRLABRSLTSUMWESTIMBLTBAND_1c LABCRLABRSLTSUMWESTIMBLTBAND_1d LABCRLABRSLTSUMWESTIMBLTBAND_1e LABCRLABRSLTSUMWESTIMBLTBAND_1f LABCRLABRSLTSUMWESTIMBLTBAND_1g LABCRLABRSLTSUMWESTIMBLTBAND_1h LABCRLABRSLTSUMWESTIMBLTBAND_1i LABCRLABRSLTSUMWESTIMBLTBAND_1j LABCRLABRSLTSUMWESTIMBLTBAND_1k LABCRLABRSLTSUMWESTIMBLTBAND_1L	Specify bands present for Western immunoblot (Up to 3 add sections possible.)	CheckBoxList (more than one choice is possible)	18 – 20 21 – 24 28 30 35 39 41 45 58 66 88 93	18 – 20 21 – 24 28 30 35 39 41 45 58 66 88 93
Laboratory name	LABCRLABRSLTSUMLABNAME1 LABCRLABRSLTSUMLABNAME2 LABCRLABRSLTSUMLABNAME3	Name of laboratory where testing was performed	FreeText		
Telephone	LABCRLABRSLTUMLABPHONE1 LABCRLABRSLTUMLABPHONE2 LABCRLABRSLTUMLABPHONE3	Telephone number of laboratory	FreeText		
CDC REPORTING ELEMENTS (FOR STATE USE ONLY)					
CSF tested for antibodies	LABCRCDCRepCSF	Was CSF tested for antibodies to <i>B. burgdorferi</i> ?	DropDownList	Yes No Unknown	Y N U
Antibody higher in CSF?	LABCRCDCRepCSFHigher	Was antibody to <i>B. burgdorferi</i> higher in CSF than in serum?	DropDownList	Yes No Unknown	Y N U
Serologic results	LABCRCDCRepSerRes	Result of serologic test	DropDownList	Positive Negative Equivocal Not Done Unknown	P N E ND U
Culture testing results	LABCRCDCRepCultRes	Result of culture testing	DropDownList	Positive Negative Equivocal	P N E

LABORATORY INFO – LYME DISEASE					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Not Done Unknown	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	EPICREXPRSKFACOUTDRACTIVITY1	Did the patient participate in any outdoor activities in wooded, brushy, or grassy areas during the incubation period?	DropDownList	Hiking, Camping, Picnicking	HIKECAMPPICNIC
	EPICREXPRSKFACOUTDRACTIVITY2			Other Recreational	RECROTH
	EPICREXPRSKFACOUTDRACTIVITY3			Occupational / Non-recreational	OCCUPNONRECR
Describe activity	EPICREXPRSKFACACTIVITYDTL1 EPICREXPRSKFACACTIVITYDTL2 EPICREXPRSKFACACTIVITYDTL3	Describe the outdoor activity	FreeText		
Location	EPICREXPRSKFACACTIVITYLOC1 EPICREXPRSKFACACTIVITYLOC2 EPICREXPRSKFACACTIVITYLOC3	Location of the outdoor activity	FreeText		
Date	EPICREXPRSKFACACTIVITYDT1 EPICREXPRSKFACACTIVITYDT2 EPICREXPRSKFACACTIVITYDT3	Date of the outdoor activity	Date (MM/DD/YYYY)		
EXPOSURES / RISK FACTORS – TICK BITE					
Tick bite?	EPICREXPRSKFACTKBITETKBITE	Did the patient receive a tick bite during incubation period?	DropDownList	Yes No Unknown	Y N U
Describe	EPICREXPRSKFACTKBITEDTL	Describe the tick bite	FreeText		
Date noticed	EPICREXPRSKFACTKBITENOTICEDT	Date tick bite noticed	Date (MM/DD/YYYY)		
Where (county, habitat)?	EPICREXPRSKFACTKBITEGEOLOC	Where did the patient receive the tick bite (county, habitat)?	FreeText		
Where (anatomic)?	EPICREXPRSKFACTKBITEANATMICLOC	Where was the tick bite (anatomic)?	FreeText		
Duration of attachment	EPICREXPRSKFACTKBITEDURATION	Approximate duration of attachment	FreeText		
CDC REPORTING ELEMENTS (FOR STATE USE ONLY)					
State where exposed	EPICRCDCRepState	State where patient was most likely exposed	FreeText		

EPIDEMIOLOGIC INFO – LYME DISEASE					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
County where exposed	EPICRCDCRepCounty	County where patient was most likely exposed	FreeText		
REPORTING AGENCY					
Investigator name	EPICRREPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	EPICRREPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	EPICRREPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date	EPICRREPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
Date First Reported	EPICRREPAGENCYREPORTDT	Date First Reported to Public Health	Date (MM/DD/YYYY)		
First reported by	EPICRREPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	EPICRREPAGENCYREPORTEDBYSPEFY	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		

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?	CLICRSIGNSXSYMPTOMATIC	Did the patient have symptoms of Malaria?	DropDownList	Yes No Unknown	Y N U
Onset Date	CLICRSIGNSXONSETDT	Onset Date	Date (MM/DD/YYYY)		
Medical care date	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	Did patient experience headaches?	DropDownList	Yes No Unknown	Y N U
Abdominal pain	CLICRSIGNSXABPAIN	Did patient experience abdominal pain?	DropDownList	Yes No Unknown	Y N U
Chills	CLICRSIGNSXCHILLS	Did patient have chills?	DropDownList	Yes No Unknown	Y N U
Sweats	CLICRSIGNSXSWEAT	Did patient experience sweats?	DropDownList	Yes No Unknown	Y N U
Myalgia	CLICRSIGNSXMYALGIA	Did the patient experience myalgia?	DropDownList	Yes No Unknown	Y N U
Other	CLICRSIGNSXOTH	Did the patient have any other symptoms or signs of Malaria?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRSIGNSXOTHSPFY	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?	CLICRPASMEDHXPRIORDX	Has the patient previously been diagnosed with malaria?	DropDownList	Yes No Unknown	Y N U
Previous diagnosis	CLICRPASMEDHXPRIORDXTYPE	What was the previous diagnosis?	DropDownList	Vivax	VIVAX
				Falciparum	FALCIP
				Malariae	MALARI
				Ovale	OVALE
				Not Determined	NOTDET
				Unknown	UNK
Date of previous illness	CLICRPASMEDHXPRIORILLDT	Date of previous malaria illness	Date (MM/DD/YYYY)		
Blood transfusion or transplant	CLICRPASMEDHXBLDTRANS	Did the patient have a blood transfusion or transplant within the last 12 months?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRPASMEDHXBLDTRANSSPFY	If Yes, specify	FreeText		
CLINICAL COMPLICATIONS FOR THIS ATTACK					
Cerebral malaria	CLICRCLICOMPCEREBMALRIA	Cerebral malaria	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRCLICOMPCEREBMALRIASPFY	If Yes, specify	FreeText		
Spleen rupture	CLICRCLICOMPSPLEEN	Spleen rupture	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRCLICOMPSPLEENSPFY	If Yes, specify	FreeText		
ARDS pulmonary edema	CLICRCLICOMPARDS	ARDS pulmonary edema	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRCLICOMPARDSSPFY	If Yes, specify	FreeText		
Anemia (Hb<11, Hct<33)	CLICRCLICOMPANEMIA	Anemia (Hb<11, Hct<33)	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – MALARIA					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
If Yes, specify	CLICRCLICOMPANEMIASPFY	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		
ICU/CCU	HOSPICU	During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)?			
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)		

CLINICAL INFO – MALARIA					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
TREATMENT / MANAGEMENT					
Received treatment?	CLICRTXMGTTREATMENT	Did the patient receive treatment for Malaria?	DropDownList	Yes No Unknown	Y N U
Therapy for this attack	CLICRTXMGTTHERAPY_MEF CLICRTXMGTTHERAPY_CHL CLICRTXMGTTHERAPY_PRI CLICRTXMGTTHERAPY_TET CLICRTXMGTTHERAPY QUI CLICRTXMGTTHERAPY_EXC CLICRTXMGTTHERAPY_PYR CLICRTXMGTTHERAPY_ATO CLICRTXMGTTHERAPY_UNK CLICRTXMGTTHERAPY_OTH	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	CLICRTXMGTTHERAPYSPFY	If other, specify	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	Date of Death	Date (MM/DD/YYYY)		

CLINICAL INFO – MALARIA					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
MALARIA CHEMOPROPHYLAXIS					
Malaria chemoprophylaxis taken?	CLICRCHEMOPROPHMALARIACHEM	Was malaria chemoprophylaxis taken?	DropDownList	Yes No Unknown	Y N U
Drugs	CLICRCHEMOPROPHDRG_CHL CLICRCHEMOPROPHDRG_MEF CLICRCHEMOPROPHDRG_DOX CLICRCHEMOPROPHDRG_PRI CLICRCHEMOPROPHDRG_ATO CLICRCHEMOPROPHDRG_OTH	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	CLICRCHEMOPROPHDRGSPFY	If Other, specify	FreeText		
All pills taken?	CLICRCHEMOPROPHPILLSTAKEN	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	CLICRCHEMOPROPHPILLSTAKENSPFY	If Other, specify	FreeText		
Reason for missed doses	CLICRCHEMOPROPHRSNMISSED	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	CLICRCHEMOPROPHDRGSIDEFFECT	If side effects, specify	FreeText		

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	LABCRLABRSLTSUMBLDSMEAR	Result of blood film (smear)	RadioButtonList	Positive Negative Not Done Unknown	POS NEG NOT UNK
If Positive, specify	LABCRLABRSLTSUMBLDSMEARSPFY	If blood film (smear) is positive, specify <i>Plasmodium</i> species	DropDownList	P. falciparum P. vivax P. malariae P. ovale Not Determined Unknown	FAL VIV MAL OVA NOT UNK
Collection date	LABCRLABRSLTSUMCOLLECTDT	Date lab specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	LABCRLABRSLTSUMLABNAME	Laboratory name where testing was performed	FreeText		
Telephone	LABCRLABRSLTSUMLABPHONE	Telephone	FreeText		
PCR of blood	LABCRLABRSLTSUMPCR	Result of PCR	RadioButtonList	Positive Negative Not Done Unknown	POS NEG NOT UNK
If Positive, specify	LABCRLABRSLTSUMPCRSPFY	If PCR is positive, specify <i>Plasmodium</i> species	DropDownList	P. falciparum P. vivax P. malariae P. ovale Not Determined Unknown	FAL VIV MAL OVA NOT UNK
Collection date	LABCRLABRSLTSUMPCRCOLLECTDT	Date lab specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	LABCRLABRSLTSUMLABNAME	Laboratory name where testing was performed	FreeText		
Telephone	LABCRLABRSLTSUMLABPHONE	Telephone	FreeText		
Rapid Diagnostic Test (RDT)	LABCRLABRSLTSUMRDT	Result of Rapid Diagnostic Test (RDT)	RadioButtonList	Positive Negative Not Done Unknown	POS NEG NOT UNK

LABORATORY INFO – MALARIA					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
If Positive, specify	LABCRLABRSLTSUMRDTSPFY	If RDT is positive, specify <i>Plasmodium</i> species	DropDownList	P. falciparum	FAL
				P. vivax, malariae or ovale	VIVMALOV
				Mixed infection (P. falciparum and P. vivax, malariae, or ovale)	MIX
Specify RDT	LABCRLABRSLTSUMRDTSPFYRDT	Specify the type of Rapid Diagnostic Test	DropDownList	BinaxNOW Other	BNOW OTH
If Other, specify	LABCRLABRSLTSUMRDTSPFYRDTSPFY	If Other lab test for malaria performed, please specify	FreeText		
Collection date	LABCRLABRSLTSUMRDTCOLLECTDT	Date lab specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	LABCRLABRSLTSUMRDTLABNAME	Laboratory name where testing was performed	FreeText		
Telephone	LABCRLABRSLTSUMRDTLABPHONE	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?	EPICRTRVHX3MONTHSPRIOR	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?	EPICRTRVHX3YRSPRIOR	If No, did patient travel out of county of residence during the three years prior to onset?	DropDownList	Yes No Unknown	Y N U
Reason for travel	EPICRTRVHXRSNFORTRAV	Principal reason for travel from/to U.S. for most recent trip	DropDownList	Tourism	TOUR
				Military	MILI
				Business	BUS
				Peace Corps	PEAC
				Visiting friends / relatives	VISIT
				Airline / ship crew	AIR
				Missionary or dependent	MISS
				Refugee / immigrant	REF
				Student / teacher	STU
				Other (specify)	OTH
If Other, specify	EPICRTRVHXRSNFORTRAVSPFY	If Other, specify	FreeText		
Reside in US prior to travel?	EPICRTRVHXUSRESIDENCE	Did patient reside in U.S. prior to most recent travel?	DropDownList	Yes, for > 12 months	GT12
				Yes, for < 12 months	LS12
				No (specify country)	NO
				Unknown	UNK
If No, specify country	EPICRTRVHXUSRESIDENCESPFY	If No, specify country	FreeText		
TRAVEL HISTORY - DETAILS					
Travel Type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Travel type	RadioButtonList	Domestic International Unknown	DOM INT UNK

EPIDEMIOLOGIC INFO – MALARIA					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
State	TRVHXDTLState_1 TRVHXDTLState_2 TRVHXDTLState_3	State	DropDownList		
Country	TRVHXDTLCountry_1 TRVHXDTLCountry_2 TRVHXDTLCountry_3	Country	DropDownList		
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)		
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)		
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		

EPIDEMIOLOGIC INFO – MALARIA					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
Notes	NOTES	Notes	FreeText		
Binational Case	BINATINVESTCaseDef	Does this case meet the binational case definition?	DropDownList	Yes No Unknown	Y N U

Paratyphoid/Typhoid Fever (S. Paratyphi/S. Typhi)

CLINICAL INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
SIGNS AND SYMPTOMS					
Symptomatic?	CLICRSIGNSXTYPOID	Symptomatic?	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXTYPOIDONSETDT	Onset date	System Defined Field Link		
Duration	CLICRSIGNSXACUTEDUR	Duration of acute symptoms (days)	FreeText		
Medical care date	CLICRSIGNSXSGTMEDCAREDT	Date first sought medical care	Date (MM/DD/YYYY)		
Fever (>100.4 °F or 38 °C)	CLICRSIGNSXFEVER	Fever (>100.4 °F or 38 °C)	DropDownList	Yes No Unknown	Y N U
Onset date of fever	CLICRSIGNSXFEVERDT	Onset date of fever	Date (MM/DD/YYYY)		
Duration of fever (days)	CLICRSIGNSXFEVERDUR	Duration of fever (days)	FreeText		
Subjective or measured temperature	CLICRSIGNSXFEVERSUBMES	Subjective or measured temperature	DropDownList	Measured Subjective ("felt hot") Unknown	MEA SUB UNK
Tighest temp	CLICRSIGNSXFEVERTEMP	If Measured, highest temp (specify °F or °C)	FreeText		
Cough	CLICRSIGNSXCOUGH	Cough	DropDownList	Yes No Unknown	Y N U
Abdominal cramps	CLICRSIGNSXABDCRAMP	Abdominal cramps	DropDownList	Yes No Unknown	Y N U
Diarrhea	CLICRSIGNSXDIAR	Diarrhea (3 or more loose stools in a 24-hour period)	DropDownList	Yes No Unknown	Y N U
Bloody dianthea	CLICRSIGNSXBLDIAR	Bloody diarrhea	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Constipation	CLICRSIGNSXCONSTIP	Constipation	DropDownList	Yes No Unknown	Y N U
Rose spots	CLICRSIGNSXROSESPOTS	Rose spots (Faint, salmon-colored macules on trunk and abdomen)	DropDownList	Yes No Unknown	Y N U
Other signs/symptoms	CLICRSIGNSXOTH	Other signs/symptoms	DropDownList	Yes No Unknown	Y N U
If Other, specify	CLICRSIGNSXOTHSPCFY	If Other, specify	FreeText		
COMPLICATIONS					
Altered mental status	CLICRCOMPALMTMENTSTAT	Altered mental status	DropDownList	Yes No Unknown	Y N U
Seizures	CLICRCOMPSEIZURES	Seizures	DropDownList	Yes No Unknown	Y N U
Septic shock	CLICRCOMPSEPSHOCK	Septic shock	DropDownList	Yes No Unknown	Y N U
Intestinal perforation	CLICRCOMPINTPERF	Intestinal perforation	DropDownList	Yes No Unknown	Y N U
Was surgery required?	CLICRCOMPINTPERFSURG	Was surgery required?	DropDownList	Yes No Unknown	Y N U
Gallbladder surgery	CLICRCOMPGALLSURG	Gallbladder surgery	DropDownList	Yes No Unknown	Y N U
Reason for hospitalization?	CLICRCOMPGALLDIS	Was gallbladder disease the presenting reason for hospitalization?	DropDownList	Yes No Unknown	Y N U
Other complications (specify)	CLICRCOMPOTHCOMP	Other complications (specify)	FreeText		
PAST MEDICAL HISTORY					

CLINICAL INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Typhoid vaccination	CLICRPASMEDHXTYPHOIDVAC	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)	CLICRPASMEDHXTY21A	If Yes, Oral Ty21a or Vivotif (Berna) four pill series	DropDownList	Yes No Unknown	Y N U
Year	CLICRPASMEDHXTY21ARECVD	Year of most recent vaccination (YYYY)	FreeText		
Vaccination type (shot)	CLICRPASMEDHXVICPS	If Yes, ViCPS or Typhim Vi shot (Pasteur Merieux)	DropDownList	Yes No Unknown	Y N U
Year	CLICRPASMEDHXVICPSRECV	Year of most recent vaccination (YYYY)	FreeText		
Typhoid conjugate vaccine shot	CLICRPASMEDHXOTHVAC	Typhoid conjugate vaccine shot (TCV, e.g., Typbar-TCV TYPHIBEV)	DropDownList	Yes No Unknown	Y N U
Year	CLICRPASMEDHXOTHVACNM	Year of most recent vaccination (YYYY)	FreeText		
Other typhoid vaccination	CLICRPASMEDHXOTHVACUNK	Other typhoid vaccination	DropDownList	Yes No Unknown	Y N U
If Yes, name	CLICRPASMEDHXOTHVACRECV	If Yes, name of other vaccination	FreeText		
Previous History	CLICRPASMEDHXPREVTPH	Does the patient have a previous history of S. Typhi infection?	DropDownList	Yes No Unknown	Y N U
Approximate date	CLICRPASMEDHXPREVTPHDT	Approximate date (MM/YYYY use "99" for unknown)	FreeText		
(City, State, Country)	CLICRPASMEDHXPREVTPHLOC	Where was diagnosis made (City, State, Country)	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – S. PARATYPHI/S. TYPHI					
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	HOSPDTCITY1 HOSPDTCITY2 HOSPDTCITY3	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					

CLINICAL INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Received treatment?	TXMGTREATMENT	Did the patient receive treatment for Paratyphoid/Typhoid?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT – DETAILS					
Treatment type	CLICRTXMGTDLTYPE1 CLICRTXMGTDLTYPE2 CLICRTXMGTDLTYPE3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
If Other, specify	CLICRTXMGTDLNAME1 CLICRTXMGTDLNAME2 CLICRTXMGTDLNAME3	If Other, specify	FreeText		
Antibiotic name	CLICRTXMGTDLABXNM_1 CLICRTXMGTDLABXNM_2 CLICRTXMGTDLABXNM_3	Antibiotic name	DropDownList		
If Other, specify	CLICRTXMGTDLABXNMSPCFY_1 CLICRTXMGTDLABXNMSPCFY_2 CLICRTXMGTDLABXNMSPCFY_3	If Other, specify	FreeText		
Date started	CLICRTXMGTDLSTARTDT1 CLICRTXMGTDLSTARTDT2 CLICRTXMGTDLSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CLICRTXMGTDLENDDT1 CLICRTXMGTDLENDDT2 CLICRTXMGTDLENDDT3	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 – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
LABORATORY TESTING RESULTS					
Specimen type	LABCRLTRSPECTYP_1 LABCRLTRSPECTYP_2 LABCRLTRSPECTYP_3	Specimen type	DropDownList	Blood Gallbladder Stool Urine Other Unknown	BLD GAL STL URI OTH UNK
If Other, specify	LABCRLTRSPECTYPSPCFY_1 LABCRLTRSPECTYPSPCFY_2 LABCRLTRSPECTYPSPCFY_3	If Other, specify	FreeText		
Collection date	LABCRLTRSPECTYPDT_1 LABCRLTRSPECTYPDT_2 LABCRLTRSPECTYPDT_3	Collection date	Date (MM/DD/YYYY)		
Was this the first positive culture?	LABCRLTRSPECTYPFIRSTPOS_1 LABCRLTRSPECTYPFIRSTPOS_2 LABCRLTRSPECTYPFIRSTPOS_3	Was this the first positive culture?	DropDownList	Yes No Unknown	Y N U
Type of Test	LABCRLTRTESTTYP_CULT_1 LABCRLTRTESTTYP_CIDT_1 LABCRLTRTESTTYP_SERO_1 LABCRLTRTESTTYP_WIDL_1 LABCRLTRTESTTYP_NGDS_1 LABCRLTRTESTTYP_OTH_1 LABCRLTRTESTTYP_UNK_1 LABCRLTRTESTTYP_CULT_2 LABCRLTRTESTTYP_CIDT_2 LABCRLTRTESTTYP_SERO_2 LABCRLTRTESTTYP_WIDL_2 LABCRLTRTESTTYP_NGDS_2 LABCRLTRTESTTYP_OTH_2 LABCRLTRTESTTYP_UNK_2 LABCRLTRTESTTYP_CULT_3 LABCRLTRTESTTYP_CIDT_3 LABCRLTRTESTTYP_SERO_3 LABCRLTRTESTTYP_WIDL_3 LABCRLTRTESTTYP_NGDS_3 LABCRLTRTESTTYP_OTH_3 LABCRLTRTESTTYP_UNK_3	Type of Test	DropDownList	Culture	CULT
	CIDT			CIDT	
	Serologic			SERO	
	Widal			WIDL	
	Next generation/deep sequencing			NGDS	
	Other			OTH	
	Unknown			UNK	

LABORATORY INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
If Serologic, specify test type	LABCRLTRTESTTYPSEROSPCFY_1 LABCRLTRTESTTYPSEROSPCFY_2 LABCRLTRTESTTYPSEROSPCFY_3	If Serologic, specify test type	FreeText		
Specify test type	LABCRLTRTESTTYPNXTGNSPCFY_1 LABCRLTRTESTTYPNXTGNSPCFY_2 LABCRLTRTESTTYPNXTGNSPCFY_3	If Next generation/deep sequencing, specify test type	FreeText		
If Other, specify test type	LABCRLTRTESTTYPOTHSPCFY_1 LABCRLTRTESTTYPOTHSPCFY_2 LABCRLTRTESTTYPOTHSPCFY_3	If Other, specify test type	FreeText		
Culture result	LABCRLTRCULTRSLSLT_1 LABCRLTRCULTRSLSLT_2 LABCRLTRCULTRSLSLT_3	Culture result	DropDownList	Positive Negative Not Done Unknown	POS NEG NOT UNK
Serotype	LABCRLTRSERO_1 LABCRLTRSERO_2 LABCRLTRSERO_3	Serotype	DropDownList	S. Typhi	STY
				S. Paratyphi A	SPA
				S. Paratyphi tartrate negative	SPBN
				S. Paratyphi C	SPC
				S. Paratyphi (serotype not specified)	SPNS
				Other	OTH
				Unknown	UNK
If Other, specify	LABCRLTRSEROSPCFY_1 LABCRLTRSEROSPCFY_2 LABCRLTRSEROSPCFY_3	If Other, specify	FreeText		
Laboratory name	LABCRLTRLABNM_1 LABCRLTRLABNM_2 LABCRLTRLABNM_3	Laboratory name	System Field: Location Dictionary		
Specimen ID	LABCRLTRSPECID_1 LABCRLTRSPECID_2 LABCRLTRSPECID_3	Specimen ID	FreeText		
Antimicrobial susceptibility testing	LABCRLTRASTCOMP_1 LABCRLTRASTCOMP_2 LABCRLTRASTCOMP_3	Was antimicrobial susceptibility testing completed?	DropDownList	Yes No Unknown	Y N U
Ampicillin	LABCRLTRASTAMP_1 LABCRLTRASTAMP_2 LABCRLTRASTAMP_3	Ampicillin	DropDownList	Susceptible Intermediate Resistant Not Done	SUSP INTMED RES NOT

LABORATORY INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Azithromycin	LABCRLTRASTAZITH_1 LABCRLTRASTAZITH_2 LABCRLTRASTAZITH_3	Azithromycin	DropDownList	Susceptible Intermediate Resistant Not Done	SUSP INTMED RES NOT
Carbapenem	LABCRLTRASTCARBA_1 LABCRLTRASTCARBA_2 LABCRLTRASTCARBA_3	Carbapenem (e.g., Meropenem)	DropDownList	Susceptible Intermediate Resistant Not Done	SUSP INTMED RES NOT
Ceftriaxone	LABCRLTRASTCEFTR_1 LABCRLTRASTCEFTR_2 LABCRLTRASTCEFTR_3	Ceftriaxone	DropDownList	Susceptible Intermediate Resistant Not Done	SUSP INTMED RES NOT
Fluoroquinolones	LABCRLTRASTFLUO_1 LABCRLTRASTFLUO_2 LABCRLTRASTFLUO_3	Fluoroquinolones (e.g., ciprofloxacin, levofloxacin)	DropDownList	Susceptible Intermediate Resistant Not Done	SUSP INTMED RES NOT
Trimethoprim-sulfamethoxazole	LABCRLTRASTTRIM_1 LABCRLTRASTTRIM_2 LABCRLTRASTTRIM_3	Trimethoprim-sulfamethoxazole	DropDownList	Susceptible Intermediate Resistant Not Done	SUSP INTMED RES NOT
Other antimicrobial 1 name	LABCRLTRASTOTH1NM_1 LABCRLTRASTOTH1NM_2 LABCRLTRASTOTH1NM_3	Other antimicrobial 1 name	DropDownList	See Appendix T	
If Other, specify	LABCRLTRASTOTH1SPCFY_1 LABCRLTRASTOTH1SPCFY_2 LABCRLTRASTOTH1SPCFY_3	If Other, specify	FreeText		
Other antimicrobial 1 result	LABCRLTRASTOTH1RSLT_1 LABCRLTRASTOTH1RSLT_2 LABCRLTRASTOTH1RSLT_3	Other antimicrobial 1 result	DropDownList	Susceptible Intermediate Resistant Not Done	SUSP INTMED RES NOT
Other antimicrobial 2 name	LABCRLTRASTOTH2NM_1 LABCRLTRASTOTH2NM_2 LABCRLTRASTOTH2NM_3	Other antimicrobial 2 name	DropDownList	See Appendix T	
If Other, specify	LABCRLTRASTOTH2SPCFY_1 LABCRLTRASTOTH2SPCFY_2 LABCRLTRASTOTH2SPCFY_3	If Other, specify	FreeText		
Other antimicrobial 2 result	LABCRLTRASTOTH2RSLT_1 LABCRLTRASTOTH2RSLT_2 LABCRLTRASTOTH2RSLT_3	Other antimicrobial 2 result	DropDownList	Susceptible Intermediate Resistant Not Done	SUSP INTMED RES NOT

LABORATORY INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Was isolate tested at a local public health lab?	LABCRLTRPHLLOCLABTST_1 LABCRLTRPHLLOCLABTST_2 LABCRLTRPHLLOCLABTST_3	Was isolate tested at a local public health lab?	DropDownList	Yes No Unknown	Y N U
Local public health laboratory name	LABCRLTRPHLLOCLABNM_1 LABCRLTRPHLLOCLABNM_2 LABCRLTRPHLLOCLABNM_3	Local public health laboratory name	System Field		
Local laboratory isolate ID number	LABCRLTRPHLLOCLABIDNUM_1 LABCRLTRPHLLOCLABIDNUM_2 LABCRLTRPHLLOCLABIDNUM_3	Local laboratory isolate ID number	FreeText		
Was isolate tested at a state public health lab?	LABCRLTRPHLSLABTST_1 LABCRLTRPHLSLABTST_2 LABCRLTRPHLSLABTST_3	Was isolate tested at a state public health lab?	DropDownList	Yes No Unknown	Y N U
State public health laboratory name	LABCRLTRPHLSLABNM_1 LABCRLTRPHLSLABNM_2 LABCRLTRPHLSLABNM_3	State public health laboratory name	Radio Button	MDL Other	MDL OTH
If Other, specify	LABCRLTRPHLSLABNMSPCFY_1 LABCRLTRPHLSLABNMSPCFY_2 LABCRLTRPHLSLABNMSPCFY_3	If Other, specify	FreeText		
Whole genome sequencing completed?	LABCRLTRPHLWGS_1 LABCRLTRPHLWGS_2 LABCRLTRPHLWGS_3	Was whole genome sequencing (WGS) completed?	DropDownList	Yes No Unknown	Y N U
Public health laboratory name	LABCRLTRPHLGSPHL_1 LABCRLTRPHLGSPHL_2 LABCRLTRPHLGSPHL_3	Public health laboratory name	Radio Button	MDL Other	MDL OTH
If Other, specify	LABCRLTRPHLGSPHLSPCFY_1 LABCRLTRPHLGSPHLSPCFY_2 LABCRLTRPHLGSPHLSPCFY_3	If Other, specify	FreeText		
WGS ID number	LABCRLTRPHLSLABIDNUM_1 LABCRLTRPHLSLABIDNUM_2 LABCRLTRPHLSLABIDNUM_3	WGS ID number	FreeText		
Specify results	LABCRLTRPHLGSRSLT_1 LABCRLTRPHLGSRSLT_2 LABCRLTRPHLGSRSLT_3	Specify results (e.g., allele code) or upload to the EFC	FreeText		
Was isolate forwarded to CDC?	LABCRLTRPHLCDC_1 LABCRLTRPHLCDC_2 LABCRLTRPHLCDC_3	Was isolate forwarded to CDC?	DropDownList	Yes No Unknown	Y N U

LABORATORY INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Date sent to CDC	LABCRLTRPHLCDCT_1 LABCRLTRPHLCDCT_2 LABCRLTRPHLCDCT_3	Date sent to CDC	Date (MM/DD/YYYY)		
CDC laboratory results / comments / notes	LABCRLTRPHLCDRSLT_1 LABCRLTRPHLCDRSLT_2 LABCRLTRPHLCDRSLT_3	CDC laboratory results / comments / notes	FreeText		
XDR*	LABCRLTRPHLXDR_1 LABCRLTRPHLXDR_2 LABCRLTRPHLXDR_3	XDR*	DropDownList	Yes No Unknown	Y N U
LABORATORY RESULTS SUMMARY					
Date isolated	LABCRLABRSLTSUMISOLDT	Date Salmonella first isolated	Date (MM/DD/YYYY)		
Site(s) of isolation	LABCRLABRSLTSUMISOLSITE_0 LABCRLABRSLTSUMISOLSITE_1 LABCRLABRSLTSUMISOLSITE_2 LABCRLABRSLTSUMISOLSITE_3 LABCRLABRSLTSUMISOLSITE_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	LABCRLABRSLTSUMISOLSITESPFY	If Other, specify	FreeText		
Isolate ID	LABCRLABRSLTSUMLABID	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)	LABCRLABRSLTSUMSeroPF	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)	LABCRLABRSLTSUMSeroTF	Serotype for Typhoid Fever incidents only	DropDownList	S. Typhi Unknown	STYPH UNK

LABORATORY INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Antibiotic sensitivity	LABCRLABRSLTSTPERFORMED	Was antibiotic sensitivity testing performed on this (these) isolate(s) at the laboratory?	DropDownList	Yes No Unknown	Y N U
Ampicillin resistant	LABCRLABRSLTSUMAMPICILLIN	If Yes, was the organism resistant to: Ampicillin	DropDownList	Yes No Not tested Unknown	Y N NOT UNK
Chloramphenicol resistant	LABCRLABRSLTSUMCHLORA	If Yes, was the organism resistant to: Chloramphenicol	DropDownList	Yes No Not tested Unknown	Y N NOT UNK
Trimethoprim-sulfamethoxazole resistant	LABCRLABRSLTSUMTRISULF	If Yes, was the organism resistant to: Trimethoprim-sulfamethoxazole	DropDownList	Yes No Not tested Unknown	Y N NOT UNK
Fluoroquinolones resistant	LABCRLABRSLTSUMFLUORO	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	LABCRLABRSLTSUMDTSPETYP1 LABCRLABRSLTSUMDTSPETYP2 LABCRLABRSLTSUMDTSPETYP3	What type of specimen was submitted for testing?	FreeText		
Type of test	LABCRLABRSLTSTTYP1 LABCRLABRSLTSTTYP2 LABCRLABRSLTSTTYP3	Type of test	FreeText		
Collection date	LABCRLABRSLTUMDTLCOLLECTIONDT1 LABCRLABRSLTUMDTLCOLLECTIONDT2 LABCRLABRSLTUMDTLCOLLECTIONDT3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Results	LABCRLABRSLTUMDTRLSLT1 LABCRLABRSLTUMDTRLSLT2 LABCRLABRSLTUMDTRLSLT3	Lab test results	FreeText		
Laboratory name	LABCRLABRSLTUMDTLNAME1 LABCRLABRSLTUMDTLNAME2 LABCRLABRSLTUMDTLNAME3	Name of lab where testing was performed	FreeText		
Telephone	LABCRLABRSLTUMDTLPHONE1 LABCRLABRSLTUMDTLPHONE2 LABCRLABRSLTUMDTLPHONE3	Telephone number of lab	FreeText		

LABORATORY INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
CEIP LAB INFORMATION (FOR CALIFORNIA EMERGING INFECTIONS PROGAM (CEIP) USE ONLY)					
Lab Type	LABCRCEIPLABTYP_1 LABCRCEIPLABTYP_2 LABCRCEIPLABTYP_3	Lab Type	DropDownList	CDC Lab	CDC
				Clinical Laboratory	CLIN
				Commercial Laboratory	COMM
				Local Public Health Laboratory	LPHL
				State Public Health Laboratory	SPHL
Laboratory name	LABCRCEIPLABNM_1 LABCRCEIPLABNM_2 LABCRCEIPLABNM_3	Laboratory name	System Defined		
CEIP lab code	LABCRCEIPLABNO_1 LABCRCEIPLABNO_2 LABCRCEIPLABNO_3	CEIP lab code	FreeText		
Laboratory Accession Number	LABCRCEIPLABACC_1 LABCRCEIPLABACC_2 LABCRCEIPLABACC_3	Laboratory Accession Number	FreeText		
Specimen Collection Date	LABCRCEIPCOLLDT_1 LABCRCEIPCOLLDT_2 LABCRCEIPCOLLDT_3	Specimen Collection Date	Date (MM/DD/YYYY)		
Specimen Received Date	LABCRCEIPRECDT_1 LABCRCEIPRECDT_2 LABCRCEIPRECDT_3	Specimen Received Date	Date (MM/DD/YYYY)		
Specimen Source	LABCRCEIPSPECSRC_1 LABCRCEIPSPECSRC_2 LABCRCEIPSPECSRC_3	Specimen Source	DropDownList	Stool	STL
				Blood	BLD
				Urine	URN
				Abscess	ABS
				Amniotic Fluid	AMN
				Bile	BIL
				Bone	BON
				CSF	CSF
				Culture	CUL
				Ear	EAR
				Discharge/Drainage	EDD
				Gall Bladder	GAL

LABORATORY INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Genitals	GEN
				Isolate	ISO
				Lung	LNG
				Peritoneal fluid	PER
				Placenta	PLA
				Pleural fluid	PLR
				Rectal Swab	REC
				Sputum	SPU
				Wound	WND
				Other	OTH
If Other Specimen Source, Specify	LABCRCEIPSPECSRCSPCFY_1	If Other Specimen Source, Specify	FreeText		
	LABCRCEIPSPECSRCSPCFY_2				
Test Type	LABCRCEIPTSTTYP_1	Test Type	DropDownList	Identification Culture PCR Other	ID CULT PCR OTH
	LABCRCEIPTSTTYP_2				
If Other, specify	LABCRCEIPTSTTYPSPCFY_1	If Other, specify	FreeText		
	LABCRCEIPTSTTYPSPCFY_2				
Test Method	LABCRCEIPTSTMTH_1 LABCRCEIPTSTMTH_2 LABCRCEIPTSTMTH_3	Test Method	DropDownList	BD Max Extended Enteric Bacterial	BDMAXX
				BD Max Enteric Bacterial	BDMAX
				Biofire FilmArray Gastrointestinal (GI)	BFGI
				Diatherix Gastrointestinal	DIA
				Hologic Prodesse ProGastro SSCS	HOLO
				Lab-developed test	LDT
				Luminex Verigene Enteric Pathogens	LUMENT
				Luminex xTag Gastrointestinal Pathogens	LUMTAG

LABORATORY INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Medical diagnostics Metamatrix Other Polymerase Chain Reaction (PCR) Seegene Allplex Gastrointestinal Unknown	MEDDIA META OTH PCR SEEG UNK
If Other, specify	LABCRCEIPTSTMTHSPCFY_1 LABCRCEIPTSTMTHSPCFY_2 LABCRCEIPTSTMTHSPCFY_3	If Other, specify	FreeText		
Test Result	LABCRCEIPTSTRSLT_1 LABCRCEIPTSTRSLT_2 LABCRCEIPTSTRSLT_3	Test Result	DropDownList	Positive Negative No bacterial growth Unknown Not done	POS NEG NOBAC UNK NOT
Resulted Organism	LABCRCEIPRSLTORG_1 LABCRCEIPRSLTORG_2 LABCRCEIPRSLTORG_3	Resulted Organism	DropDownList	S. Typhi S. Paratyphi A S. Paratyphi B tartrate negative S. Paratyphi C S. Paratyphi (serotype not specified) Other Unknown	STY SPA SPBN SPC SPNS OTH UNK
If Other, specify	LABCRCEIPRSLTORGSPCFY_1 LABCRCEIPRSLTORGSPCFY_2 LABCRCEIPRSLTORGSPCFY_3	If Other, specify	FreeText		
Sent to PHL?	LABCRCEIPSENTPHL_1 LABCRCEIPSENTPHL_2 LABCRCEIPSENTPHL_3	Sent to PHL?	DropDownList	Yes No Unknown	Y N U
PHL Accession Number	LABCRCEIPPHLACC_1 LABCRCEIPPHLACC_2 LABCRCEIPPHLACC_3	PHL Accession Number	FreeText		
Whole genome sequencing completed?	LABCRCEIPWGS_1 LABCRCEIPWGS_2 LABCRCEIPWGS_3	Was whole genome sequencing (WGS) completed?	DropDownList	Yes No Unknown	Y N U

LABORATORY INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
If Yes, WGS ID:	LABCRCEIPWGSIDNUM_1 LABCRCEIPWGSIDNUM_2 LABCRCEIPWGSIDNUM_3	If Yes, WGS ID:	FreeText		
Sent to CDC?	LABCRCEIPSENTCDC_1 LABCRCEIPSENTCDC_2 LABCRCEIPSENTCDC_3	Sent to CDC?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
INCUBATION PERIOD					
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 HISTORY					
Travel outside country	EPICRTVRHXRTRAVOUTCOUNTY	Did the patient travel or live outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Travel outside US	EPICRTVRHXRTRAVOUTUS	Did patient travel or live outside the United States during incubation period?	DropDownList	Yes No Unknown	Y N U
Date of return	EPICRTVRHXRETURNDT	If Yes, date of most recent return or entry to the United States	Date (MM/DD/YYYY)		
Personal contact	EPICRTVRHXRTRVINT	If No, is patient a close personal contact of a person who travelled internationally?	DropDownList	Yes No Unknown	Y N U
Purpose of travel	EPICRTVRHXPURPOSE_TOUR EPICRTVRHXPURPOSE_BUSI EPICRTVRHXPURPOSE_VISIT EPICRTVRHXPURPOSE_IMMI EPICRTVRHXPURPOSE_OTH	Purpose of travel	CheckList	Tourism	TOUR
				Business	BUSI
				Visiting family and friends	VISIT
				Immigration to US	IMMI
				Other	OTH
Describe personal contact	EPICRTVRHXRTRVINTSPFY	If Yes, describe	FreeText		
Travel outside county	EPICRTVRHXRTRAVOUTCOUNTY	Did patient travel outside the county of residence during incubation period?	DropDownList	Yes No Unknown	Y N U
Contact's name	EPICRTVRHXCNTNAME	Contact's name	FreeText		

EPIDEMIOLOGIC INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Contact's phone number	EPICRTVRVHXCONTPHONE	Contact's phone number	FreeText		
Contact's relationship to patient	EPICRTVRVHXCONTREL	Contact's relationship to patient	FreeText		
Date travel started	EPICRTVRVHXDTTRVLSTART	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	EPICRTVRVHXDTTRVLEND	Date travel ended	Date (MM/DD/YYYY)		
International travel	EPICRTVRVHXINTTRVLLOC	International travel location(s) (country, city, resort, etc.)	FreeText		
TRAVEL HISTORY - DETAILS					
Travel type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Travel type	Radio Button	Domestic International Unknown	DOM INT UNK
State	TrvHxDtlState_1 TrvHxDtlState_2 TrvHxDtlState_3	State	DropDownList	See Appendix S	
Country	TrvHxDtlCountry_1 TrvHxDtlCountry_2 TrvHxDtlCountry_3	Country	DropDownList	See Appendix D	
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)		
Did patient fly while infectious?	TRVHXDTLPatFlyAirline_1 TRVHXDTLPatFlyAirline_2 TRVHXDTLPatFlyAirline_3	Did patient fly while infectious?	DropDownList	Yes No Unknown	Y N U
Airline(s)	TRVHXDTLPatFlyNumber_1 TRVHXDTLPatFlyNumber_2 TRVHXDTLPatFlyNumber_3	Airline(s)	FreeText		

EPIDEMIOLOGIC INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Flight number(s)	TRVHXTLPatFlyDepDt_1 TRVHXTLPatFlyDepDt_2 TRVHXTLPatFlyDepDt_3	Flight number(s)	FreeText		
Departure date	TRVHXTLPatFlyDepDt_1 TRVHXTLPatFlyDepDt_2 TRVHXTLPatFlyDepDt_3	Departure date	Date (MM/DD/YYYY)		
Arrival date	TRVHXTLPatFlyArrDt_1 TRVHXTLPatFlyArrDt_2 TRVHXTLPatFlyArrDt_3	Arrival date	Date (MM/DD/YYYY)		
GROUP SETTINGS & OTHER EXPOSURES					
Attended child care or preschool	EPICRGRPOTHEXPCHCARE	Attended child care or preschool	DropDownList	Yes No Unknown	Y N U
Location	EPICRGRPOTHEXPCHCARELOC	Location			
Other details	EPICRGRPOTHEXPCHCAREDTL	Other details			
Lived in a skilled nursing facility	EPICRGRPOTHEXPSNF	Lived in a skilled nursing facility	DropDownList	Yes No Unknown	Y N U
Location	EPICRGRPOTHEXPSNFLOC	Location			
Other details	EPICRGRPOTHEXPSNFDTL	Other details			
Lived in other congregate	EPICRGRPOTHEPCONGSET	Lived in other congregate setting (e.g., LTCF, group home, prison, etc.)	DropDownList	Yes No Unknown	Y N U
Location	EPICRGRPOTHEPCONGSETLOC	Location			
Other details	EPICRGRPOTHEPCONGSETDTL	Other details			
Experienced homelessness	EPICRGRPOTHEPEXPHMLSS	Experienced homelessness	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Location and/or shelter	EPICRGRPOTHEXPEXPHTMLSSLOC	Location and/or shelter			
Other details	EPICRGRPOTHEXPEXPHTMLSSDTL	Other details			
EXPOSURES / RISK FACTORS					
Consume food or drink	EPICREXRISKFACTFOODOUT	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	EPICREXRISKFACTDTLPLACE1 EPICREXRISKFACTDTLPLACE2 EPICREXRISKFACTDTLPLACE3	Name of place (e.g., restaurant, concession stand, friend's house, etc)	FreeText		
Location	EPICREXRISKFACTDTLLOC1 EPICREXRISKFACTDTLLOC2 EPICREXRISKFACTDTLLOC3	Location (city, state)	FreeText		
Date	EPICREXRISKFACTDTLDT1 EPICREXRISKFACTDTLDT2 EPICREXRISKFACTDTLDT3	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)		
Items consumed	EPICREXRISKFACTDTLCONSUMED1 EPICREXRISKFACTDTLCONSUMED2 EPICREXRISKFACTDTLCONSUMED3	Items consumed	FreeText		
HOUSEHOLD CONTACTS					
How many people, besides the case, live in the household?	EPICRHHCONTINST	How many people, besides the case, live in the household?	FreeText		
HOUSEHOLD CONTACTS - DETAILS					
Name	EPICRHHCONTDTLNAME_1 EPICRHHCONTDTLNAME_2 EPICRHHCONTDTLNAME_3	Name	FreeText		
Relationship	EPICRHHCONTDTLREL_1 EPICRHHCONTDTLREL_2 EPICRHHCONTDTLREL_3	Relationship	FreeText		

EPIDEMIOLOGIC INFO – S. PARATYPHI/S. TYPHI					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Age	EPICRHHCONTDTLAGE_1 EPICRHHCONTDTLAGE_2 EPICRHHCONTDTLAGE_3	Age	FreeText		
Gender	EPICRHHCONTDTLGNDR_1 EPICRHHCONTDTLGNDR_2 EPICRHHCONTDTLGNDR_3	Gender	FreeText		
Occupation	EPICRHHCONTDTLOCC_1 EPICRHHCONTDTLOCC_2 EPICRHHCONTDTLOCC_3	Occupation	FreeText		
Sensitive occupation / situation?*	EPICRHHCONTDTLOCCSENS_1 EPICRHHCONTDTLOCCSENS_2 EPICRHHCONTDTLOCCSENS_3	Sensitive occupation / situation?*	DropDownList	Yes No Unknown	Y N U
Telephone number	EPICRHHCONTDTLPHONE_1 EPICRHHCONTDTLPHONE_2 EPICRHHCONTDTLPHONE_3	Telephone number	FreeText		

Similar illness?	EPICRHHCONTDTLILL_1 EPICRHHCONTDTLILL_2 EPICRHHCONTDTLILL_3	Similar illness?	DropDownList	Yes No Unknown	Y N U
If Yes, date of illness onset	EPICRHHCONTDTLILLDT_1 EPICRHHCONTDTLILLDT_2 EPICRHHCONTDTLILLDT_3	If Yes, date of illness onset	Date (MM/DD/YYYY)		
Comment	EPICRHHCONTDTLCOMM_1 EPICRHHCONTDTLCOMM_2 EPICRHHCONTDTLCOMM_3	Comment	FreeText		

CONTACTS / OTHER ILL PERSONS

Contact?	EPICRCONTOTHTRACED	Is this case a contact to a known S. Typhi or S. Paratyphi carrier or case?	DropDownList	Yes No Unknown	Y N U
If Yes, known to the health department?	EPICRCONTOTHKNOWN	If Yes, was the carrier previously known to the health department?	DropDownList	Yes No Unknown	Y N U
Contact's name or CalREDIE #	EPICRCONTOTHNAME	Contact's name or CalREDIE #	FreeText		
Jurisdiction	EPICRCONTOTHJURIS	Jurisdiction where contact lives	FreeText		

Jurisdiction been contacted?	EPICRCONTOTHJURISCONT	Has the jurisdiction where the contact lives been contacted?	DropDownList	Yes No Unknown	Y N U
Date	EPICRCONTOTHJURISCONTDT	Date jurisdiction contacted	Date (MM/DD/YYYY)		
Any contact with similar illness?	EPICRCONTOTHCONTACT	Any contact with similar illness?	DropDownList	Yes No Unknown	Y N U

PATIENT CLEARANCE INFORMATION

Clearance completed?	EPICRPTCLRCOMP	Was clearance completed?	DropDownList	Yes No Unknown	Y N U
Date	EPICRPTCLRCOMPFRSTDT	If Yes, date of first clearance specimen	Date (MM/DD/YYYY)		
Date	EPICRPTCLRCOMPFLD	If Yes, date of final clearance specimen	Date (MM/DD/YYYY)		
If No, specify reason	EPICRPTCLRCOMPSPCFY	If No, specify reason	FreeText		
Sensitive occupation or situation?	EPICRPTCLRSENSOCC	Is this patient in a sensitive occupation or situation?	DropDownList	Yes No Unknown	Y N U
If Yes, which?	EPICRPTCLRSENSOCCTYPE_FOOD EPICRPTCLRSENSOCCTYPE_GROUP EPICRPTCLRSENSOCCTYPE_HEAL EPICRPTCLRSENSOCCTYPE_OTH	If Yes, which sensitive occupation or situation?	DropDownList	Foodhandler Group setting Healthcare Other	FOOD GROUP HEAL OTH
If Other, specify	EPICRPTCLRSENSOCCSPCFY	If Other, specify setting	FreeText		

PATIENT EMPLOYMENT / SITUATION INFORMATION FOR CLEARANCE

Employer / Situation	EPICRPTEMPSITEMPLR_1 EPICRPTEMPSITEMPLR_2 EPICRPTEMPSITEMPLR_3	Employer/ Situation (place of employment, daycare name, etc.)	FreeText		
Name of employer contact	EPICRPTEMPSITEMPLRCONT_1 EPICRPTEMPSITEMPLRCONT_2 EPICRPTEMPSITEMPLRCONT_3	Name of employer contact	FreeText		
Telephone number	EPICRPTEMPSITPHONE_1 EPICRPTEMPSITPHONE_2 EPICRPTEMPSITPHONE_3	Telephone number	FreeText		
Fax number	EPICRPTEMPSITFAX_1 EPICRPTEMPSITFAX_2 EPICRPTEMPSITFAX_3	Fax number	FreeText		

Street address	EPICRPTEMPSITSTADDR_1 EPICRPTEMPSITSTADDR_2 EPICRPTEMPSITSTADDR_3	Street address	FreeText		
City	EPICRPTEMPSITCITY_1 EPICRPTEMPSITCITY_2 EPICRPTEMPSITCITY_3	City	FreeText		
State	EPICRPTEMPSITSTATE_1 EPICRPTEMPSITSTATE_2 EPICRPTEMPSITSTATE_3	State	DropDownList	See Appendix S	
Zip code	EPICRPTEMPSITZIP_1 EPICRPTEMPSITZIP_2 EPICRPTEMPSITZIP_3	Zip code			
CLEARANCE SPECIMEN TEST RESULTS – DETAILS					
Clearance specimen type	EPICRCLRSPECCTLTYPE_1 EPICRCLRSPECCTLTYPE_2 EPICRCLRSPECCTLTYPE_3	Clearance specimen type	DropDownList	STOOL URINE OTHER	STL URN OTH
If Other, specify	EPICRCLRSPECCTLTYPESPCFY_1 EPICRCLRSPECCTLTYPESPCFY_2 EPICRCLRSPECCTLTYPESPCFY_3	If Other, specify	FreeText		
S. Typhi / S. Paratyphi Culture / CIDT* Result	EPICRCLRSPECCTLCULTRES_1 EPICRCLRSPECCTLCULTRES_2 EPICRCLRSPECCTLCULTRES_3	S. Typhi / S. Paratyphi Culture / CIDT* Result	DropDownList	Negative CIDT Positive CIDT Negative Culture S. Typhi S. Paratyphi Unknown	NCIDT PCIDT NCULT STYPH SPARA UNK
Collection date	EPICRCLRSPECCTLCOLLECTDT_1 EPICRCLRSPECCTLCOLLECTDT_2 EPICRCLRSPECCTLCOLLECTDT_3	Collection date	Date (MM/DD/YYYY)		
Laboratory name	EPICRCLRSPECCTLLABNM_1 EPICRCLRSPECCTLLABNM_2 EPICRCLRSPECCTLLABNM_3	Laboratory name	System Field		
TREATMENT FOR CLEARANCE					
Receive treatment specifically	EPICRTXCLRRECTXFORCLR	Did the patient receive treatment specifically for clearance (and not just treatment of acute illness)?	DropDownList	Yes No Unknown	Y N U
TREATMENT FOR CLEARANCE - DETAILS					

Treatment	EPICRTXCLRDTLTX_1 EPICRTXCLRDTLTX_1 EPICRTXCLRDTLTX_1	Treatment	DropDownList	Antibiotic Gallbladder surgery Typhoid vaccine Other	ANTI GALL VACC OTH
If Other, specify	EPICRTXCLRDTLTXSPCFY_1 EPICRTXCLRDTLTXSPCFY_1 EPICRTXCLRDTLTXSPCFY_1	If Other, specify	FreeText		
Antibiotic name	EPICRTXCLRDTLABXNM_1 EPICRTXCLRDTLABXNM_1 EPICRTXCLRDTLABXNM_1	If Antibiotic, antibiotic name	DropDownList	See Appendix T	
If Other, specify	EPICRTXCLRDTLABXNMSPCFY_1 EPICRTXCLRDTLABXNMSPCFY_1 EPICRTXCLRDTLABXNMSPCFY_1	If Other, specify	FreeText		
Date started	EPICRTXCLRDTLABXNMSTDT_1 EPICRTXCLRDTLABXNMSTDT_1 EPICRTXCLRDTLABXNMSTDT_1	Date started	Date (MM/DD/YYYY)		
Date ended	EPICRTXCLRDTLABXNMENDDT_1 EPICRTXCLRDTLABXNMENDDT_1 EPICRTXCLRDTLABXNMENDDT_1	Date ended	Date (MM/DD/YYYY)		
Finished antibiotic?	EPICRTXCLRDTLABXNMFNSH_1 EPICRTXCLRDTLABXNMFNSH_1 EPICRTXCLRDTLABXNMFNSH_1	Patient finished antibiotic as prescribed?	DropDownList	Yes No Unknown	Y N U

Date of surgery	EPICRTXCLRDTLGALLSURGDT_1 EPICRTXCLRDTLGALLSURGDT_1 EPICRTXCLRDTLGALLSURGDT_1	If Gallbladder surgery, date of surgery	Date (MM/DD/YYYY)		
Specify vaccine	EPICRTXCLRDTLVACNM_1 EPICRTXCLRDTLVACNM_1 EPICRTXCLRDTLVACNM_1	If Typhoid vaccine, specify vaccine	DropDownList	Oral Ty21a or Vivotif (Berna) four pill series	TY21A
				ViCPS or Typhim Vi shot (Pasteur Merieux)	VICPS
				TCV Typhoid conjugate vaccine	TCV
				Other	OTH
				Unknown	UNK
If Other, specify	EPICRTXCLRDTLVACNMSPCFY_1 EPICRTXCLRDTLVACNMSPCFY_1 EPICRTXCLRDTLVACNMSPCFY_1	If Other, specify	FreeText		
Date Completed	EPICRTXCLRDTLVACNMCOMPDT_1 EPICRTXCLRDTLVACNMCOMPDT_1 EPICRTXCLRDTLVACNMCOMPDT_1	If Other, specify	Date (MM/DD/YYYY)		
NON-TREATMENT RELATED CLEARANCE ISSUES					

Issues	EPICRNONTXISSCOMMENT		Non-treatment related clearance issues	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 form completed	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY		First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSFPY		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		
Pattern 1 ID #	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID #	OBPAT2IDNUM	Pattern 2 ID number	FreeText		
OUTBREAK - DETAILS					
CDC PulseNet	EPICROBDTLCDCCODE	CDC PulseNet Cluster Code	FreeText		
CDC NORS	EPICROBDTLCDCNORSID	CDC NORS Outbreak ID Number	FreeText		
CEIP VARIABLES - FOR CALIFORNIA EMERGING INFECTIONS PROGRAM (CEIP) USE ONLY					
CDC NORS	CEIPVarNORSID	CDC NORS Outbreak ID Number	FreeText		
Outbreak state ID	CEIPVarStateID	Outbreak state ID	FreeText		
Outbreak Type	CEIPVarOBType	Outbreak Type	DropDownList	Food-borne transmission	FOOD
				Water-borne transmission	WATER
				Human to human transmission	HUMAN
				Environmental contamination other than food/water	ENVIRO
				Indeterminate disease transmission mode	IND
				Animal contact transmission	ANML
				Unknown	UNK
Case found?	CEIPVarAuditCaseFound	Was the case found during an audit?	DropDownList	Yes No Unknown	Y N U
Subject interviewed?	CEIPVarAuditPHInter	Was the subject interviewed by public health (i.e. state or local health department or FoodNet staff)?	DropDownList	Yes No Unknown	Y N U
Info Complete?	CEIPVarInfoComp	Is all the information for this case complete?	DropDownList	Yes No Unknown	Y N U

Date Completed	CEIPVarAuditCompDt	Date case report form was completed	Date (MM/DD/YYYY)		
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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?	CLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with Plague (Human)?	DropDownList	Yes No Unknown	Y N U
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
Onset date	CLICRSIGNSXFEVERONSETDT	Onset date of fever	Date (MM/DD/YYYY)		
Highest temperature	CLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Headache	CLICRSIGNSXHEADACHE	Plague (Human) signs and symptoms: Headache	DropDownList	Yes No Unknown	Y N U
Sweats / chills / rigors	CLICRSIGNSXSWEATS	Plague (Human) signs and symptoms: Sweats / chills / rigors	DropDownList	Yes No Unknown	Y N U
Confusion / delirium	CLICRSIGNSXCONFUSION	Plague (Human) signs and symptoms: Confusion / delirium	DropDownList	Yes No Unknown	Y N U
Weakness/lethargy/ malaise	CLICRSIGNSXWEAKNESS	Plague (Human) signs and symptoms: Weakness/lethargy/ malaise	DropDownList	Yes No Unknown	Y N U
Muscle / joint pains	CLICRSIGNSXMUSCLEPAIN	Plague (Human) signs and symptoms: Muscle/joint pains	DropDownList	Yes No Unknown	Y N U
Shortness of breath	CLICRSIGNSXSHORTBREATH	Plague (Human) signs and symptoms: Shortness of breath	DropDownList	Yes No Unknown	Y N U
If Yes, onset date	CLICRSIGNSXSHORTBREATHDT	If Yes, specify onset date of shortness of breath	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
Nausea, vomiting, and / or diarrhea	CLICRSIGNSXNAUSEA	Plague (Human) signs and symptoms: Nausea, vomiting, and / or diarrhea	DropDownList	Yes No Unknown	Y N U
Chest pain	CLICRSIGNSXCHSTPAIN	Plague (Human) signs and symptoms: Chest pain	DropDownList	Yes No Unknown	Y N U
Abdominal pain	CLICRSIGNSXABPAIN	Plague (Human) signs and symptoms: Abdominal pain	DropDownList	Yes No Unknown	Y N U
Cough	CLICRSIGNSXCOUGH	Plague (Human) signs and symptoms: Cough	DropDownList	Yes No Unknown	Y N U
If Yes, onset date	CLICRSIGNSXCOUGHONSETDT	If Yes, specify onset date of cough	Date (MM/DD/YYYY)		
Bloody sputum	CLICRSIGNSXBLDYSPUTUM	Plague (Human) signs and symptoms: Bloody sputum	DropDownList	Yes No Unknown	Y N U
If Yes, onset date	CLICRSIGNSXBLDYSPUTUMDT	If Yes, specify onset date of bloody sputum	Date (MM/DD/YYYY)		
Skin lesion(s)	CLICRSIGNSXLESIONS	Plague (Human) signs and symptoms: Skin lesion(s)	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXLESIONSONSETDT	If Yes, specify onset date of skin lesion(s)	Date (MM/DD/YYYY)		
Description (size, color, etc.)	CLICRSIGNSXLESIONDESC	Describe size, color, and any other pertinent information about the skin lesion(s)	FreeText		
Swollen tender lymph nodes	CLICRSIGNSXLYMPHNOD	Plague (Human) signs and symptoms: Swollen tender lymph nodes	DropDownList	Yes No Unknown	Y N U
Other symptom	CLICRSIGNSXOTHSX	Other signs or symptoms of Plague (Human)	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRSIGNSXOTHSXSPFY	Specify other signs/symptoms	FreeText		
LYMPH NODE – DETAILS					
Lymph node	CLICRLYMPHTLNODE_1 CLICRLYMPHTLNODE_2	Specify location of lymph node	DropDownList	Axillary Cervical	A C

CLINICAL INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
	CLICRLYMPHDTLNODE_3			Femoral Inguinal Other	F I O
If Other, specify	CLICRLYMPHDTLNODESPFY_1 CLICRLYMPHDTLNODESPFY_2 CLICRLYMPHDTLNODESPFY_3	If other location, specify	FreeText		
Location of lymph node	CLICRLYMPHDTLLOCATION_1 CLICRLYMPHDTLLOCATION_2 CLICRLYMPHDTLLOCATION_3	Specify the location (Left or Right) of lymph node	DropDownList	Right Left Bilateral	R L B
Description	CLICRLYMPHDTLDESCRIPTION_1 CLICRLYMPHDTLDESCRIPTION_2 CLICRLYMPHDTLDESCRIPTION_3	Description (size, tenderness, erythema, etc.) of lymph node	FreeText		
IMAGING / X-RAY					
Chest x-ray done	CLICRIMGXRAYCHESTXRAY	Was a chest x-ray performed?	DropDownList	Yes No Unknown	Y N U
Date	CLICRIMGXRAYDT	Date of chest x-ray	Date (MM/DD/YYYY)		
Results	CLICRIMGXRAYRSLT_NORMAL CLICRIMGXRAYRSLT_HILARADEN CLICRIMGXRAYRSLT_INFILTUNI CLICRIMGXRAYRSLT_INFILTBI CLICRIMGXRAYRSLT_INTERSTI CLICRIMGXRAYRSLT_PLEUREFF CLICRIMGXRAYRSLT_PULMABS CLICRIMGXRAYRSLT_PULMNOD CLICRIMGXRAYRSLT_UNK	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 Pulmonary nodules Unknown	NORMAL HILARADEN INFILTUNI INFILTBI INTERSTI PLEUREFF PULMABS 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		

CLINICAL INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
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?	TXMGTREATMENT	Did the patient receive treatment for this disease?	DropDownList	Yes No Unknown	Y N U
TREATMENT / MANAGEMENT – DETAILS					

CLINICAL INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Antibiotic	CLICRTXMGTDTLABX_1 CLICRTXMGTDTLABX_2 CLICRTXMGTDTLABX_3	Specify the antibiotic administered to the patient	FreeText		
Dose	CLICRTXMGTDLDOSE_1 CLICRTXMGTDLDOSE_2 CLICRTXMGTDLDOSE_3	Specify the dosage of the antibiotic	FreeText		
Date started	CLICRTXMGTDLSTARTDT_1 CLICRTXMGTDLSTARTDT_2 CLICRTXMGTDLSTARTDT_3	Date antibiotics started	Date (MM/DD/YYYY)		
Days prescribed	CLICRTXMGTDLTDAYS_1 CLICRTXMGTDLTDAYS_2 CLICRTXMGTDLTDAYS_3	Number of days prescribed	FreeText		
CLINICAL COMPLICATIONS					
Check all that apply	CLICRCLICOMPCOMP_AMPUTISCHEM CLICRCLICOMPCOMP_MULTIORGFAIL CLICRCLICOMPCOMP_BLDDIC CLICRCLICOMPCOMP_RENALFAIL CLICRCLICOMPCOMP_CARDARRST CLICRCLICOMPCOMP_SECONDPNEU CLICRCLICOMPCOMP_INTUB CLICRCLICOMPCOMP_SHOCK CLICRCLICOMPCOMP_OTH	Check the box next to each clinical complication that applies to this patient	CheckBoxList (more than one choice is possible)	Amputation / limb ischemia	AMPUTISCHEM
				Multisystem (i.e. > 2) organ failure	MULTIORGFAIL
				Bleeding / DIC	BLDDIC
				Renal failure (Cr > 2.0 mg/dl)	RENALFAIL
				Cardiac arrest	CARDARRST
				Secondary pneumonia	SECONDPNEU
				Intubation	INTUB
				Shock (SBP < 90 mmHg)	SHOCK
				Other(s)	OTH
If Other(s), specify	CLICRCLICOMPCOMPOTH	Specify any other clinical complications	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)		

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	LABCRLABRSLTSUMSPECTYPE_1 LABCRLABRSLTSUMSPECTYPE_2 LABCRLABRSLTSUMSPECTYPE_3	Specify type of specimen submitted for lab testing	DropDownList	Whole blood	WHLBLD
				Serum	SERUM
				Blood smear	BLDSMEAR
				Lymph node aspirate	LNASP
				Lymph node biopsy	LNBBIOP
				Wound/lymph node swab	WLNSWAB
				Nasopharyngeal swab	NSWAB
				Sputum	SPUT
				Tracheal wash	TRACH
				Other tissue (specify)	OTH
If Other tissue, specify	LABCRLABRSLTUMSPECTYPESPFY_1 LABCRLABRSLTUMSPECTYPESPFY_2 LABCRLABRSLTUMSPECTYPESPFY_3	If other tissue submitted for lab testing, specify tissue	FreeText		
Type of test	LABCRLABRSLTUMTSTTYPE_1 LABCRLABRSLTUMTSTTYPE_2 LABCRLABRSLTUMTSTTYPE_3	Type of laboratory test performed	DropDownList	Gram's stain	GRASTAIN
				Wayson stain	WSTAIN
				Giems stain	GIESTAIN
				Direct fluorescent antibody	DFA
				Polymerase chain reaction	PCR
				Culture	CULT
				Bacteriophage lysis	BACT
				Passive hemagglutination and inhibition	PASHEMO
				Enzyme-linked immunoassay	ELI
Results	LABCRLABRSLTUMRSLT_1 LABCRLABRSLTUMRSLT_2 LABCRLABRSLTUMRSLT_3	Results of laboratory testing	FreeText		
Collection date	LABCRLABRSLTUMDT_1 LABCRLABRSLTUMDT_2 LABCRLABRSLTUMDT_3	Date specimen was collected	Date (MM/DD/YYYY)		
Interpretation	LABCRLABRSLTUMINTERPRET_1 LABCRLABRSLTUMINTERPRET_2 LABCRLABRSLTUMINTERPRET_3	Interpretation of lab test results	FreeText		
Laboratory name	LABCRLABRSLTUMLABNAME_1 LABCRLABRSLTUMLABNAME_2 LABCRLABRSLTUMLABNAME_3	Name of laboratory where testing was performed	FreeText		

LABORATORY INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Telephone	LABCRLABRSLTSUMLABPHONE_1 LABCRLABRSLTSUMLABPHONE_2 LABCRLABRSLTSUMLABPHONE_3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS – INITIAL BLOOD TESTS					
Date	LABCRLABRSLTBLDTSTDT	Date of initial blood tests	Date (MM/DD/YYYY)		
WBC ($\times 10^3$)	LABCRLABRSLTBLDTSTWBC	White Blood Cell (WBC) count ($\times 10^3$) per mm 3	FreeText		
Differential (indicate %)	LABCRLABRSLTBLDTSTDIFF	White Blood Cell differential (indicate percentages)	FreeText		
Segs	LABCRLABRSLTBLDTSTSEGS	Percentage of Segs (Neutrophils)	FreeText		
Bands	LABCRLABRSLTBLDTSTBANDS	Percentage of Bands (immature Neutrophils)	FreeText		
Lymphs	LABCRLABRSLTBLDTSTLYMPHS	Percentage of lymphocytes	FreeText		
Hgb (mg/dl) or Hct	LABCRLABRSLTBLDTSTHGB	Hgb (Hemoglobin mg/dl) or Hct (Hematocrit percentage)	FreeText		
Platelets ($\times 10^3$)	LABCRLABRSLTBLDTSTPLATELETS	Platelet count ($\times 10^3$)	FreeText		
BUN (U/dl)	LABCRLABRSLTBLDTSTBUN	BUN (Blood urea nitrogen U/dl)	FreeText		
Creatinine (mg/dl)	LABCRLABRSLTBLDTSTCREATINE	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?	EPICREXPRISKFACTSICKANIML	Did the patient have contact with sick or dead animals during the incubation period?	DropDownList	Yes No Unknown	Y N U
Location	EPICREXPRISKFACTSICKANIMLLOC	Location of animal contact	FreeText		
Date of contact	EPICREXPRISKFACTSICKANIMLDT	Date of animal contact	Date (MM/DD/YYYY)		
Nature of contact	EPICREXPRISKFACTSICKANIMLNAT	Describe the nature of animal contact	FreeText		
Contact with known plague patient?	EPICREXPRISKFACTPLGPAT	Did the patient have contact with known plague patient during the incubation period?	DropDownList	Yes No Unknown	Y N U
Location	EPICREXPRISKFACTPLGPATSPFYLOC	Location of plague patient contact	FreeText		
Date of contact	EPICREXPRISKFACTPLGPATSPFYDT	Date of plague patient contact	Date (MM/DD/YYYY)		
Nature of contact	EPICREXPRISKFACTPLGPATSPFYNAT	Describe the nature of plague patient contact	FreeText		
Flea or other insect bites?	HEPICREXPRISKFACTINSBIT	Did the patient have any flea or other insect bites during the incubation period?	DropDownList	Yes No Unknown	Y N U
Location	EPICREXPRISKFACTINSBITSPFYLOC	Geographic location of insect bite	FreeText		
Date of contact	EPICREXPRISKFACTINSBITSPFYDT	Date of insect contact	Date (MM/DD/YYYY)		
Nature of contact	EPICREXPRISKFACTINSBITSPFYNAT	Describe the nature of insect contact	FreeText		
Contact with any pet cats?	EPICREXPRISKFACTCATS	Did the patient have contact with any pet cats during the incubation period?	DropDownList	Yes No Unknown	Y N U
Location	EPICREXPRISKFACTCATSSPFYLOC	Location of cat contact	FreeText		
Date of contact	EPICREXPRISKFACTCATSSPFYDT	Date of cat contact	Date (MM/DD/YYYY)		
Nature of contact	EPICREXPRISKFACTCATSSPFYNAT	Describe the nature of cat contact	FreeText		

EPIDEMIOLOGIC INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Contact with someone ill or who has died?	EPICREXPRISKFACTILLDIE	Did the patient have contact with someone ill, or who has died, during the incubation period?	DropDownList	Yes No Unknown	Y N U
Location	EPICREXPRISKFACTILLDIESPFYLOC	Location of contact	FreeText		
Date of contact	EPICREXPRISKFACTILLDIESPFYDT	Date of contact with ill person	Date (MM/DD/YYYY)		
Nature of contact	EPICREXPRISKFACTILLDIESPFYNAT	Describe the nature of contact with ill person	FreeText		
Other contact / exposure	EPICREXPRISKFACTOTHEXP	Did the patient have any other pertinent contacts or exposures during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type of exposure	EPICREXPRISKFACTOTHEXPSPFYTYP	Type of exposure	FreeText		
Location	EPICREXPRISKFACTOTHEXPSPFYLOC	Location of contact or exposure	FreeText		
Date of contact	EPICREXPRISKFACTOTHEXPSPFYDT	Date of contact	Date (MM/DD/YYYY)		
Nature of contact	EPICREXPRISKFACTOTHEXPSPFYNAT	Nature of contact	FreeText		
Pets at home?	EPICREXPRISKFACTPETS	Are there any pets in the patient's home?	DropDownList	Yes No Unknown	Y N U
Animal(s)	EPICREXPRISKFACTPETSSPFYANIML_DOG	If yes, specify the animal(s)	CheckBoxList (more than one choice is possible)	Dog(s)	DOG
	EPICREXPRISKFACTPETSSPFYANIML_CAT			Cat(s)	CAT
	EPICREXPRISKFACTPETSSPFYANIML_OTH			Other	OTH
If Other, specify	EPICREXPRISKFACTPETSSPFYANMLOTH	If other animal, specify	FreeText		
Ill or died during incubation?	EPICREXPRISKFACTPETSSPFYILLDIE	Are any ill or have any died during the incubation period?	DropDownList	Yes No Unknown	Y N U
Brought home dead animals?	EPICREXPRISKFACTPETSSPFYBRTDEAD	Have they brought home dead animals?	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
Details	EPICREXPRISKFACTDETAILS	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?	EPICRTRVHXOUTSIDECOUNTY	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Traveled outside U.S.	HEPICRTRVHXOUTSIDEUS	Has the patient traveled outside the U.S. 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	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)		
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	What airline(s) did the patient fly on?	FreeText		

EPIDEMIOLOGIC INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Flight number(s)	TRVHXDTLPatFlyNumber_1 TRVHXDTLPatFlyNumber_2 TRVHXDTLPatFlyNumber_3	Specify the flight number(s) of the flight(s)	FreeText		
Departure date	TRVHXDTLPatFlyDepDt_1 TRVHXDTLPatFlyDepDt_2 TRVHXDTLPatFlyDepDt_3	Flight departure date(s)	Date (MM/DD/YYYY)		
Arrival date	TRVHXDTLPatFlyArrDt_1 TRVHXDTLPatFlyArrDt_2 TRVHXDTLPatFlyArrDt_3	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	REPAGENCYREPORTEDBYSPEFY	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					

EPIDEMIOLOGIC INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Classification unknown	EPICRCASECLASSUNKNOWN	Indicate if the disease classification is unknown	CheckBox	Unchecked Checked	(blank) Y
Primary classification	EPICRCASECLASSPRIMARY	Primary disease classification	DropDownList	Bubonic Pneumonic Septicemic Pharyngeal Meningitic	BUBON PNEUMO SEPTI PHARYN MENIN
Secondary classification	EPICRCASECLASSECONDARY	Secondary disease classification	DropDownList	Bubonic Pneumonic Septicemic Pharyngeal Meningitic No secondary classification	BUBON PNEUMO SEPTI PHARYN MENIN NONE
OUTBREAK					
Part of known outbreak?	EPICROBPARTOF	Is this case part of a known Plague (Human) outbreak?	DropDownList	Yes No Unknown	Y N U
If Yes, extent of outbreak	EPICROBEXTENTOF_ONEJUR EPICROBEXTENTOF_MULJUR EPICROBEXTENTOF_MULSTAT EPICROBEXTENTOF_INTR HEPICROBEXTENTOF_UNK HEPICROBEXTENTOF_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	EPICROBEXTENTOFSPFY	Specify other extent of outbreak	FreeText		
Mode of transmission	EPICROBTRANSMOD_SRC ROBTRANSMOD_P2P ROBTRANSMOD_UNK EPICROBTRANSMOD_OTH	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	EPICROBTRANSMODSPFY	Specify other mode of transmission	FreeText		

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?	CLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with psittacosis?	DropDownList	Yes No Unknown	Y N U
Date first 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	CLICRSIGNSXHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Chills	CLICRSIGNSXCHILLS	Psittacosis signs and symptoms: Chills	DropDownList	Yes No Unknown	Y N U
Headache	CLICRSIGNSXHEADACHE	Psittacosis signs and symptoms: Headache	DropDownList	Yes No Unknown	Y N U
Photophobia	CLICRSIGNSXPHTOPHOBIA	Psittacosis signs and symptoms: Photophobia	DropDownList	Yes No Unknown	Y N U
Cough	CLICRSIGNSXCOUGH	Psittacosis signs and symptoms: Cough	DropDownList	Yes No Unknown	Y N U
Myalgia	CLICRSIGNSXMYALGIA	Psittacosis signs and symptoms: Myalgia	DropDownList	Yes No Unknown	Y N U
Other	CLICRSIGNSXOTH	Other signs or symptoms of Psittacosis	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRSIGNSXOTHSPFY	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 – PSITTACOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Was patient hospitalized?	HOSPITALIZED	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	HOSPTLNAME_1 HOSPTLNAME_2 HOSPTLNAME_3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPTLADDRESS_1 HOSPTLADDRESS_2 HOSPTLADDRESS_3	Street address of hospital	FreeText		
City	HOSPTLCITY_1 HOSPTLCITY_2 HOSPTLCITY_3	City where hospital located	FreeText		
State	HOSPTLSTATE_1 HOSPTLSTATE_2 HOSPTLSTATE_3	State	FreeText		
Zip code	HOSPTLZIPCODE_1 HOSPTLZIPCODE_2 HOSPTLZIPCODE_3	Zip code	FreeText		
Telephone	HOSPTLPHONE_1 HOSPTLPHONE_2 HOSPTLPHONE_3	Telephone number for hospital	FreeText		
Admit date	HOSPTLADMITDT_1 HOSPTLADMITDT_2 HOSPTLADMITDT_3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPTLDISCHDT_1 HOSPTLDISCHDT_2 HOSPTLDISCHDT_3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPTLMRN_1 HOSPTLMRN_2 HOSPTLMRN_3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPTLDISCHDX_1 HOSPTLDISCHDX_2 HOSPTLDISCHDX_3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					

CLINICAL INFO – PSITTACOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Received treatment?	TXMGTREATMENT	Did the patient receive treatment for psittacosis?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT - DETAILS					
Treatment type	CLICRTXMGTDLTYPE_1 CLICRTXMGTDLTYPE_2 CLICRTXMGTDLTYPE_3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
Treatment name	CLICRTXMGTDLNAME_1 CLICRTXMGTDLNAME_2 CLICRTXMGTDLNAME_3	What was the specific name of the treatment?	FreeText		
Date started	CLICRTXMGTDLSTARTDT_1 CLICRTXMGTDLSTARTDT_2 CLICRTXMGTDLSTARTDT_3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CLICRTXMGTDLENDDT_1 CLICRTXMGTDLENDDT_2 CLICRTXMGTDLENDDT_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)		

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	LABCRLABRSLTSUMSPECTYP_1 LABCRLABRSLTSUMSPECTYP_2 LABCRLABRSLTUMSPECTYP_3	What type of specimen was submitted for lab testing?	DropDownList	Serum (Acute) Serum (Convalescent) Other	ACUTE CONVAL OTH
If Other, specify	LABCRLABRSLTUMSPECTYPOTH_1 LABCRLABRSLTUMSPECTYPOTH_2 LABCRLABRSLTUMSPECTYPOTH_3	If Other specimen type was submitted, please specify the type of specimen.	FreeText		
Type of test	LABCRLABRSLTUMTYP_1 LABCRLABRSLTUMTYP_2 LABCRLABRSLTUMTYP_3	Type of laboratory test performed	DropDownList	MIF CF Culture Other	MIF CF CULT OTH
If Other, specify	LABCRLABRSLTUMTYPOTH_1 LABCRLABRSLTUMTYPOTH_2 LABCRLABRSLTUMTYPOTH_3	If Other test type was performed, please specify the type of test	FreeText		
C. psittaci IgM titer	LABCRLABRSLTUMIGM_1 LABCRLABRSLTUMIGM_2 LABCRLABRSLTUMIGM_3	What was the C. psittaci IgM titer score?	FreeText		
C. psittaci IgG titer	LABCRLABRSLTUMIGG_1 LABCRLABRSLTUMIGG_2 LABCRLABRSLTUMIGG_3	What was the C. psittaci IgG titer score?	FreeText		
Results	LABCRLABRSLTUMRSLT_1 LABCRLABRSLTUMRSLT_2 LABCRLABRSLTUMRSLT_3	What are the results of the laboratory testing?	FreeText		
Interpretation	LABCRLABRSLTUMINTERPRET_1 LABCRLABRSLTUMINTERPRET_2 LABCRLABRSLTUMINTERPRET_3	Interpretation of lab test results	DropDownList	Positive Negative Equivocal	POS NEG EQU
Laboratory name	LABCRLABRSLTUMNAME_1 LABCRLABRSLTUMNAME_2 LABCRLABRSLTUMNAME_3	Name of laboratory where testing was performed	FreeText		
Telephone	LABCRLABRSLTUMPHONE_1 LABCRLABRSLTUMPHONE_2 LABCRLABRSLTUMPHONE_3	Telephone number of laboratory	FreeText		
IMAGING SUMMARY					
Anatomic site	IMGSUMSHORTANATOMICSITE	If imaging study was done, what anatomic site was imaged?	FreeText		

LABORATORY INFO – PSITTACOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Date	IMGSUMSHORTDT	Date of imaging study?	Date (MM/DD/YYYY)		
Type of imaging	IMGSUMSHORTIMGTYPE_XRAY	Specific type of imaging or radiographic study	CheckBoxList (more than one choice is possible)	X-Ray	XRAY
	IMGSUMSHORTIMGTYPE_CT			CT	CT
	IMGSUMSHORTIMGTYPE_MRI			MRI	MRI
	IMGSUMSHORTIMGTYPE_OTH			Other	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)	EPICREXRISKFACTBIRD_1 EPICREXRISKFACTBIRD_2 EPICREXRISKFACTBIRD_3	Did the patient have contact with birds during the month prior to illness onset?	DropDownList	Yes No Unknown	Y N U
Type of bird	EPICREXRISKFACTTYPBIRD_1 EPICREXRISKFACTTYPBIRD_2 EPICREXRISKFACTTYPBIRD_3	If yes, specify type(s) of bird(s)	DropDownList	Psittacines Pigeons Poultry Other	PSIT PIDG POUL OTH
If Other, specify	EPICREXRISKFACTTYPBIRDSPFY_1 EPICREXRISKFACTTYPBIRDSPFY_2 EPICREXRISKFACTTYPBIRDSPFY_3	If other type, please specify	FreeText		
Type of bird exposure	EPICREXRISKFACTTYPBIRDEXP_1 EPICREXRISKFACTTYPBIRDEXP_2 EPICREXRISKFACTTYPBIRDEXP_3	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	EPICREXRISKFACTTYPBIRDEXPSPF_Y_1 EPICREXRISKFACTTYPBIRDEXPSPF_Y_2 EPICREXRISKFACTTYPBIRDEXPSPF_Y_3	If other type, please specify	FreeText		
Exposure start date	EPICREXRISKFACTSTARTDT_1 EPICREXRISKFACTSTARTDT_2 EPICREXRISKFACTSTARTDT_3	Date exposure started	Date (MM/DD/YYYY)		
Exposure end date	EPICREXRISKFACTENDDT_1 EPICREXRISKFACTENDDT_2 EPICREXRISKFACTENDDT_3	Date exposure ended	Date (MM/DD/YYYY)		
Where were birds from?	EPICREXRISKFACTAQUIRED_1 EPICREXRISKFACTAQUIRED_2 EPICREXRISKFACTAQUIRED_3	Where were the birds acquired from?	FreeText		
Any birds ill?	EPICREXRISKFACTBIRDILL_1 EPICREXRISKFACTBIRDILL_2 EPICREXRISKFACTBIRDILL_3	Were any of the birds ill?	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
Any birds die?	EPICREXPRISKFACTBIRDDIE_1 EPICREXPRISKFACTBIRDDIE_2 EPICREXPRISKFACTBIRDDIE_3	Did any of the birds die?	DropDownList	Yes No Unknown	Y N U
Any birds tested?	EPICREXPRISKFACTBIRDSTST_1 EPICREXPRISKFACTBIRDSTST_2 EPICREXPRISKFACTBIRDSTST_3	Were any birds tested?	DropDownList	Yes No Unknown	Y N U
If Yes, results	EPICREXPRISKFACTBIRDRLSLT_1 EPICREXPRISKFACTBIRDRLSLT_2 EPICREXPRISKFACTBIRDRLSLT_3	If any of the birds were tested, please specify the results	FreeText		
Human psittacosis case	EPICREXPRISKFACTHUMANCASE_1 EPICREXPRISKFACTHUMANCASE_2 EPICREXPRISKFACTHUMANCASE_3	Did the patient have contact with any human psittacosis cases during the month prior to illness onset?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPICREXPRISKFACTHUMANCASESPF Y_1 EPICREXPRISKFACTHUMANCASESPF Y_2 EPICREXPRISKFACTHUMANCASESPF Y_3	If Yes, specify contact	FreeText		
Other contact	EPICREXPRISKFACTOTHCONT_1 EPICREXPRISKFACTOTHCONT_2 EPICREXPRISKFACTOTHCONT_3	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	EPICREXPRISKFACTOTHCONTSPFY_1 EPICREXPRISKFACTOTHCONTSPFY_2 EPICREXPRISKFACTOTHCONTSPFY_3	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)		

EPIDEMIOLOGIC INFO – PSITTACOSIS					
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	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
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?	CLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with Q Fever?	DropDownList	Yes No Unknown	Y N U
Date first 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		
Myalgia	CLICRSIGNSXMYALGIA	Q Fever signs and symptoms: Myalgia	DropDownList	Yes No Unknown	Y N U
Retrobulbar pain	CLICRSIGNSXRETROPAIN	Q Fever signs and symptoms: Retrobulbar pain	DropDownList	Yes No Unknown	Y N U
Malaise	CLICRSIGNSXMALAISE	Q Fever signs and symptoms: Malaise	DropDownList	Yes No Unknown	Y N U
Rash	CLICRSIGNSXRASH	Q Fever signs and symptoms: Rash	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	CLICRSIGNSXRASHLOC	If Yes, specify anatomic location of rash	FreeText		
Cough	CLICRSIGNSXCOUGH	Q Fever signs and symptoms: Cough	DropDownList	Yes No Unknown	Y N U
Severe headache	CLICRSIGNSXHEADACHE	Q Fever signs and symptoms: Severe headache	DropDownList	Yes No Unknown	Y N U
Splenomegaly	CLICRSIGNSXSPLENOM	Q Fever signs and symptoms: Splenomegaly	DropDownList	Yes No Unknown	Y N U
Hepatomegaly	CLICRSIGNSXHEPATOM	Q Fever signs and symptoms: Hepatomegaly	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
Pneumonia	CLICRSIGNSXPNEUM	Q Fever signs and symptoms: Pneumonia	DropDownList	Yes No Unknown	Y N U
Hepatitis	CLICRSIGNSXHEPATITIS	Q Fever signs and symptoms: Hepatitis	DropDownList	Yes No Unknown	Y N U
Endocarditis	CLICRSIGNSXENDOCARD	Q Fever signs and symptoms: Endocarditis	DropDownList	Yes No Unknown	Y N U
Osteomyelitis, osteoarthritis	CLICRSIGNSXOsteo	Q Fever signs and symptoms: Osteomyelitis, osteoarthritis	DropDownList	Yes No Unknown	Y N U
Intestinal pain	CLICRSIGNSXINTESTINPAIN	Q Fever signs and symptoms: Intestinal pain	DropDownList	Yes No Unknown	Y N U
Abnormal chest x-ray	CLICRSIGNSXABNORMALCXR	Q Fever signs and symptoms: Abnormal chest x-ray	DropDownList	Yes No Unknown	Y N U
If Yes, specify findings	CLICRSIGNSXABNORMALCXRSPFY	If Yes, specify x-ray findings	FreeText		
Elevated liver enzyme levels	CLICRSIGNSXLivEnz	Q Fever signs and symptoms: Elevated liver enzyme levels	DropDownList	Yes No Unknown	Y N U
If Yes, specify findings	CLICRSIGNSXLivEnzSpcfy	If Yes, specify x-ray findings	FreeText		
Thrombocytopenia	CLICRSIGNSXThombo	Q Fever signs and symptoms: Thrombocytopenia	DropDownList	Yes No Unknown	Y N U
Other	CLICRSIGNSXOTH	Other signs or symptoms of Q Fever	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRSIGNSXOTHSPFY	Specify other signs/symptoms	FreeText		
PAST MEDICAL HISTORY					
Immunocom-promised	CLICRPASMEDHXIMMUNO	Is patient immunocompromised?	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
If Yes, specify condition	CLICRPASMEDHXIMMUNOSPFY	If Yes, specify condition	FreeText		
Valvular heart disease	CLICRPASMEDHXVALVHEARTDIS	Does patient have Valvular heart disease?	DropDownList	Yes No Unknown	Y N U
Prior Q fever diagnosis	CLICRPASMEDHXQFEVERDX	Has the patient been previously diagnosed with Q Fever?	DropDownList	Yes No Unknown	Y N U
If Yes, specify date	CLICRPASMEDHXQFEVERDXDT	If Yes, specify date of previous diagnosis	Date (MM/DD/YYYY)		
Chronic kidney disease	CLICRPASMEDHXKIDNEYDIS	Does the patient have Chronic kidney disease	DropDownList	Yes No Unknown	Y N U
If Yes, specify condition	CLICRPASMEDHXKIDNEYDISSPFY	If Yes, specify condition	FreeText		
Pregnancy	CLICRPASMEDHXPREGNANCY	Is the patient pregnant?	DropDownList	Yes No Unknown	Y N U
Thrombocytopenia	CLICRPASMEDHXTHROMBO	Does the patient have Thrombocytopenia (platelets \leq 150,000 mm ³)?	DropDownList	Yes No Unknown	Y N U
Other	CLICRPASMEDHXOTH	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	HOSPDTLNAME_1 HOSPDTLNAME_2 HOSPDTLNAME_3	Name of facility where patient was hospitalized	FreeText		

CLINICAL INFO – Q FEVER					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Street address	HOSPTLADDRESS_1 HOSPTLADDRESS_2 HOSPTLADDRESS_3	Street address of hospital	FreeText		
City	HOSPTLCITY_1 HOSPTLCITY_2 HOSPTLCITY_3	City where hospital located	FreeText		
State	HOSPTLSTATE_1 HOSPTLSTATE_2 HOSPTLSTATE_3	State	FreeText		
Zip code	HOSPTLZIPCODE_1 HOSPTLZIPCODE_2 HOSPTLZIPCODE_3	Zip code	FreeText		
Telephone	HOSPTLPHONE_1 HOSPTLPHONE_2 HOSPTLPHONE_3	Telephone number for hospital	FreeText		
Admit date	HOSPTLADMITDT_1 HOSPTLADMITDT_2 HOSPTLADMITDT_3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPTLDISCHDT_1 HOSPTLDISCHDT_2 HOSPTLDISCHDT_3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPTLMRN_1 HOSPTLMRN_2 HOSPTLMRN_3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPTLDISCHDX_1 HOSPTLDISCHDX_2 HOSPTLDISCHDX_3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGTREATMENT	Did the patient receive treatment for this disease?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGMENT - DETAILS					
Treatment type	CLICRTXMGTDLTTYPE_1 CLICRTXMGTDLTTYPE_2 CLICRTXMGTDLTTYPE3	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		

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

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	LABCRLABRSLTSUMSPECTYPE_1 LABCRLABRSLTUMSPECTYPE_2 LABCRLABRSLTUMSPECTYPE_3	Specify type of specimen submitted for lab testing	DropDownList	Serum (acute) Serum (convalescent)	SERUMA SERUMC
Type of test	LABCRLABRSLTUMTSTTYPE_1 LABCRLABRSLTUMTSTTYPE_2 LABCRLABRSLTUMTSTTYPE_3	Type of laboratory test performed	DropDownList	IFA CF ELISA MAT	IFA CF ELISA MAT
Test phase	LABCRLABRSLTUMTSTPHASE_1 LABCRLABRSLTUMTSTPHASE_2 LABCRLABRSLTUMTSTPHASE_3	Specify the testing phase	RadioButtonList	PHASE I PHASE II	1 2
Antibody type	LABCRLABRSLTUMANTIBODYTYPE_1 LABCRLABRSLTUMANTIBODYTYPE_2 LABCRLABRSLTUMANTIBODYTYPE_3	Specify the type of Antibody	RadioButtonList	IgM IgG	IGM IGG
Collection date	LABCRLABRSLTUMCOLLECTDT_1 LABCRLABRSLTUMCOLLECTDT_2 LABCRLABRSLTUMCOLLECTDT_3	Date specimen was collected	Date (MM/DD/YYYY)		
<i>C. burnetti</i> result	LABCRLABRSLTUMCBURNRSLT_1 LABCRLABRSLTUMCBURNRSLT_2 LABCRLABRSLTUMCBURNRSLT_3	Results of <i>C. burnetti</i> laboratory testing	FreeText		
Specify result unit	LABCRLABRSLTUMRSLTUNIT_1 LABCRLABRSLTUMRSLTUNIT_2 LABCRLABRSLTUMRSLTUNIT_3	Specify result unit	RadioButtonList	Titer O.D.	TITER OD
Interpretation	LABCRLABRSLTUMINTERPRET_1 LABCRLABRSLTUMINTERPRET_2 LABCRLABRSLTUMINTERPRET_3	Interpretation of laboratory test results	DropDownList	Positive Negative Equivocal	P N E
Laboratory name	LABCRLABRSLTUMLABNAME_1 LABCRLABRSLTUMLABNAME_2 LABCRLABRSLTUMLABNAME_3	Name of laboratory where testing was performed	FreeText		
Telephone	LABCRLABRSLTUMLABPHONE_1 LABCRLABRSLTUMLABPHONE_2 LABCRLABRSLTUMLABPHONE_3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS SUMMARY – OTHER					
Specimen type	LABCRLABRSLTUMOTHSPCTYPE_1 LABCRLABRSLTUMOTHSPCTYPE_2 LABCRLABRSLTUMOTHSPCTYPE_3	What type of specimen was submitted for laboratory testing?	DropDownList	Blood Clinical specimen	BLD CLI

LABORATORY INFO – Q FEVER					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
If Clinical specimen, specify	LABCRLABRSLTSMOTHSPCSPFY_1 LABCRLABRSLTSMOTHSPCSPFY_2 LABCRLABRSLTSMOTHSPCSPFY_3	If clinical specimen, specify	FreeText		
Type of test	LABCRLABRSLTSMOTHHTSTTYPE_1	Type of laboratory test performed	RadioButtonList	Culture	CULT
	LABCRLABRSLTSMOTHHTSTTYPE_2			PCR	PCR
	LABCRLABRSLTSMOTHHTSTTYPE_3			Immunostain	IMM
Collection date	LABCRLABRSLTSMOTHCOLLECTDT_1 LABCRLABRSLTSMOTHCOLLECTDT_2 LABCRLABRSLTSMOTHCOLLECTDT_3	Date specimen was collected	Date (MM/DD/YYYY)		
Interpretation	LABCRLABRSLTSMOTHINTERPRET_1 LABCRLABRSLTSMOTHINTERPRET_2 LABCRLABRSLTSMOTHINTERPRET_3	What was the interpretation of the laboratory test?	DropDownList	Positive Negative Equivocal	POS NEG EQU
Laboratory name	LABCRLABRSLTSMOTHLABNAME_1 LABCRLABRSLTSMOTHLABNAME_2 LABCRLABRSLTSMOTHLABNAME_3	Name of lab where testing was performed	FreeText		
Telephone	LABCRLABRSLTSMOTHLABPHONE_1 LABCRLABRSLTSMOTHLABPHONE_2 LABCRLABRSLTSMOTHLABPHONE_3	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_XRAY IMGSUMSHORTIMGTYPE_CT IMGSUMSHORTIMGTYPE_MRI IMGSUMSHORTIMGTYPE_OTH	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 – Q FEVER					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
FOOD HISTORY					
Unpasteurized milk	EPICRFOODHXUNPASTMILK	Did the patient drink any unpasteurized milk during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPICRFOODHXUNPASTMILKSRC	If Yes, specify animal species and source	FreeText		
Other unpasteurized dairy product	EPICRFOODHXUNPASTDAIRY	Did the patient drink any other unpasteurized dairy product during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPICRFOODHXUNPASTDAIRYSRC	If Yes, specify animal species and source	FreeText		
Other	EPICRFOODHXOTH	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	EPICRFOODHXOTHSFY	If Yes, specify other consumed item	FreeText		
ANIMAL EXPOSURES					
Birthing animals or birth products	EPICRANIMALEXPBIRTHPROD	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	EPICRANIMALEXPBIRTHPRODLOC	If Yes, specify animal species and location	FreeText		
Cattle	EPICRANIMALEXPCATTLE	Did the patient have contact with Cattle during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPICRANIMALEXPCATTLEEXPLOC	If Yes, specify exposure and geographic location	FreeText		
Sheep	EPICRANIMALEXPSHEEP	Did the patient have contact with Sheep during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPICRANIMALEXPSHEEPEXPLOC	If Yes, specify exposure and geographic location	FreeText		
Goats	EPICRANIMALEXPGOAT	Did the patient have contact with Goats during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPICRANIMALEXPGOATEXPLOC	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
Pigeons	EPICRANIMALEXPPIGEONS	Did the patient have contact with Pigeons during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPICRANIMALEXPPIGEONSEXPLLOC	If Yes, specify exposure and geographic location	FreeText		
Rabbits	EPICRANIMALEXPRABBITS	Did the patient have contact with Rabbits during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPICRANIMALEXPRABBITSEXPLLOC	If Yes, specify exposure and geographic location	FreeText		
Cats	EPICRANIMALEXPCATS	Did the patient have contact with Cats during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPICRANIMALEXPCATSEXPLLOC	If Yes, specify exposure and geographic location	FreeText		
Other	EPICRANIMALEXPOTH	Did the patient have contact with any Other animals during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPICRANIMALEXPOTHEXPLOC	If Yes, specify animal, exposure, and location	FreeText		
OCCUPATIONAL / RECREATIONAL EXPOSURES					
Wool or felt plant	EPICROCCUPRECEXPWOOL	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	EPICROCCUPRECEXPWOOLLOC	If Yes, specify location	FreeText		
Tannery or rendering plant	EPICROCCUPRECEXP TANNERY	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	EPICROCCUPRECEXP TANNERYLOC	If Yes, specify location	FreeText		
Veterinary medicine	EPICROCCUPRECEXPVETMED	Was the patient employed in Veterinary medicine during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPICROCCUPRECEXPVETMEDLOC	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
Medical research	EPICROCCUPRECEXP MEDRSRCH	Was the patient employed in Medical research during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPICROCCUPRECEXP MEDRSRCHLOC	If Yes, specify animal species and location	FreeText		
Animal research	EPICROCCUPRECEXP ANIMLRSRCH	Was the patient employed in Animal research during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPICROCCUPRECEXP ANIMLRSRCHLOC	If Yes, specify animal species and location	FreeText		
Microbiology laboratory	EPICROCCUPRECEXP MICROLAB	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	EPICROCCUPRECEXP MICROLABLOC	If Yes, specify location	FreeText		
Dairy	EPICROCCUPRECEXP DAIRY	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	EPICROCCUPRECEXP DAIRYLOC	If Yes, specify animal species and location	FreeText		
Slaughterhouse	EPICROCCUPRECEXP SLAUGHTER	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	EPICROCCUPRECEXP SLAUGHTERLOC	If Yes, specify animal species and location	FreeText		
Animal farm / ranch	EPICROCCUPRECEXP FARM	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	EPICROCCUPRECEXP FARMLOC	If Yes, specify animal species and location	FreeText		
Live with person related to above	EPICROCCUPRECEXP HH	Did the patient live in household with person occupationally related to above businesses?	DropDownList	Yes No Unknown	Y N U
If Yes, specify occupation	EPICROCCUPRECEXP HOCUP	If Yes, specify occupation	FreeText		
Other	EPICROCCUPRECEXP OTHER	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

EPIDEMIOLOGIC INFO – Q FEVER					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
If Yes, specify	EPICROCCUPRECEXPOTHERSPFY	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
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	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)		
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	What airline(s) did the patient fly on?	FreeText		
Flight number(s)	TRVHXDTLPatFlyNumber_1 TRVHXDTLPatFlyNumber_2 TRVHXDTLPatFlyNumber_3	Specify the flight number(s) of the flight(s)	FreeText		
Departure date	TRVHXDTLPatFlyDepDt_1 TRVHXDTLPatFlyDepDt_2 TRVHXDTLPatFlyDepDt_3	Flight departure date(s)	Date (MM/DD/YYYY)		
Arrival date	TRVHXDTLPatFlyArrDt_1 TRVHXDTLPatFlyArrDt_2 TRVHXDTLPatFlyArrDt_3	Flight arrival date(s)	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	EPICRCASECLASSDISEASE_ CONFACUTE EPICRCASECLASSDISEASE_ PROBACUTE EPICRCASECLASSDISEASE_ CONFCHRON EPICRCASECLASSDISEASE_ PROBCHRON	What was the disease type(s)?	CheckBoxList (more than one choice is possible)	Confirmed Acute	CONFACUTE
				Probable Acute	PROBACUTE
				Confirmed Chronic	CONFCHRON
				Probable Chronic	PROBCHRON
OUTBREAK					

EPIDEMIOLOGIC INFO – Q FEVER					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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_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	ONEJUR
				Multiple CA jurisdictions	MULJUR
				Multistate	MULSTAT
				International	INTR
				Unknown	UNK
				Other	OTH
If Other, specify	OBEXTENTOFSFY	Specify other extent of outbreak	FreeText		
Mode of transmission	OBTRANSMOD_SRC OBTRANSMOD_P2P OBTRANSMOD_UNK OBTRANSMOD_OTH	What is the mode of transmission for the disease outbreak?	CheckBoxList (more than one choice is possible)	Point source	SRC
				Person-to-person	P2P
				Unknown	UNK
				Other	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?	CLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with rabies?	DropDownList	Yes No Unknown	Y N U
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	CLICRSIGNSXHIGHESTTEMP	IF Yes, highest temperature (specify F/C)	FreeText		
Encephalitis	CLICRSIGNSXENCEPH	Rabies signs and symptoms: Encephalitis	DropDownList	Yes No Unknown	Y N U
Myelitis	CLICRSIGNSXMYELITIS	Rabies signs and symptoms: Myelitis	DropDownList	Yes No Unknown	Y N U
Ascending flaccid paralysis	CLICRSIGNSXFLACPAYALYSIS	Rabies signs and symptoms: Ascending flaccid paralysis	DropDownList	Yes No Unknown	Y N U
Aerophobia	CLICRSIGNSXAEROPHOBIA	Rabies signs and symptoms: Aerophobia	DropDownList	Yes No Unknown	Y N U
Malaise	CLICRSIGNSXMALAISE	Rabies signs and symptoms: Malaise	DropDownList	Yes No Unknown	Y N U
Headache	CLICRSIGNSXHEADACHE	Rabies signs and symptoms: Headache	DropDownList	Yes No Unknown	Y N U
Nausea / vomiting	CLICRSIGNSXNAUSEA	Rabies signs and symptoms: Nausea / vomiting	DropDownList	Yes No Unknown	Y N U
Anxiety	CLICRSIGNSXANXIETY	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	CLICRSIGNSXMUSCLESPASM	Rabies signs and symptoms: Muscle spasm	DropDownList	Yes No Unknown	Y N U
Dysphagia	CLICRSIGNSXDYSPHAGIA	Rabies signs and symptoms: Dysphagia	DropDownList	Yes No Unknown	Y N U
Anorexia	CLICRSIGNSXANOREXIA	Rabies signs and symptoms: Anorexia	DropDownList	Yes No Unknown	Y N U
Ataxia	CLICRSIGNSXATAXIA	Rabies signs and symptoms: Ataxia	DropDownList	Yes No Unknown	Y N U
Priapism	CLICRSIGNSXPRIAPISM	Rabies signs and symptoms: Priapism	DropDownList	Yes No Unknown	Y N U
Seizures	CLICRSIGNSXSEIZURES	Rabies signs and symptoms: Seizures	DropDownList	Yes No Unknown	Y N U
Hydrophobia	CLICRSIGNSXHYDROPHOBIA	Rabies signs and symptoms: Hydrophobia	DropDownList	Yes No Unknown	Y N U
Localized weakness	CLICRSIGNSXLWEAKNESS	Rabies signs and symptoms: Localized weakness	DropDownList	Yes No Unknown	Y N U
Localized pain / paresthesia	CLICRSIGNSXLPAIN	Rabies signs and symptoms: Localized pain / paresthesia	DropDownList	Yes No Unknown	Y N U
Confusion or delirium	CLICRSIGNSXCONFUSION	Rabies signs and symptoms: Confusion or delirium	DropDownList	Yes No Unknown	Y N U
Agitation / combativeness	CLICRSIGNSXAGOTATOPM	Rabies signs and symptoms: Agitation / combativeness	DropDownList	Yes No Unknown	Y N U
Autonomic instability	CLICRSIGNSXAUTOMONIC	Rabies signs and symptoms: Autonomic instability	DropDownList	Yes No Unknown	Y N U
Hyperactivity	CLICRSIGNSXHYPERACTIVITY	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	CLICRSIGNSXHALLUCINAT	Rabies signs and symptoms: Hallucinations	DropDownList	Yes No Unknown	Y N U
Insomnia	CLICRSIGNSXINSOMNIA	Rabies signs and symptoms: Insomnia	DropDownList	Yes No Unknown	Y N U
Hypersalivation	CLICRSIGNSXHYPERSAL	Rabies signs and symptoms: Hypersalivation	DropDownList	Yes No Unknown	Y N U
Other sign / symptom	CLICRSIGNSXOTHSIGN	Other signs or symptoms of rabies	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRSIGNSXOTHSIGNSPFY	Specify other signs/symptoms	FreeText		
PAST MEDICAL HISTORY – RABIES VACCINATION					
Vaccine name	CLICRPASTMEDHXRABIEVCCNAME_1 CLICRPASTMEDHXRABIEVCCNAME_2 CLICRPASTMEDHXRABIEVCCNAME_3	If the patient received a rabies vaccination, what was the vaccine's name?	FreeText		
Date of vaccination	CLICRPASTMEDHXRABIEVCCDT_1 CLICRPASTMEDHXRABIEVCCDT_2 CLICRPASTMEDHXRABIEVCCDT_3	What was the date of vaccination?	Date (MM/DD/YYYY)		
PAST MEDICAL HISTORY – OTHER					
Other condition	CLICRPASTMEDHXOTHOTHCOND	Does patient have past medical history of other condition(s)?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRPASTMEDHXOTHOTHCONDSPFY	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
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 – RABIES (HUMAN)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
ICU/CCU	HOSPICU	During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)?	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	HOSPDTCITY_1 HOSPDTCITY_2 HOSPDTCITY_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		
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?	CLICRCOMACOMA	Was the patient in a coma?	DropDownList	Yes No Unknown	Y N U
If Yes, coma onset date	CLICRCOMACOMAONSETDT	If Yes, what was the coma's onset date?	Date (MM/DD/YYYY)		
TREATMENT / MANAGEMENT					
Local treatment of wound?	CLICRTXMGTLACTX	Did the patient receive local treatment of wound?	DropDownList	Yes No Unknown	Y N U
Date	CLICRTXMGTLACTXDT	Date local treatment was administered	Date (MM/DD/YYYY)		
Additional information	CLICRTXMGTLACTXADDINFO	Specify any additional information of interest	FreeText		
Postexposure Prophylaxis	CLICRTXMGTPROPHYLASIS	Did the patient receive postexposure prophylaxis?	DropDownList	Yes No	Y N
If Yes, specify type of products	CLICRTXMGTPRODTYPE	If Yes, specify type of products	FreeText		
TREATMENT / MANAGEMENT – DETAILS					
Post-exposure Prophylaxis	CLICRTXMGTDLTYPE	Type of post-exposure prophylaxis biological	DropDownList	Rabies Immune Globulin	IMMGLOBULIN
				Rabies Vaccine	VACC
Rabies Immune Globulin	CLICRTXMGTDLGLOBNAME	Name of rabies immune globulin	DropDownList	HyperRAB	HRAB
				HyperRAB S/D	HRABSD
				Imogam-Rabies HT	IMOG
				KEDRAB	KEDR
				Other	OTH
Specify	CLICRTXMGTDLGLOBNAMEOTH	If other, specify	FreeText		
Date	RABIESHCLICRTXMGTDLGLOBADMINDT	Date of administration	Date (MM/DD/YYYY)		
Total Dose	RABIESHCLICRTXMGTDLGLOBOSE	Total dose (IUs) of immune globulin administered	FreeText		

CLINICAL INFO – RABIES (HUMAN)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Anatomic Location	RABIESHCLICRTXMGTDTLGLOBLOC	Anatomic location(s) where immune globulin administered	FreeText		
Name of rabies vaccine	RABIESHCLICRTXMGTDTLVACNAME	Name of rabies vaccine	DropDownList	RabAvert	RAB
				Imovax	IMO
				Other	OTH
First dose	CLICRTXMGTDTLFIRSTDOSE_1 CLICRTXMGTDTLFIRSTDOSE_2 CLICRTXMGTDTLFIRSTDOSE_3	Date first dose was administered	Date (MM/DD/YYYY)		
Last dose	CLICRTXMGTDTLLASTDOSE_1 CLICRTXMGTDTLLASTDOSE_2 CLICRTXMGTDTLLASTDOSE_3	Date last dose was administered	Date (MM/DD/YYYY)		
Number of Doses	RABIESHCLICRTXMGTDLDOSENAME	Number of doses	FreeText		
Manufacturer	CLICRTXMGTDLMANUFACTURE_1 CLICRTXMGTDLMANUFACTURE_2 CLICRTXMGTDLMANUFACTURE_3	Manufacturer of the drug	FreeText		
Vaccine lot number	CLICRTXMGTDLVALCOTNUM_1 CLICRTXMGTDLVALCOTNUM_2 CLICRTXMGTDLVALCOTNUM_3	What was the vaccine lot number?	FreeText		
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	Date (MM/DD/YYYY)		
LABORATORY INFO – RABIES (HUMAN)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
LABORATORY RESULTS SUMMARY					

LABORATORY INFO – RABIES (HUMAN)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Specimen type	LABCRLABRSLSUMTYPE_1 LABCRLABRSLSUMTYPE_2 LABCRLABRSLSUMTYPE_3	What type of specimen was submitted for testing?	DropDownList	Serum	SERUM
				Nuchal biopsy	NBIOPSY
				Saliva	SALIVA
				CSF	CSF
				Brain	BRAIN
				Corneal impression	CIMPRESSION
				Other	OTH
If Other, specify specimen type	LABCRLABRSLSUMOTHYP_1 LABCRLABRSLSUMOTHYP_2 LABCRLABRSLSUMOTHYP_3	If Other specimen type was submitted, please specify the type of specimen	FreeText		
Specify type of test	LABCRLABRSLSUMTSTTYPE_1 LABCRLABRSLSUMTSTTYPE_2 LABCRLABRSLSUMTSTTYPE_3	Specify type of laboratory test performed	DropDownList	IFA	IFA
				RFFIT	RFFIT
				DFA	DFA
				PCR	PCR
				Other	OTH
If Other, specify	LABCRLABRSLSUMTSTTYPEPESPFY_1 LABCRLABRSLSUMTSTTYPEPESPFY_2 LABCRLABRSLSUMTSTTYPEPESPFY_3	Specify other type of lab test	FreeText		
Collection date	LABCRLABRSLSUMCOLLECTDT_1 LABCRLABRSLSUMCOLLECTDT_2 LABCRLABRSLSUMCOLLECTDT_3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	LABCRLABRSLSUMRSLT_1 LABCRLABRSLSUMRSLT_2 LABCRLABRSLSUMRSLT_3	Results of laboratory testing	FreeText		
If Serum, specify titer	LABCRLABRSLSUMTITER_1 LABCRLABRSLSUMTITER_2 LABCRLABRSLSUMTITER_3	If serum laboratory test, specify titer score	FreeText		
Interpretation	LABCRLABRSLSUMINTERPRET_1 LABCRLABRSLSUMINTERPRET_2 LABCRLABRSLSUMINTERPRET_3	Interpretation of lab test results	RadioButtonList	Positive Negative Equivocal	POS NEG EQUIV
Laboratory name	LABCRLABRSLSUMNAME_1 LABCRLABRSLSUMNAME_2 LABCRLABRSLSUMNAME_3	Name of laboratory where testing was performed	FreeText		
Telephone	LABCRLABRSLSUMPHONE_1 LABCRLABRSLSUMPHONE_2 LABCRLABRSLSUMPHONE_3	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)	EPICRANIMALEXPANIMALCONT_1 EPICRANIMALEXPANIMALCONT_2 EPICRANIMALEXPANIMALCONT_3	Did the patient come into contact with animal(s) during the incubation period	DropDownList	Yes No Unknown	Y N U
Animals	EPICRANIMALEXPANIMAL_1 EPICRANIMALEXPANIMAL_2 EPICRANIMALEXPANIMAL_3	If yes, specify the type of animal(s)	DropDownList	Bat Skunk Raccoon Fox Dog Cat Other	BAT SKUNK RACOON FOX DOG CAT OTH
If Other, specify	EPICRANIMALEXPANIMALOTH_1 EPICRANIMALEXPANIMALOTH_2 EPICRANIMALEXPANIMALOTH_3	Specify other animal type	FreeText		
Type of exposure	EPICRANIMALEXPEXPTYP_1 EPICRANIMALEXPEXPTYP_2 EPICRANIMALEXPEXPTYP_3	Specify the type of animal exposure	DropDownList	Bite Nonbite (scratch) Nonbite (contact) Unknown Other	BITE SCRATCH CONTACT UNK OTH
If Other, specify	EPICRANIMALEXPEXPTYPOTH_1 EPICRANIMALEXPEXPTYPOTH_2 EPICRANIMALEXPEXPTYPOTH_3	If Other type of exposure, specify	FreeText		
Exposure start date	EPICRANIMALEXPEXPSTARTDT_1 EPICRANIMALEXPEXPSTARTDT_2 EPICRANIMALEXPEXPSTARTDT_3	Date exposure started	Date (MM/DD/YYYY)		
Exposure end date	EPICRANIMALEXPEXPENDDT_1 EPICRANIMALEXPEXPENDDT_2 EPICRANIMALEXPEXPENDDT_3	Date exposure ended	Date (MM/DD/YYYY)		
Exposure circumstances	EPICRANIMALEXPEXPXCIRCUM_1 EPICRANIMALEXPEXPXCIRCUM_2 EPICRANIMALEXPEXPXCIRCUM_3	Describe the circumstances surrounding the Exposure incident	FreeText		
OCCUPATIONAL / RECREATIONAL EXPOSURES					

EPIDEMIOLOGIC INFO – RABIES (HUMAN)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Rabies laboratory	EPICROCCUEXPRABIESLAB	Did the patient have any occupational or recreational rabies exposure through a rabies laboratory?	DropDownList	Yes No Unknown	Y N U
Laboratory name	EPICROCCUEXPNAME	Laboratory name where rabies exposure occurred	FreeText		
Exposure activity	EPICROCCUEEXPACTIVITY	What activity was being performed when exposure occurred?	FreeText		
Other	EPICROCCUEXPOTH	Other occupational/ recreational exposures	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPICROCCUEXPOTHSPFY	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	FreeText		
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	Specify location (city, county, state, country) of patient travel	FreeText		
State	TrvHxDtlState	State	DropDownList		
Country	TrvHxDtlCountry	Country	DropDownList		
Location details	TRVHXDTLLOCATION	Location details (city, resort, etc.)	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 – RABIES (HUMAN)					
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	What airline(s) did the patient fly on?	FreeText		
Flight number(s)	TRVHXDTLPatFlyNumber_1 TRVHXDTLPatFlyNumber_2 TRVHXDTLPatFlyNumber_3	Specify the flight number(s) of the flight(s)	FreeText		
Departure date	TRVHXDTLPatFlyDepDt_1 TRVHXDTLPatFlyDepDt_2 TRVHXDTLPatFlyDepDt_3	Flight departure date(s)	Date (MM/DD/YYYY)		
Arrival date	TRVHXDTLPatFlyArrDt_1 TRVHXDTLPatFlyArrDt_2 TRVHXDTLPatFlyArrDt_3	Flight arrival date(s)	Date (MM/DD/YYYY)		
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	REPAGENCYREPORTEDBYSYSPFY	Specify other agency	FreeText		
EPIDEMIOLOGICAL LINKAGE					

EPIDEMIOLOGIC INFO – RABIES (HUMAN)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
NOTES	NOTES	NOTES	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?	CLICRSIGNSXSYMPTOMATIC	Did the patient have symptoms of Relapsing Fever?	DropDownList	Yes No Unknown	Y N U
Medical care date	CLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Fever	CLICRSIGNSXFEVER	Did patient have a fever? (If Yes, specify in the Febrile Episode – details section)	DropDownList	Yes No Unknown	Y N U
Chills	CLICRSIGNSXCHILLS	Did patient have chills?	DropDownList	Yes No Unknown	Y N U
Sweats	CLICRSIGNSXSWEAT	Did patient experience sweats?	DropDownList	Yes No Unknown	Y N U
Headache	CLICRSIGNSXHEADACHE	Did patient experience headaches?	DropDownList	Yes No Unknown	Y N U
Body aches	CLICRSIGNSXBODYACHES	Did patient have body aches?	DropDownList	Yes No Unknown	Y N U
Nausea or vomiting	CLICRSIGNSXNAUSEA	Did patient experience nausea or vomiting?	DropDownList	Yes No Unknown	Y N U
Loss of appetite	CLICRSIGNSXLOSSAPPETITE	Did patient experience loss of appetite?	DropDownList	Yes No Unknown	Y N U
Dry cough	CLICRSIGNSXDRYCOUGH	Did patient have a dry cough?	DropDownList	Yes No Unknown	Y N U
Other	CLICRSIGNSXOTH	Did patient have any other symptoms or signs of Relapsing Fever?	DropDownList	Yes No Unknown	Y N U
Specify	CLICRSIGNSXOTHSPFY	If Yes, specify	FreeText		
FEBRILE EPISODE – DETAILS					

CLINICAL INFO – RELAPSING FEVER					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Total# of Febrile Episodes	CLICRFEBRILEDTNo	Total# of Febrile Episodes	FreeText		
Episode start date	CLICRFEBRILEDTSTARTDT_1 CLICRFEBRILEDTSTARTDT_2 CLICRFEBRILEDTSTARTDT_3	Date febrile episode started	Date (MM/DD/YYYY)		
Episode end date	CLICRFEBRILEDTENDDT_1 CLICRFEBRILEDTENDDT_2 CLICRFEBRILEDTENDDT_3	Date febrile episode ended	Date (MM/DD/YYYY)		
Highest temperature	CLICRFEBRILEDTHIGHESTTEMP_1 CLICRFEBRILEDTHIGHESTTEMP_2 CLICRFEBRILEDTHIGHESTTEMP_3	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	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		

CLINICAL INFO – RELAPSING FEVER					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGTREATMENT	Did the patient receive treatment for Relapsing Fever?	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	CLICRTXMGTDLENDDT_1 CLICRTXMGTDLENDDT_2 CLICRTXMGTDLENDDT_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

CLINICAL INFO – RELAPSING FEVER					
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)		

LABORATORY INFO – RELAPSING FEVER					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
LABORATORY RESULTS SUMMARY					
Blood smear or serology?	LABCRLABRSLSUMSER_1 LABCRLABRSLSUMSER_2 LABCRLABRSLSUMSER_3	Was testing done via blood smear or serology?	Radio Button List	Blood smear Serology	No Longer in CalREDIE
Collection date	LABCRLABRSLSUMCOLLECTDT_1 LABCRLABRSLSUMCOLLECTDT_2 LABCRLABRSLSUMCOLLECTDT_3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Type of test	LABCRLABRSLSUMTSTTYP_1 LABCRLABRSLSUMTSTTYP_2 LABCRLABRSLSUMTSTTYP_3	Type of laboratory test performed	DropDownList	Thick smear Thin smear EIA Western Blot B. hermsii-specific polymerase chain reaction (PCR) Other	THICK THIN EIA WBLOT BHPCR OTH
If Other, specify	LABCRLABRSLSUMTSTTYPSPFY_1 LABCRLABRSLSUMTSTTYPSPFY_2 LABCRLABRSLSUMTSTTYPSPFY_3	If Other test, please specify	FreeText		
Results	LABCRLABRSLSUMRSLT_1 LABCRLABRSLSUMRSLT_2 LABCRLABRSLSUMRSLT_3	What were the results of the laboratory testing?	DropDownList	Spirochetes observed No spirochetes observed Positive Negative Unknown Other	SPIRO NOSPIRO POS NEG UNK OTH
If Other, specify	LABCRLABRSLSUMRSLTPFY_1 LABCRLABRSLSUMRSLTPFY_2 LABCRLABRSLSUMRSLTPFY_3	If Other result, please specify	FreeText		
Laboratory name	LABCRLABRSLSUMNAME_1 LABCRLABRSLSUMNAME_2 LABCRLABRSLSUMNAME_3	Laboratory name where testing was performed	FreeText		
Telephone	LABCRLABRSLSUMPHONE_1 LABCRLABRSLSUMPHONE_2 LABCRLABRSLSUMPHONE_3	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	EPICRBITEHXOBSRODENTS	Did the patient observe any rodents in or around residence?	DropDownList	Yes No Unknown	Y N U
Insect bites during incubation period	EPICRBITEHXBITES	Did the patient recall any insect bites during the incubation period?	DropDownList	Yes No Unknown	Y N U
BITE HISTORY – DETAILS					
Location	EPICRBITEHXDTLOCATION_1 EPICRBITEHXDTLOCATION_2 EPICRBITEHXDTLOCATION_3	Specify all locations (county, state, country)	FreeText		
Date of insect bite	EPICRBITEHXDTBITEDT_1 EPICRBITEHXDTBITEDT_2 EPICRBITEHXDTBITEDT_3	Date patient was bitten by insect	Date (MM/DD/YYYY)		
Type of insect bite	EPICRBITEHXDTBITETYPE_1 EPICRBITEHXDTBITETYPE_2 EPICRBITEHXDTBITETYPE_3	What type of insect bite did the patient have?	DropDownList	Tick Other Unknown	TICK OTH UNK
Specify other	EPICRBITEHXDTBITETYPEPFY_1 EPICRBITEHXDTBITETYPEPFY_2 EPICRBITEHXDTBITETYPEPFY_3	If Other, 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
TRAVEL HISTORY - DETAILS					
Location	EPICRTRVHXDTLLOCATION_1 EPICRTRVHXDTLLOCATION_2 EPICRTRVHXDTLLOCATION_3	Specify all locations (city, county, state, country)	FreeText		
Street address	EPICRTRVHXDTLStreet_1 EPICRTRVHXDTLStreet_2 EPICRTRVHXDTLStreet_3	Street address of hospital	FreeText		
City	EPICRTRVHXDTLCity_1 EPICRTRVHXDTLCity_2 EPICRTRVHXDTLCity_3	City where hospital located	FreeText		

EPIDEMIOLOGIC INFO – RELAPSING FEVER					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
State	EPICRTRVHXTLState_1 EPICRTRVHXTLState_2 EPICRTRVHXTLState_3	State	FreeText		
Zip code	EPICRTRVHXTLZip_1 EPICRTRVHXTLZip_2 EPICRTRVHXTLZip_3	Zip code	FreeText		
Date travel started	EPICRTRVHXTLSTARTDT_1 EPICRTRVHXTLSTARTDT_2 EPICRTRVHXTLSTARTDT_3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	EPICRTRVHXTLENDDT_1 EPICRTRVHXTLENDDT_2 EPICRTRVHXTLENDDT_3	Date travel ended	Date (MM/DD/YYYY)		
Name of owner	EPICRTRVHXTLOWNERMGR_1 EPICRTRVHXTLOWNERMGR_2 EPICRTRVHXTLOWNERMGR_3	Name of property owner or manager	FreeText		
Telephone number	EPICRTRVHXTLPHONE_1 EPICRTRVHXTLPHONE_2 EPICRTRVHXTLPHONE_3	Telephone number	FreeText		
More Info	EPICRTRVHXTLMore_1 EPICRTRVHXTLMore_2 EPICRTRVHXTLMore_3	More Info	FreeText		
CONTACTS/OTHER ILL PERSONS					
Contacts with similar illness?	EPICRCNTOTHCONTACT	Any contacts or travel companions with similar illness?	DropDownList	Yes No Unknown	Y N U
Contact Date of Exposure	EPICRCNTOTHDtExp	Date of Contact	Date (MM/DD/YYYY)		
Contact Person	EPICRCNTOTHPers	Name of contact	FreeText		
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	REPAGENCYREPORTEDBYSPPFY	If Other, specify	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPICREPILINKKNOWNCASE	Epi-Linked to known case of Relapsing Fever?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPICREPILINKCONTNAMECASENUM	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_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	ONEJUR
				Multiple CA jurisdictions	MULJUR
				Multistate	MULSTAT
				International	INTR
				Unknown	UNK
				Other	OTH
If Other, specify	OBEXTENTOFSPPFY	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	SRC
				Person-to-person	P2P
				Unknown	UNK
				Other	OTH

EPIDEMIOLOGIC INFO – RELAPSING FEVER					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
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?	CLICRSIGNSXSYMPTOMATIC	Did the patient have clinical symptoms compatible with this illness?	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXONSETDT	Onset date of clinical symptoms	System Defined Field Link		
Medical care date	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		
Chills	CLICRSIGNSXCHILLS	Did patient have chills?	DropDownList	Yes No Unknown	Y N U
Sweats	CLICRSIGNSXSWEATS	Did patient experience sweats?	DropDownList	Yes No Unknown	Y N U
Headache	CLICRSIGNSXHEADACHE	Did patient experience headaches?	DropDownList	Yes No Unknown	Y N U
Muscle pain	CLICRSIGNSXMUSCLEPAIN	Did patient experience muscle pain?	DropDownList	Yes No Unknown	Y N U
Joint pain	CLICRSIGNSXJOINTPAIN	Did patient experience joint pain?	DropDownList	Yes No Unknown	Y N U
If Yes, specify joint(s)	CLICRSIGNSXJOINTPAINSPFY	If Yes, specify joint(s)	FreeText		
Eye pain	CLICRSIGNSXEYEPAINT	Did patient experience eye pain?	DropDownList	Yes No Unknown	Y N U
Abdominal pain	CLICRSIGNSXABNMPAIN	Did patient experience abdominal 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
Nausea or vomiting	CLICRSIGNSXNAUSVOMIT	Did patient experience nausea or vomiting?	DropDownList	Yes No Unknown	Y N U
Diarrhea	CLICRSIGNSXDIARRHEA	Did patient have diarrhea?	DropDownList	Yes No Unknown	Y N U
Rash or other cutaneous lesion	CLICRSIGNSXRASHLESION	Did patient have a rash or other cutaneous lesion?	DropDownList	Yes No Unknown	Y N U
Location / size / appearance	CLICRSIGNSXRASHLESIONLOC	What was the location, size, and appearance of the rash or other cutaneous lesion?	FreeText		
Cough	CLICRSIGNSXCOUGH	Did patient have a cough?	DropDownList	Yes No Unknown	Y N U
Hypotension	CLICRSIGNSXHYPOTEN	Did patient experience hypotension?	DropDownList	Yes No Unknown	Y N U
Date measured	CLICRSIGNSXHYPOTENDT	If Yes, date blood pressure measured	Date (MM/DD/YYYY)		
Systolic / Diastolic	CLICRSIGNSXHYPOTENSYSDIAS	Systolic / Diastolic	FreeText		
Other	CLICRSIGNSXOTH	Did patient have any other symptoms or signs?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRSIGNSXOTHSPFY	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		

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
ICU/CCU		During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)?	DropDownList	Yes No Unknown	Y N U
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street Address	HOSPDTLADDRESS_1 HOSPDTLADDRESS_2 HOSPDTLADDRESS_3	Street Address	FreeText		
City	HOSPDTCITY_1 HOSPDTCITY_2 HOSPDTCITY_3	City	FreeText		
State	HOSPDTLSTATE_1 HOSPDTLSTATE_2 HOSPDTLSTATE_3	State	FreeText		
Zip Code	HOSPDTLZIPCODE_1 HOSPDTLZIPCODE_2 HOSPDTLZIPCODE_3	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					

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
Received Treatment?	TXMGTREATMENT	Received Treatment	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT-DETAILS					
Treatment type	CLICRTXMGTDLTXTYPE_1 CLICRTXMGTDLTXTYPE_2 CLICRTXMGTDLTXTYPE_3	Treatment Type	DropDownList	Antibiotic Other	ABX OTH
Specify route	CLICRTXMGTDLABXROUTE_1 CLICRTXMGTDLABXROUTE_2 CLICRTXMGTDLABXROUTE_3	If Antibiotic, specify route	DropDownList	Intravenous Oral	INTRAVENOUS ORAL
Treatment Name	CLICRTXMGTDLTXNAME_1 CLICRTXMGTDLTXNAME_2 CLICRTXMGTDLTXNAME_3	Treatment Name	FreeText		
Date Started	CLICRTXMGTDLTXSTARTDT_1 CLICRTXMGTDLTXSTARTDT_2 CLICRTXMGTDLTXSTARTDT_3	Date Started	Date (MM/DD/YYYY)		
Date Ended	CLICRTXMGTDLTXENDDT_1 CLICRTXMGTDLTXENDDT_2 CLICRTXMGTDLTXENDDT_3	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 – 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	RICKSPOXLABCRLABRSLTSUMSPECTYPE_1 RICKSPOXLABCRLABRSLTSUMSPECTYPE_2 RICKSPOXLABCRLABRSLTSUMSPECTYPE_3	What type of specimen was submitted for testing?	FreeText		
Collection date	RICKSPOXLABCRLABRSLTUMCOLLECTDT_1 RICKSPOXLABCRLABRSLTUMCOLLECTDT_2 RICKSPOXLABCRLABRSLTUMCOLLECTDT_3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Type of test	RICKSPOXLABCRLABRSLTUMTSTTYPE_1 RICKSPOXLABCRLABRSLTUMTSTTYPE_2 RICKSPOXLABCRLABRSLTUMTSTTYPE_3	Type of laboratory test performed	FreeText		
Antigen	RICKSPOXLABCRLABRSLTUMANTIGEN_1 RICKSPOXLABCRLABRSLTUMANTIGEN_2 RICKSPOXLABCRLABRSLTUMANTIGEN_3	What antigen was detected?	FreeText		
Result	RICKSPOXLABCRLABRSLTUMRSLT_1 RICKSPOXLABCRLABRSLTUMRSLT_2 RICKSPOXLABCRLABRSLTUMRSLT_3	What were the results of the laboratory testing?	FreeText		
Laboratory name	RICKSPOXLABCRLABRSLTUMLABNAME_1 RICKSPOXLABCRLABRSLTUMLABNAME_2 RICKSPOXLABCRLABRSLTUMLABNAME_3	Laboratory name where testing was performed	FreeText		
Telephone	RICKSPOXLABCRLABRSLTUMLABPHONE_1 RICKSPOXLABCRLABRSLTUMLABPHONE_2 RICKSPOXLABCRLABRSLTUMLABPHONE_3	Telephone	FreeText		
LABORATORY RESULTS SUMMARY – OTHER					
Hematology?	RICKSPOXLABCRLABRSLTUMOTHHEMATOL	Was a hematology performed?	RadioButtonList	Yes No Unknown	Y N U
Date collected	RICKSPOXLABCRLABRSLTUMOTHCOLLECTDT	If Yes, specify date sample collected	Date (MM/DD/YYYY)		
WBC	RICKSPOXLABCRLABRSLTUMOTHWBC	Hematology results: WBC (white blood cell count)	FreeText		
HCT	RICKSPOXLABCRLABRSLTUMOTHHCT	Hematology results: HCT (hematocrit)	FreeText		
Hb	RICKSPOXLABCRLABRSLTUMOTHHB	Hematology results: Hb (hemoglobin)	FreeText		
Platelets	RICKSPOXLABCRLABRSLTUMOTHPLTLT	Hematology results: Platelet count	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
Serum chemistry	RICKSPOXLABCRLABRSLTUMOTHSer	Serum chemistry	RadioButtonList	Yes No Unknown	Y N U
Date Collected	RICKSPOXLABCRLABRSLTUMOTHSerDt	If Yes, Date collected			
ALT	RICKSPOXLABCRLABRSLTUMOTHSerAlt	ALT	FreeText		
AST	RICKSPOXLABCRLABRSLTUMOTHSerAst	AST	FreeText		
Other laboratory diagnostics	RICKSPOXLABCRLABRSLTUMOTHOTHLABDX	Other laboratory diagnostics performed (e.g., IHC, virus isolation)?	RadioButtonList	Yes No Unknown	Y N U
If Yes, describe	RICKSPOXLABCRLABRSLTUMOTHOTHLABDXDESC	If Yes, describe other laboratory tests	FreeText		

EPIDEMIOLOGIC INFO – RICKETTSIAL GROUP ENTRY for the following conditions : ANAPLASMOSIS / EHRLICHIOSIS / ROCKY MOUNTAIN SPOTTED FEVER / SPOTTED FEVER RICKETTSIOSSES / TYPHUS AND OTHER NON-SPOTTED RICKETTSIOSSES					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
ANIMAL AND INSECT EXPOSURES					
Observe at home	EPICRANEXPAROUNDHOME_RODENT EPICRANEXPAROUNDHOME_CATS EPICRANEXPAROUNDHOME_FLEAS EPICRANEXPAROUNDHOME_OPOS EPICRANEXPAROUNDHOME_DOGS EPICRANEXPAROUNDHOME_TICK	Did the patient observe any of the following animals or bugs at or around their home?	CheckBoxList (more than one choice is possible)	Rodents	RODENT
				Cats	CATS
				Fleas	FLEAS
				Opossums	OPOS
				Dogs	DOGS
				Ticks	TICK
Describe	EPICRANEXPAROUNDHOMEDESC	Describe	FreeText		
Pet flea medication	EPICRANEXPFLEATX	If pets in the home, how often are they treated with flea prevention medication?	FreeText		
Type of treatment	EPICRANEXPFLEATXTYPE	Types (s) of treatment	FreeText		
Estimated date of last treatment	EPICRANEXPFLEATXDT	Estimated date of last treatment	FreeText		
Observed away from home	EPICRANEXPEMPLOYPLACE_RODENT EPICRANEXPEMPLOYPLACE_CATS EPICRANEXPEMPLOYPLACE_FLEAS EPICRANEXPEMPLOYPLACE_OPOS EPICRANEXPEMPLOYPLACE_DOGS EPICRANEXPEMPLOYPLACE_TICK EPICRANEXPEMPLOYPLACEDESC	Did the patient observe any of the following animals or bugs at their place of employment?	CheckBoxList (more than one choice is possible)	Rodents	RODENT
				Cats	CATS
				Fleas	FLEAS
				Opossums	OPOS
				Dogs	DOGS
				Ticks	TICK
Describe	EPICRANEXPEMPLOYPLACEDESC	Describe	FreeText		
Type of cat	EPICRANEXPCATS_FER EPICRANEXPCATS_IN EPICRANEXPCATS_OUT EPICRANEXPCATS_OTH	If any cats were observed, were they feral/stray, indoor, or outdoor cats?	CheckBoxList (more than one choice is possible)	Feral/Stray	FER
				Indoor	IN
				Outdoor	OUT
				Other	OTH

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
If other, specify	EPICRANEXPCATSSPCFY	If Other, specify	FreeText		
Patient sleep outside?	EPICRANEXPOUTSIDE	Did the patient spend any nights living outside, without shelter, in the past 21 days (including in a car, unsheltered on the street, or in a temporary shelter)?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPICRANEXPOUTSIDEDESC	If Yes, describe	FreeText		
Insect bites 10 days prior?	EPICRANEXPINSCTBIT	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	EPICRINSCTBITEHXDTLINSCTBITLOC_1 EPICRINSCTBITEHXDTLINSCTBITLOC_2 EPICRINSCTBITEHXDTLINSCTBITLOC_3	Location (city, county, state, country) of the insect bite?	FreeText		
Date of insect bite	EPICRINSCTBITEHXDTLINSCTBITDT_1 EPICRINSCTBITEHXDTLINSCTBITDT_2 EPICRINSCTBITEHXDTLINSCTBITDT_3	Date of insect bite	Date (MM/DD/YYYY)		
Type of insect bite	EPICRINSCTBITEHXDTLINSCTBIT_1 EPICRINSCTBITEHXDTLINSCTBIT_2 EPICRINSCTBITEHXDTLINSCTBIT_3	Type of insect bite	DropDownList	Flea Tick Other	FLEA TK OTH
If Other, specify	EPICRINSCTBITEHXDTLINSCTBITOTH_1 EPICRINSCTBITEHXDTLINSCTBITOTH_2 EPICRINSCTBITEHXDTLINSCTBITOTH_3	If Other, specify insect bit type	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
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 is not editable.	The value for this variable is not 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
State	TrvHxDtlState_1 TrvHxDtlState_2 TrvHxDtlState_3	State	DropDownList	See Appendix S	
Country	TrvHxDtlCountry_1 TrvHxDtlCountry_2 TrvHxDtlCountry_3	Country	DropDownList		
Location	TRVHXDTLLOCATION_1 TRVHXDTLLOCATION_2 TRVHXDTLLOCATION_3	Location details (city, resort, etc.)	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)		
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		

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
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)		
ILL CONTACTS					
Contacts	EPICRILLCONTCONTACT	Any contacts with similar illness?	DropDownList	Yes No Unknown	Y N U
EPIDEMIOLOGICAL LINKAGE					
Epi-Linked to known case	EPICREPILINKKNOWNCASE_1 EPICREPILINKKNOWNCASE_2 EPICREPILINKKNOWNCASE_3	Epi-linked to known case?	DropDownList	Yes No Unknown	Y N U
Contact Name	EPICREPILINKCONTNAME_1 EPICREPILINKCONTNAME_2 EPICREPILINKCONTNAME_3	Contact name/ Case #	FreeText		
Flea-born (murine) typhus	EPICREPILINKVECEXP_1 EPICREPILINKVECEXP_2 EPICREPILINKVECEXP_3	For flea-born (murine) typhus only: Did the patient have likely vector exposure in an area with suitable seasonal and ecological conditions for potential local vector-borne transmission?	DropDownList	Yes No Unknown	
If Yes, describe	EPICREPILINKVECEXPDESC_1 EPICREPILINKVECEXPDESC_2 EPICREPILINKVECEXPDESC_3	If Yes, describe	FreeText		
REPORTING AGENCY					

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
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	REPAGENCYREPORTEDBYSPEFY	If Other, specify	FreeText		
DISEASE CASE CLASSIFICATION					
Disease classification	RICKSPOXEPICRCASECLASSDISEASE	Specify disease classification	FreeText		
Specify other	RICKSPOXEPICRCASECLASSDISEASESPEFY	If Other, specify	FreeText		
Anaplasmosis Pathogen	RICKSPOXEPICRCASECLASSAnaPath	Specify the <i>Anaplasmosis</i> pathogen	RadioButtonList	Anaplasma phagocytophylum Anaplasmosis / Ehrlichiosis, undetermined	phago undetermined
Ehrlichiosis Pathogen	RICKSPOXEPICRCASECLASSEhrlPath	Specify the <i>Ehrlichiosis</i> pathogen	RadioButtonList	Ehrlichia chaffeensis Ehrlichia ewingii Ehrlichiosis / Anaplasmosis, undetermined	chaff ewingii undetermined
Spotted Fever Rickettsioses Pathogen	RICKSPOXEPICRCASECLASSRickPath	Specify the Spotted Fever Rickettsioses (excluding Rocky Mountain Spotted Fever) pathogen	RadioButtonList	Rickettsia philippi (strain 364D) Other	PHIL OTH
If Other, specify	RICKSPOXEPICRCASECLASSRickPathSpcfy	If Other, specify	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
Typhus and Other Non-Spotted Fever Rickettsioses	RICKSPOXEPICRCASECLASSTyphusPath	Specify the <i>Typhus and Other Non-Spotted Fever Rickettsioses</i> pathogen	RadioButtonList	Murine typhus (<i>Rickettsia typhi</i> , <i>Rickettsia felis</i>)	MURINE
				Epidemic typhus (<i>Rickettsia prowazekii</i>)	EPIDEMIC
				Other	OTH
If Other, specify	RICKSPOXEPICRCASECLASSTyphusPathSpcfy	If Other, specify	FreeText		
Notes	NOTES	Notes			

Rocky Mountain Spotted Fever

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

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?	CLICRGRPSETTINGCHILDPRESCOOL	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	Diarrhea (3 or more loose stools in 24-hour period)	DropDownList	Yes No Unknown	Y N U
Max number stools	CLICRSIGNSMAXSTOOL24HR	Max number of stools in 24-hr period	FreeText		
Onset time of diarrhea	CLICRSIGNSXONSETDTDIARRHEA	Onset time of the diarrhea	Date (MM/DD/YYYY)		
Bloody diarrhea	CLICRSIGNSXBLLDIARRHEA	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
Subjective or measured temperature	CLICRSIGNSXHIGHTEMP	Subjective or measured temperature	FreeText		
Highest temperature	CLICRSIGNSXSMTEMP	If measured, 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	In the 30 DAYS BEFORE ILLNESS ONSET, did the patient take any antibiotics?	DropDownList	Yes No Unknown	Y N U
Antibiotic name	CLICRPASMEDHX1ABX	Antibiotic 1 name	DropDownList	Amoxicillin	AMOX
				Amoxicillin/Clavulanate	AMOX CL
				Azithromycin	AZIT
				Ceftriaxone	CEFI
				Cephalexin	CEFTX
				Ciprofloxacin/Cipro	CEPH X
				Doxycycline	CIPRO
				Levaquin	DOXY

CLINICAL INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Trimethoprim/Sulfamethoxazole	LEVO Q
				Amikacin	TRISUL
				Ampicillin	AMPI
				Augmentin	AUGM
				Aztreonam	AZTR
				Bactrim	BACT
				Biaxin	BIAX
				Ceclor	CECL
				Cefaclor	CEFA
				Cefepime	CEFPI M
				Cefotaxime	CFTA X
				Cefpodoxime	CPDX
				Cefprozil	CEFP
				Ceftrin	CEFTN
				Cefuroxime	CEFU
				Cefzil	CEFZ
				Cephadine	CEPHR
				Chloramphenicol	CHLOR
				Clarithromycin	CLARI
				Clindamycin	CLIND
				Dapsone	DAPS
				Doripenem	DORI
				Duricef	DURI
				Ertapenem	ERTA
				Erythromycin	ERYT
				Erythromycin/Sulfisoxazole	ERYS UL

CLINICAL INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Flagyl	FLAG
				Fluoroquinolones	FLOU R
				Floxin	FLOX
				Gentamycin	GENT
				Imipenem	IMIP
				Invanz	INVZ
				Keflex	KEFL
				Keftab	KEFT
				Levofloxacin	LEVOF
				Maxipime	MAXP
				Meropenem	MERO
				Merrem	MERR M
				Metronidazole	METR O
				Norfloxacin/ Norflox	NORF L
				Ofloxacin/O flox	OFLO X
				Other	OTH
				Other Aminoglycoside	OTHA MI
				Other Carbapenem	OTHC AR
				Other Cephalosporin	OTHC EP
				Other Quinolones	OTHQ UI
				Pediazole	PEDIA
				Penicillin/Pen VK	PENIC
				Primaxin	PRIMX
				Rocephin	ROCP HN

CLINICAL INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Septra	SEPT
				Suprax	SUPRA
				Tetracycline	TETRA
				Tobramycin	TOBR A
				Trimox	TRIM
				Unknown	UNK
				Vancomycin (Oral)	VANC PO
				Zithromax	ZITH
				ZPAK	ZPAK
If other, specify	CLICRPASMEDHX1ABXSPCFY	If other, specify	FreeText		
Antibiotic name	CLICRPASMEDHX2ABX	Antibiotic 2 name	DropDownList	Amoxicillin	AMOX
				Amoxicillin/Clavulanate	AMOX CL
				Azithromycin	AZIT
				Ceftriaxone	CEFI
				Cephalexin	CEFTX
				Ciprofloxacin/Cipro	CEPH X
				Doxycycline	CIPRO
				Levaquin	DOXY
				Trimethoprim/Sulfamethoxazole	LEVO Q
				Amikacin	TRISUL
				Ampicillin	AMPI
				Augmentin	AUGM
				Aztreonam	AZTR
				Bactrim	BACT
				Biaxin	BIAX
				Ceclor	CECL
				Cefaclor	CEFA
				Cefepime	CEFPI M

CLINICAL INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Cefotaxime	CFTA X
				Cefpodoxime	CPDX
				Cefprozil	CEFP
				Ceftrin	CEFTN
				Cefuroxime	CEFU
				Cefzil	CEFZ
				Cephadine	CEPHR
				Chloramphenicol	CHLOR
				Clarithromycin	CLARI
				Clindamycin	CLIND
				Dapsone	DAPS
				Doripenem	DORI
				Duricef	DURI
				Ertapenem	ERTA
				Erythromycin	ERYT
				Erythromycin/Sulfisoxazole	ERYSUL
				Flagyl	FLAG
				Fluoroquinolones	FLOUR
				Floxin	FLOX
				Gentamycin	GENT
				Imipenem	IMIP
				Invanz	INVZ
				Keflex	KEFL
				Keftab	KEFT
				Levofloxacin	LEVOF
				Maxipime	MAXP
				Meropenem	MERO

CLINICAL INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Merrem	MERR M
				Metronidazole	METR O
				Norfloxacin/ Norflox	NORF L
				Oflloxacin/O flox	OFLO X
				Other	OTH
				Other Aminoglycoside	OTHA MI
				Other Carbapenem	OTHC AR
				Other Cephalosporin	OTHC EP
				Other Quinolones	OTHQ UI
				Pedia zole	PEDIA
				Penicillin/Pen VK	PENIC
				Primaxin	PRIMX
				Rocephin	ROCP HN
				Septra	SEPT
				Supra x	SUPRA
				Tetracycline	TETRA
				Tobra mycin	TOBR A
				Trimox	TRIM
				Unknown	UNK
				Vancomycin (Oral)	VANC PO
				Zithromax	ZITH
				ZPAK	ZPAK
If other, specify	CLICRPASMEDHX2ABXSPCFY	If other, specify	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
Antibiotic name	CLICRPASMEDHX3ABX	Antibiotic 3 name	DropDownList	Amoxicillin Amoxicillin/ Clavulanate Azithromycin Ceftriaxone Cephalexin Ciprofloxacin/Cipro Doxycycline Levaquin Trimethoprim/Sulfamethoxazole Amikacin Ampicillin Augmentin Aztreonam Bactrim Biaxin Ceclor Cefaclor Cefepime Cefotaxime Cefpodoxime Cefprozil Ceftrin Cefuroxime Cefzil Cephadrine Chloramphenicol Clarithromycin	AMOX AMOX CL AZIT CEFI CEFTX CEPH X CIPRO DOXY LEVO Q TRISUL AMPI AUGM AZTR BACT BIAX CECL CEFA CEFPI M CFTA X CPDX CEFP CEFTN CEFU CEFZ CEPHR CHLO R CLARI

CLINICAL INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Clindamycin	CLIND
				Dapsone	DAPS
				Doripenem	DORI
				Duricef	DURI
				Ertapenem	ERTA
				Erythromycin	ERYT
				Erythromycin/Sulfisoxazole	ERYSUL
				Flagyl	FLAG
				Fluoroquinolones	FLOUR
				Floxin	FLOX
				Gentamycin	GENT
				Imipenem	IMIP
				Invanz	INVZ
				Keflex	KEFL
				Keftab	KEFT
				Levofloxacin	LEVOF
				Maxipime	MAXP
				Meropenem	MERO
				Merrem	MERRM
				Metronidazole	METRO
				Norfloxacin/Norflox	NORFL
				Oflloxacin/Ofllox	OFLOX
				Other	OTH
				Other Aminoglycoside	OTHAMAMI
				Other Carbapenem	OTHCAR

CLINICAL INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Other Cephalosporin	OTHC EP
				Other Quinolones	OTHQ UI
				Pedia zole	PEDIA
				Penicillin/Pen VK	PENIC
				Primaxin	PRIMX
				Rocephin	ROCP HN
				Septra	SEPT
				Supra x	SUPRA
				Tetracycline	TETRA
				Tobramycin	TOBR A
				Trimox	TRIM
				Unknown	UNK
				Vancomycin (Oral)	VANC PO
				Zithromax	ZITH
				ZPAK	ZPAK
If other, specify	CLICRPASMEDHX3ABXSPCFY	If other, specify	FreeText		
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 other underlying conditions relevant to present illness? (e.g. renal disease, diabetes, immune compromising conditions)	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRPASMEDHXMEDCONDSPFY	If Yes, specify medical condition(s). Please do NOT disclose HIV/AIDS information in this incident	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
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		
ICU	HOSPICU	During any part of the hospitalization, did the patient stay in an intensive care until (ICU) or a critical care until (CCU)?	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	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)		

CLINICAL INFO – SALMONELLOSIS (OTHER THAN TYPHOID 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 for patient	FreeText		
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?	TXMGTREATMENT	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
If other, specify	CLICRTXMGTDLTYPESPCFY_1 CLICRTXMGTDLTYPESPCFY_2 CLICRTXMGTDLTYPESPCFY_3	If other, specify	FreeText		
Antibiotic name	CLICRTXMGTDTLABXNM_1 CLICRTXMGTDTLABXNM_2 CLICRTXMGTDTLABXNM_3	What was the specific name of the treatment?	FreeText		
If other, specify	CLICRTXMGTDTLABXNMSPCFY_1 CLICRTXMGTDTLABXNMSPCFY_2 CLICRTXMGTDTLABXNMSPCFY_3	If other, specify			
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)		

CLINICAL INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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					
Specimentype	LABCRLABRSLTMSPECTYP_1 LABCRLABRSLTMSPECTYP_2 LABCRLABRSLTMSPECTYP_3	What type of specimen was submitted for testing?	DropDownList	Stool Blood Urine Other	STOOL BLOOD URINE OTH
If Other, specify	LABCRLABRSLTMSPECTYPSPFY_1 LABCRLABRSLTMSPECTYPSPFY_2 LABCRLABRSLTMSPECTYPSPFY_3	If Other specimen type was submitted, please specify the type of specimen	FreeText		
Collection date	LABCRLABRSLTMSUMDT_1 LABCRLABRSLTMSUMDT_2 LABCRLABRSLTMSUMDT_3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Salmonella culture result	LABCRLABRSLTMSUMCULTRSLT_1 LABCRLABRSLTMSUMCULTRSLT_2 LABCRLABRSLTMSUMCULTRSLT_3	Salmonella culture result	DropDownList	Positive Negative Not Done Unknown	POS NEG NOT UNK
Serogroup	LABCRLABRSLTMSUMSERGRP_1 LABCRLABRSLTMSUMSERGRP_2 LABCRLABRSLTMSUMSERGRP_3	Serogroup	DropDownList	B (0:4) C1 (0:7) C2-C3 (0:8) D (0:9) E (0:3) Other Unknown	BO4 C107 C23O8 DO9 EO3 OTH UNK
If other, specify	LABCRLABRSLTMSUMSERGRPSPCFY_1 LABCRLABRSLTMSUMSERGRPSPCFY_2 LABCRLABRSLTMSUMSERGRPSPCFY_3	If other, specify	FreeText		
Serotype	LABCRLABRSLTMSUMSERTYP_1 LABCRLABRSLTMSUMSERTYP_2 LABCRLABRSLTMSUMSERTYP_3	Serotype	DropDownList	Adelaide Agbeni Agona Albany Anatum Bareilly Berta Bovismorbificans Braenderup Brandenburg	ADEL AGBE AGON ALBA ANAT BARE BERT BOVI BRAE BRAN

LABORATORY INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Cerro	CERR
				Chailey	CHAI
				Chester	CHES
				Cotham	COTH
				Derby	DERB
				Dublin	DUBL
				Enteritidis	ENTE
				Gaminara	GAMI
				Give	GIVE
				Haardt	HAAR
				Hadar	HADA
				Hartford	HART
				Havana	HAVA
				Heidelberg	HEID
				Hvittingfoss	HVIT
				I 4, [5], 12:I:-	4512
				I 4,5,12:b:- var L (+)tartrate +	4512B
				I 4,5,12:i:-	4512I
				I 6,7:K:-	67K
				Illa	ILLA
				Illb	IIIB
				Indiana	INDI
				Infantis	INFA
				IV	IV
				Javiana	JAVI
				Johannesburg	JOHA
				Kentucky	KENT
				Kiambu	KIAM
				Kottbus	KOTT
				Litchfield	LITC
				Lomalinda	LOMA
				London	LOND
				Manhattan	MANH
				Mbandaka	MBAN
				Montevideo	MONT
				Muenchen	MUEN

LABORATORY INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Muenster	MUES
				Newport	NEWP
				Ohio	OHIO
				Oranienburg	ORAN
				Oslo	OSLO
				Panama	PANA
				Paratyphi B var. L(+) tartrate	PARB
				Pomona	POMO
				Poona	POON
				Potsdam	POTS
				Reading	READ
				Rissen	RISS
				Saintpaul	STPL
				Sandiego	SAND
				Schwarzengr und	SCHW
				Senftenberg	SENF
				Stanley	STAN
				Tennessee	TENN
				Thompson	THOM
				Typhimurium	TYPH
				Typhimurium var 5-	TYPH5
				Uganda	UGAN
				Virchow	VIRC
				Weltevreden	WELT
				Worthington	WORT
				Other	OTH
				Unknown	UNK
If other, specify	LABCRLABRSLTSUMSERTYPSPCFY_1 LABCRLABRSLTSUMSERTYPSPCFY_2 LABCRLABRSLTSUMSERTYPSPCFY_3	If other, specify			
Salmonella diagnostic test	LABCRLABRSLTUMCIDT_1 LABCRLABRSLTUMCIDT_2 LABCRLABRSLTUMCIDT_3	Salmonella culture-independent diagnostic test (CIDT; e.g., PCR) result	DropDownList	Positive	POS
				Negative	NEG
				Not done	NOT

LABORATORY INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Unknown	UNK
Laboratory name	LABCRLABRSLTSUMNAME_1 LABCRLABRSLTSUMNAME_2 LABCRLABRSLTSUMNAME_3	Name of lab where testing was performed	FreeText		
Specimen ID	LABCRLABRSLTSUMSPECID_1 LABCRLABRSLTSUMSPECID_2 LABCRLABRSLTSUMSPECID_3	Specimen ID	FreeText		
Telephone	LABCRLABRSLTSUMPHONE_1 LABCRLABRSLTSUMPHONE_2 LABCRLABRSLTSUMPHONE_3	Telephone number of lab	FreeText		
Antimicrobial susceptibility testing completed?	LABCRLABRSLTSUMAST_1 LABCRLABRSLTSUMAST_2 LABCRLABRSLTSUMAST_3	Antimicrobial susceptibility testing completed?	DropDownList	Yes No Unknown	Y N U
Ampicillin	LABCRLABRSLTSUMAMPI_1 LABCRLABRSLTSUMAMPI_2 LABCRLABRSLTSUMAMPI_3	Ampicillin	DropDownList	Susceptible	SUSP
Azithromycin	LABCRLABRSLTSUMAZITH_1 LABCRLABRSLTSUMAZITH_2 LABCRLABRSLTSUMAZITH_3	Azithromycin		Intermediate	INTMED
Ceftriaxone	LABCRLABRSLTSUMCEFT_1 LABCRLABRSLTSUMCEFT_2 LABCRLABRSLTSUMCEFT_3	Ceftriaxone		Resistant	RES
Fluoroquinolones (e.g., ciprofloxacin, levofloxacin)	LABCRLABRSLTSUMFLUO_1 LABCRLABRSLTSUMFLUO_2 LABCRLABRSLTSUMFLUO_3	Fluoroquinolones (e.g., ciprofloxacin, levofloxacin)		Not Done	NOT
Trimethoprim-sulfamethoxazole	LABCRLABRSLTSUMTRIM_1 LABCRLABRSLTSUMTRIM_2 LABCRLABRSLTSUMTRIM_3	Trimethoprim-sulfamethoxazole	DropDownList	Susceptible	SUSP
Other antimicrobial 1 name	LABCRLABRSLTSUMOTH1NM_1 LABCRLABRSLTSUMOTH1NM_2 LABCRLABRSLTSUMOTH1NM_3	Other antimicrobial 1 name		Intermediate	INTMED
				Resistant	RES
				Not Done	NOT
			DropDownList	Susceptible	SUSP
				Intermediate	INTMED
				Resistant	RES
			DropDownList	Not Done	NOT
				Amoxicillin	AMOX
				Amoxicillin/Clavulanate	AMOXC L
				Azithromycin	AZIT

LABORATORY INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Ceftriaxone	CEFI
				Cephalexin	CEFTX
				Ciprofloxacin /Cipro	CEPHX
				Doxycycline	CIPRO
				Levaquin	DOXY
				Trimethoprim/Sulfamethoxazole	LEVOQ
				Amikacin	TRISUL
				Ampicillin	AMPI
				Augmentin	AUGM
				Aztreonam	AZTR
				Bactrim	BACT
				Biaxin	BIAZ
				Ceclor	CECL
				Cefaclor	CEFA
				Cefepime	CEFPIM
				Cefotaxime	CFTAX
				Cefpodoxime	CPDX
				Cefprozil	CEFP
				Ceftrin	CEFTN
				Cefuroxime	CEFU
				Cefzil	CEFZ
				Cephradine	CEPHR
				Chloramphenicol	CHLOR
				Clarithromycin	CLARI
				Clindamycin	CLIND
				Dapsone	DAPS
				Doripenem	DORI
				Duricef	DURI
				Ertapenem	ERTA
				Erythromycin	ERYT
				Erythromycin/Sulfisoxazole	ERYSUL

LABORATORY INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Flagyl	FLAG
				Fluoroquinol ones	FLOUR
				Floxin	FLOX
				Gentamycin	GENT
				Imipenem	IMIP
				Invanz	INVZ
				Keflex	KEFL
				Keftab	KEFT
				Levofloxacin	LEVOF
				Maxipime	MAXP
				Meropenem	MERO
				Merrem	MERRM
				Metronidazole	METRO
				Norfloxacin/ Norflox	NORFL
				Ofloxacin/Of lox	OFLOX
				Other	OTH
				Other Aminoglycos ide	OTHAMI
				Other Carbapenem	OTHCAR
				Other Cephalosporin	OTHCEP
				Other Quinolones	OTHQUI
				Pediazole	PEDIA
				Penicillin/Pen VK	PENIC
				Primaxin	PRIMX
				Rocephin	ROCPHN
				Septra	SEPT
				Suprax	SUPRA
				Tetracycline	TETRA

LABORATORY INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Tobramycin	TOBRA
				Trimox	TRIM
				Unknown	UNK
				Vancomycin (Oral)	VANCPO
				Zithromax	ZITH
				ZPAK	ZPAK
If other, specify	LABCRLABRSLSUMOTH1NMSPCFY_1 LABCRLABRSLSUMOTH1NMSPCFY_2 LABCRLABRSLSUMOTH1NMSPCFY_3	If other, specify	FreeText		
Other antimicrobial 1 result	LABCRLABRSLSUMOTH1RSLT_1 LABCRLABRSLSUMOTH1RSLT_2 LABCRLABRSLSUMOTH1RSLT_3	Other antimicrobial 1 result	DropDownList	Susceptible	SUSP
Other antimicrobial 2	LABCRLABRSLSUMOTH2NM_1 LABCRLABRSLSUMOTH2NM_2 LABCRLABRSLSUMOTH2NM_3	Other antimicrobial 2	DropDownList	Intermediate	INTMED
				Resistant	RES
				Not Done	NOT
				Amoxicillin	AMOX
				Amoxicillin/Clavulanate	AMOXC L
				Azithromycin	AZIT
				Ceftriaxone	CEFI
				Cephalexin	CEFTX
				Ciprofloxacin/Cipro	CEPHX
				Doxycycline	CIPRO
				Levaquin	DOXY
				Trimethoprim/Sulfamethoxazole	LEVOQ
				Amikacin	TRISUL
				Ampicillin	AMPI
				Augmentin	AUGM
				Aztreonam	AZTR
				Bactrim	BACT
				Biaxin	BIAX
				Ceclor	CECL
				Cefaclor	CEFA
				Cefepime	CEFPIM
				Cefotaxime	CFTAX
				Cefpodoxime	CPDX

LABORATORY INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Cefprozil	CEFP
				Ceftrin	CEFTN
				Cefuroxime	CEFU
				Cefzil	CEFZ
				Cephadine	CEPHR
				Chloramphenicol	CHLOR
				Clarithromycin	CLARI
				Clindamycin	CLIND
				Dapsone	DAPS
				Doripenem	DORI
				Duricef	DURI
				Ertapenem	ERTA
				Erythromycin	ERYT
				Erythromycin /Sulfisoxazole	ERYSUL
				Flagyl	FLAG
				Fluoroquinolones	FLOUR
				Floxin	FLOX
				Gentamycin	GENT
				Imipenem	IMIP
				Invanz	INVZ
				Keflex	KEFL
				Keftab	KEFT
				Levofloxacin	LEVOF
				Maxipime	MAXP
				Meropenem	MERO
				Merrem	MERRM
				Metronidazole	METRO
				Norfloxacin/Norflox	NORFL
				Oflloxacin/Ofox	OFLOX
				Other	OTH

LABORATORY INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				Other Aminoglycoside	OTHAMI
				Other Carbapenem	OTHCAR
				Other Cephalosporin	OTHCEP
				Other Quinolones	OTHQUI
				Pediazole	PEDIA
				Penicillin/Pen VK	PENIC
				Primaxin	PRIMX
				Rocephin	ROCPHN
				Septra	SEPT
				Suprax	SUPRA
				Tetracycline	TETRA
				Tobramycin	TOBRA
				Trimox	TRIM
				Unknown	UNK
				Vancomycin (Oral)	VANCPO
				Zithromax	ZITH
				ZPAK	ZPAK
If other	LABCRLABRSLTUMOTH2NMSPCFY_1 LABCRLABRSLTUMOTH2NMSPCFY_2 LABCRLABRSLTUMOTH2NMSPCFY_3	If other, specify	FreeText		
Other antimicrobial 2 result	LABCRLABRSLTUMOTH2RSLT_1 LABCRLABRSLTUMOTH2RSLT_2 LABCRLABRSLTUMOTH2RSLT_3	Other antimicrobial 2 result	DropDownList	Susceptible Intermediate Resistant Not Done	SUSP INTMED RES NOT
Was isolate tested Local Public Health lab?	LABCRLABRSLTUMLLABTST_1 LABCRLABRSLTUMLLABTST_2 LABCRLABRSLTUMLLABTST_3	Was the isolate tested at a local public health lab?	DropDownList	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
Lab Name	LABCRLABRSLSUMLLABNM_1 LABCRLABRSLSUMLLABNM_2 LABCRLABRSLSUMLLABNM_3	Local public health laboratory name	FreeText		
Result confirmed?	LABCRLABRSLSUMRSLTCONFLPHL_1 LABCRLABRSLSUMRSLTCONFLPHL_2 LABCRLABRSLSUMRSLTCONFLPHL_3	Was result confirmed by local public health lab?	RadioButtonList	Yes No Unknown	Y N U
If Yes, result (including subtype)	LABCRLABRSLSUMSPFYRSLT_1 LABCRLABRSLSUMSPFYRSLT_2 LABCRLABRSLSUMSPFYRSLT_3	If Yes, specify the result (including subtype)	FreeText		
Local lab ID number	LABCRLABRSLSUMLLABIDNUM_1 LABCRLABRSLSUMLLABIDNUM_2 LABCRLABRSLSUMLLABIDNUM_3	Local lab's isolate ID number	FreeText		
Serotype confirmed?	LABCRLABRSLSUMSEROTYPCONF_1 LABCRLABRSLSUMSEROTYPCONF_2 LABCRLABRSLSUMSEROTYPCONF_3	Was isolate sent to state lab for serotype confirmation?	RadioButtonList	Yes No Unknown	Y N U
If Yes, result (including serotype)	LABCRLABRSLSUMSEROTYPCONFRSLT_1 LABCRLABRSLSUMSEROTYPCONFRSLT_2 LABCRLABRSLSUMSEROTYPCONFRSLT_3	If Yes, specify the result (including serotype)	FreeText		
Was isolate tested State Public Health lab?	LABCRLABRSLSUMSLABTST_1 LABCRLABRSLSUMSLABTST_2 LABCRLABRSLSUMSLABTST_3	Was the isolate tested at a state public health lab?	DropDownList	Yes No Unknown	Y N U
State Lab name	LABCRLABRSLSUMSLABNM_1 LABCRLABRSLSUMSLABNM_2 LABCRLABRSLSUMSLABNM_3	State public health laboratory name	RadioButtonList	MDL Other	
If other	LABCRLABRSLSUMSLABNMSPCFY_1 LABCRLABRSLSUMSLABNMSPCFY_2 LABCRLABRSLSUMSLABNMSPCFY_3	If other, specify	FreeText		
State state ID number	LABCRLABRSLSUMSLABIDNUM_1 LABCRLABRSLSUMSLABIDNUM_2 LABCRLABRSLSUMSLABIDNUM_3	Local lab's isolate ID number	FreeText		
Genome sequencing WGS	LABCRLABRSLSUMWGS_1 LABCRLABRSLSUMWGS_2 LABCRLABRSLSUMWGS_3	Was whole genome sequencing (WGS) completed?	DropDownList	Yes No Unknown	Y N U
Public health lab	LABCRLABRSLSUMWGSPHL_1 LABCRLABRSLSUMWGSPHL_2 LABCRLABRSLSUMWGSPHL_3	Public health laboratory name	RadioButtonList	MDL Other	

LABORATORY INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
If other, specify	LABCRLABRSLSUMWGSPHLSPCFY_1 LABCRLABRSLSUMWGSPHLSPCFY_2 LABCRLABRSLSUMWGSPHLSPCFY_3	If other, specify	FreeText		
WGS ID Number	LABCRLABRSLSUMWGSID_1 LABCRLABRSLSUMWGSID_2 LABCRLABRSLSUMWGSID_3	WGS ID number	FreeText		
Specify results	LABCRLABRSLSUMWGSRSLT_1 LABCRLABRSLSUMWGSRSLT_2 LABCRLABRSLSUMWGSRSLT_3	Specify results (e.g., allele code) or upload to the EFC	FreeText		
Forwarded to CDC	LABCRLABRSLSUMCDC_1 LABCRLABRSLSUMCDC_2 LABCRLABRSLSUMCDC_3	Was isolate forwarded to CDC?	DropDownList	Yes No Unknown	Y N U
Date sent	LABCRLABRSLSUMCDCDT_1 LABCRLABRSLSUMCDCDT_2 LABCRLABRSLSUMCDCDT_3	Date sent to CDC	Date (MM/DD/YYYY)		
CDC Results	LABCRLABRSLSUMCDCRSLT_1 LABCRLABRSLSUMCDCRSLT_2 LABCRLABRSLSUMCDCRSLT_3	CDC laboratory results/comments/notes	FreeText		
Was PFGE requested?	LABCRLABRSLSUMPFGE_1 LABCRLABRSLSUMPFGE_2 LABCRLABRSLSUMPFGE_3	Was PFGE (Pulsed-field gel electrophoresis) requested?	RadioButtonList	Yes No Unknown	Y N U
XbaI pattern #	LABCRLABRSLSUMXBAIPAT_1 LABCRLABRSLSUMXBAIPAT_2 LABCRLABRSLSUMXBAIPAT_3	XbaI pattern #	FreeText		
Blnl pattern #	LABCRLABRSLSUMBINIPAT_1 LABCRLABRSLSUMBINIPAT_2 LABCRLABRSLSUMBINIPAT_3	Blnl pattern #	FreeText		
CDC ID	LABCRLABRSLSUMCDCCLUSTID_1 LABCRLABRSLSUMCDCCLUSTID_2 LABCRLABRSLSUMCDCCLUSTID_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
INCUBATION PERIOD					
From	TRVHXTRAVEL	From	FreeText		
To		To	FreeText		
TRAVEL HISTORY					
Travel outside the country?		Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation Period		Incubation Period	FreeText		
TRAVEL HISTORY- DETAILS					
Travel Type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Travel Type	RadioButton	Domestic International Unknown	
State	TRVHxDtlState_1 TRVHxDtlState_2 TRVHxDtlState_3	State	DropDownList		
Country	TRVHxDtlCountry_1 TRVHxDtlCountry_2 TRVHxDtlCountry_3	Country	DropDownList		
Location	TRVHXDTLLOCATION_1 TRVHXDTLLOCATION_2 TRVHXDTLLOCATION_3	Location details (city, resort, etc.)	FreeText		
Date started	TRVHXDTLSTARTDT_1 TRVHXDTLSTARTDT_2 TRVHXDTLSTARTDT_3	Date travel started	Date (MM/DD/YYYY)		
Date Ended	TRVHXDTLENDdt_1 TRVHXDTLENDdt_2 TRVHXDTLENDdt_3	Date travel ended	Date (MM/DD/YYYY)		
Fly?	TRVHXDTLPatFly_1 TRVHXDTLPatFly_2 TRVHXDTLPatFly_3	Did patient fly while infectious?	DropDownList		

EPIDEMIOLOGIC INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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)		
FOOD HISTORY-FOODS PREPARED OUTSIDE THE HOME					
Food or drink outside the home?	EPICRFOODHXOUTFOODOUT	Did the patient consume food or drink prepared outside of the home during the incubation period?	DropDownList	Yes No Unknown	
Incubation period		Incubation period	FreeText		
FOOD HISTORY- FOODS PREPARED OUTSIDE THE HOME-DETAILS					
Name	EPICRFOODHXOUTDTLPLACE_1 EPICRFOODHXOUTDTLPLACE_2 EPICRFOODHXOUTDTLPLACE_3 EPICRFOODHXOUTDTLPLACE_4 EPICRFOODHXOUTDTLPLACE_5	Name of place	FreeText		
Address	EPICRFOODHXOUTDTLADDR_1 EPICRFOODHXOUTDTLADDR_2 EPICRFOODHXOUTDTLADDR_3 EPICRFOODHXOUTDTLADDR_4 EPICRFOODHXOUTDTLADDR_5	Address / Cross-streets	FreeText		
City	EPICRFOODHXOUTDTLCITY_1 EPICRFOODHXOUTDTLCITY_2 EPICRFOODHXOUTDTLCITY_3 EPICRFOODHXOUTDTLCITY_4 EPICRFOODHXOUTDTLCITY_5	City	FreeText		

State	EPICRFOODHXOUTDTLSTATE_1 EPICRFOODHXOUTDTLSTATE_2 EPICRFOODHXOUTDTLSTATE_3 EPICRFOODHXOUTDTLSTATE_4 EPICRFOODHXOUTDTLSTATE_5	State	DropDownList		
Other details	EPICRFOODHXOUTDTLLOCATION_1 EPICRFOODHXOUTDTLLOCATION_2 EPICRFOODHXOUTDTLLOCATION_3 EPICRFOODHXOUTDTLLOCATION_4 EPICRFOODHXOUTDTLLOCATION_5	Other location details	FreeText		
Date	EPICRFOODHXOUTDTLDT_1 EPICRFOODHXOUTDTLDT_2 EPICRFOODHXOUTDTLDT_3 EPICRFOODHXOUTDTLDT_4 EPICRFOODHXOUTDTLDT_5	Date (MM/DD/YYYY)			
Items consumed	EPICRFOODHXOUTDTLCONSUMED_1 EPICRFOODHXOUTDTLCONSUMED_2 EPICRFOODHXOUTDTLCONSUMED_3 EPICRFOODHXOUTDTLCONSUMED_4 EPICRFOODHXOUTDTLCONSUMED_5	Items consumed	FreeText		
Others?	EPICRFOODHXOUTDTLOTHGRP_1 EPICRFOODHXOUTDTLOTHGRP_2 EPICRFOODHXOUTDTLOTHGRP_3 EPICRFOODHXOUTDTLOTHGRP_4 EPICRFOODHXOUTDTLOTHGRP_5	How many others in the party/dining group?	FreeText		

Ill?	EPICRFOODHXOUTDTLOTHILL_1 EPICRFOODHXOUTDTLOTHILL_2 EPICRFOODHXOUTDTLOTHILL_3 EPICRFOODHXOUTDTLOTHILL_4 EPICRFOODHXOUTDTLOTHILL_5	How many others known to be ill?	FreeText		
FOOD HISTORY-SOURCES OF GROCERIES AT HOME					
Store/location	EPICRFOODHXGROLOCATION_1 EPICRFOODHXGROLOCATION_2 EPICRFOODHXGROLOCATION_3 EPICRFOODHXGROLOCATION_4 EPICRFOODHXGROLOCATION_5	Store/location	FreeText		
Address	EPICRFOODHXGROADDRESS_1 EPICRFOODHXGROADDRESS_2 EPICRFOODHXGROADDRESS_3 EPICRFOODHXGROADDRESS_4 EPICRFOODHXGROADDRESS_5	Address/cross-street	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		
Other details	EPICRFOODHXGROOTHDTL_1 EPICRFOODHXGROOTHDTL_2 EPICRFOODHXGROOTHDTL_3 EPICRFOODHXGROOTHDTL_4 EPICRFOODHXGROOTHDTL_5	Other details	FreeText		
FOOD HISTORY (For all "Yes" responses, please prompt for details as specified.)					
Allergies/Restrictions	EPICRFOODHXALLERGY	Food allergies or dietary restrictions (e.g., vegan, vegetarian, kosher, lactose-free)	DropDownList	Yes No Unknown	Y N U
Describe	EPICRFOODHXALLERGYDESC	Describe	FreeText		
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
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		
Soft Cheese	EPICRFOODHXSOFCHS	Other soft cheese (e.g., feta, brie, cheese spread)	DropDownList	Yes No Unknown	Y N U
Types	EPICRFOODHXSOFCHSTYP	Type(s)	FreeText		
Brand(s)		Brand(s)	FreeText		
Where purchased		Where 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		
Poultry	EPICRFOODHXPOLTRY	Did the patient eat poultry during the incubation period?	DropDownList	Yes No Unknown	Y N U
Veal	EPICRFOODHXVEAL	Veal	DropDownList	Yes No Unknown	Y N U
Other beef	EPICRFOODHXOTHBEEF	Other beef (e.g., steak, carne asada, roast) or foods containing beef	DropDownList	Yes No Unknown	Y N U
Types	EPICRFOODHXOTHBEEFTYP	Types(s)	FreeText	Yes No Unknown	Y N U
Where purchased	EPICRFOODHXOTHBEEFPUR	Where purchased	FreeText		
Pork prepared at home	EPICRFOODHXPORKIN	Pork prepared at home (e.g., whole pig, chops, tenderloin, roast, shoulder, ground)	DropDownList	Yes No Unknown	Y N U
Where purchased	EPICRFOODHXPORKINPLC	Where purchased	FreeText		

Pork prepared outside the home	EPICRFOODHXPORKOUT	Pork prepared outside the home (e.g., pig roast, sit-down and fast food restaurants, food trucks, cafeteria's, etc.)	DropDownList	Yes No Unknown	Y N U
Place name(s)	EPICRFOODHXPORKOUTPLC	Place name(s)	FreeText		
Dish(es)	EPICRFOODHXPORKOUTDSH	Dish(es)	FreeText		
Chicken prepared at home	EPICRFOODHXCHICKENHM	Chicken prepared at home	DropDownList	Yes No Unknown	Y N U
Brand(s)	EPICRFOODHXCHICKENHMBRND	Brand(s)	FreeText		
Where purchased	EPICRFOODHXCHICKENHMPUR	Where purchased	FreeText		
Chicken prepare outside the home	EPICRFOODHXCHICKENOUT	Chicken prepared outside the home (e.g., sit-down and fast food restaurants, food trucks, grocery stores, cafeterias, etc.)	DropDownList	Yes No Unknown	Y N U
Place name(s)	EPICRFOODHXCHICKENOUTPLC	Place name(s)	FreeText		
Dish(es)	EPICRFOODHXCHICKENOUTDSH	Dish(es)	FreeText		
Turkey	EPICRFOODHXTURKEY	Turkey	DropDownList	Yes No Unknown	Y N U
Raw poultry	EPICRFOODHXRAWPOULTRY	Raw poultry			
Raw poultry Types	EPICRFOODHXRAWPOULTRY_CKN EPICRFOODHXRAWPOULTRY_TUR EPICRFOODHXRAWPOULTRY_UNK EPICRFOODHXRAWPOULTRY_OTH	Raw poultry prepared in the household, even if not eaten	DropDownList	Chicken	CKN
				Turkey	TUR
				Unknown	UNK
				Other	OTH
If other	EPICRFOODHXRAWPOULTRYSPFY	If other, specify	FreeText		
Meat from live animal market	EPICRFOODHXMKTMEAT	Meat (e.g., hog, cow, chicken) from a live animal market or custom slaughter facility	DropDownList	Yes No Unknown	Y N U
Types of meat	EPICRFOODHXMKTMEATTYP	Type(s) of meat or animals	FreeText		
Where purchased	EPICRFOODHXMKTMEATPUR	Where purchased	FreeText		

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	Other meat (e.g., lamb, goat, deli meats, liver or other organs)	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXOTHMEATTYP	If yes, specify type(s)	FreeText		
Fish	EPICRFOODHXFISH	Fish (e.g., salmon, tuna, catfish, cod) or raw fish products (e.g., sushi, sashimi, ceviche)	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXFISHTYP	Type(s)	FreeText		
Eaten raw?	EPICRFOODHXFISHRAW	Eaten Raw?	DropDownList	Yes No Unknown	Y N U
Shellfish	EPICRFOODHXSHELLFISH	Shellfish (e.g., shrimp, crab, oysters, clams, octopus, squid)	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXSHELLFISHTYP	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		
Peanut Butter	EPICRFOODHXNUTBUT	Peanut Butter	DropDownList	Yes No Unknown	Y N U
Brand(s)	EPICRFOODHXNUTBUTBRAND	Brand(s)	FreeText		
Other nut butter	EPICRFOODHXSPREAD	Other nut butters or spreads (e.g., almond, cashew, soy, Nutella)	DropDownList	Yes No Unknown	Y N U

Type(s)	EPICRFOODHXSPREADTYP	Type(s)	FreeText		
Brand(s)	EPICRFOODHXSPREADBRAND	Brand(s)	FreeText		
Where purchased?	EPICRFOODHXRAWNUTSPUR	Where was the food purchased?	FreeText		
Tomatoes	EPICRFOODHXTOMATO	Tomatoes, raw/fresh	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXTOMATOTYP	Type(s) (e.g., red round, roma, cherry, heirloom)	FreeText		
Where purchased?	EPICRFOODHXTOMATOPUR	Where was the food purchased?	FreeText		
Leafy greens	EPICRFOODHXLFYGRN	Leafy greens, raw/fresh	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXLFYGRNTYP_ICBRG EPICRFOODHXLFYGRNTYP_ROM EPICRFOODHXLFYGRNTYP_SPNCH EPICRFOODHXLFYGRNTYP_KALE EPICRFOODHXLFYGRNTYP_ARGLA EPICRFOODHXLFYGRNTYP_SPRMX EPICRFOODHXLFYGRNTYP_PKGSD EPICRFOODHXLFYGRNTYP_OTH EPICRFOODHXLFYGRNTYP_UNK	Type(s)	CheckList		Iceburg Romaine Spinach Kale Arugula Spring Mix Prepackaged salad Other Unknown
If other	EPICRFOODHXLFYGRNSPFY	If other, specify	FreeText		
Where purchased?	EPICRFOODHXLETTUCEPUR	Where was the food purchased?	FreeText		
Cucumbers	EPICRFOODHXCUME	Cucumbers, raw/fresh	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXCUKETYP	Type(s) (e.g., garden, Persian, English [hot house])	FreeText		
Raw Sprouts	EPICRFOODHXRAWSPROUT	Raw sprouts (e.g., bean, alfalfa), such as from a salad bar, sandwich, stirfry, etc.	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXRAWSPROUTTYP_ALFSP EPICRFOODHXRAWSPROUTTYP_BCCSP EPICRFOODHXRAWSPROUTTYP_MXSP EPICRFOODHXRAWSPROUTTYP_BNSP EPICRFOODHXRAWSPROUTTYP_CLOV	Type(s)	CheckList		Alfalfa Sprouts Broccoli Sprouts Mixed Sprouts Bean Sprouts Clover Sprouts

	EPICRFOODHXRAWSPROUTTYP_RDSH EPICRFOODHXRAWSPROUTTYP_OTH EPICRFOODHXRAWSPROUTTYP_UNK			Radish (daikon) Sprouts Other Unknown	RDSH OTH UNK
If other	EPICRFOODHXRAWSPROUTSPFY	If other, specify	FreeText		
Where purchased	EPICRFOODHXRAWSPROUTPUR	Where purchased	FreeText		
Herb(s)	EPICRFOODHXHERB	Herb(s)	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXHERBTYP	Type(s)	FreeText		
Other Veggies	EPICRFOODHXRAWVEG	Other raw vegetables (e.g., green onions, other onions, carrots, bell peppers, spicy peppers)	DropDownList	Yes No Unknown	Y N U
Tye(s)	EPICRFOODHXRAWVEGTYP	Type(s)	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	Fresh salsa or pico de gallo (not from a can or a jar)	DropDownList	Yes No Unknown	Y N U
Where purchased	EPICRFOODHXFRESHSALSAPUR	Where purchased	FreeText		
Cantaloupe	EPICRFOODHXCANTALOUPE	Did the patient eat cantaloupe during the incubation period?	DropDownList	Yes No Unknown	Y N U
Watermelon	EPICRFOODHXWMELON	Watermelon	DropDownList	Yes No Unknown	Y N U
Tropical fruit	EPICRFOODHXTROPFRUIT	Tropical fruit (e.g., mango, papaya, coconut)	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXTROPFRUITTYP_MNGO EPICRFOODHXTROPFRUITTYP_PAPAW EPICRFOODHXTROPFRUITTYP_COCNT EPICRFOODHXTROPFRUITTYP_OTH EPICRFOODHXTROPFRUITTYP_UNK	Type(s)	CheckList	Mango Papaya Coconut Other Unknown	MNGO PAPAW COCNT OTH UNK
Specify where purchased	EPICRFOODHXCANTALOUPEPUR	If Yes, specify where the cantaloupe was purchased	FreeText		
If other	EPICRFOODHXTROPFRUITSPFY	If other specify	FreeText		
Other raw fresh fruit	EPICRFOODHXRAWFRUIT	Other raw fresh fruit (e.g., berries, peaches, honeydew melon)	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	Raw (unpasteurized) juices, ciders, smoothies	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXRAWJUICETYP	Type(s)	FreeText		

Ingredients	EPICRFOODHXRAWJUICEING	Ingredients, including any leafy greens, vegetables, fruits, nuts, seeds, protein powders, dairy/milk, other supplements	FreeText		
Brand(s)	EPICRFOODHXRAWJUICEBRAND	If yes, specify brand(s)	FreeText		
Where purchased?	EPICRFOODHXRAWJUICEPUR	Where purchased?	FreeText		
Other food exposures	EPICRFOODHXOTFODEXP	Other food exposures of interest?	FreeText		
Food item(s)	EPICRFOODHXOTFODITEM	Food item(s)	FreeText		
Supplements	EPICRFOODHXFOODSUPP	Food supplements (e.g., vitamins or nutritional supplements, protein powders, powdered green supplements, health drinks such as Kombucha)	DropDownList	Yes No Unknown	Y N U
Describe	EPICRFOODHXFOODSUPPDESC	Describe	FreeText		
Drinking water	EPICRFOODHXDRNKWTR	Main source of drinking water	DropDownList	City of Municipal Well Bottle Other Unknown	
If other specify	EPICRFOODHXDRNKWTRSPFY	If Other, specify	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		
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		
Date	EPICRFOODHXOUTDTLDT_1 EPICRFOODHXOUTDTLDT_2 EPICRFOODHXOUTDTLDT_3 EPICRFOODHXOUTDTLDT_4 EPICRFOODHXOUTDTLDT_5	Date food or drink was consumed	Date (MM/DD/YYYY)		
Items consumed	EPICRFOODHXOUTDTLCOMPONENT_1 EPICRFOODHXOUTDTLCOMPONENT_2 EPICRFOODHXOUTDTLCOMPONENT_3 EPICRFOODHXOUTDTLCOMPONENT_4 EPICRFOODHXOUTDTLCOMPONENT_5	Food or drink items consumed	FreeText		

ANIMAL EXPOSURES					
Live poultry	EPICRANMALLEXPBIRD	Live poultry (e.g., chickens, ducks, turkeys)	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRANMALLEXPBIRDTYP	Setting/location	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	Reptiles (e.g., turtles, snakes, lizards, geckos, bearded dragons, etc.)	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRANMALLEXPREPTILETYP	Type(s)	FreeText		
Animal ill?	EPICRANMALLEXPREPTILEILL	Was the animal ill?	DropDownList	Yes No Unknown	Y N U
Setting / location	EPICRANMALLEXPREPTILELOC	Setting/location	FreeText		
Date	EPICRANMALLEXPREPTILEDT	Date of exposure	Date (MM/DD/YYYY)		
Amphibians	EPICRANMALLEXPAMPHBN	Amphibians (e.g., frogs, toads, salamanders)	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRANMALLEXPAMPHBNTYP	Type(s)	FreeText		
Setting / location	EPICRANMALLEXPAMPHBNLOC	Setting / location	FreeText		
Dogs	EPICRANMALLEXPDOG	Dogs/ puppies	DropDownList	Yes No Unknown	Y N U
Setting/Location	EPICRANMALLEXPDOGLOC	Setting/ location (e.g., home, pet store)	FreeText		

Mammalian Household	EPICRANMALLEXPMMLPET	Small mammalian household pet other than dog (e.g., hamster, rat, mouse, guinea pig, or hedgehog, excluding feeder rodents)	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRANMALLEXPMMLPETTYP	Type(s)	FreeText		
Setting/Location	EPICRANMALLEXPMMLPETLOC	Setting/Location	FreeText		
Other pets	EPICRANMALLEXPOTHPET	Other pets (e.g., cat, parakeet, fish)	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRANMALLEXPOTHPETTYP	Type(s)	FreeText		
Pigs or piglets	EPICRANMALLEXPPIG	Pigs or piglets	DropDownList	Yes No Unknown	Y N U
Setting/location	EPICRANMALLEXPPIGLOC	Setting / location	FreeText		
Other livestock	EPICRANMALLEXPPLIVESTOK	Other livestock (e.g., cows, sheep, goats)	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRANMALLEXPPLIVESTOKTYP	Type(s)	FreeText		
Setting/location	EPICRANMALLEXPPLIVESTOKLOC	Setting/location	FreeText		
Farms	EPICRANMALLEXPFARM	Farms	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRANMALLEXPFARMTYP	Type(s)	FreeText		
Setting/location	EPICRANMALLEXPFARMLOC	Setting/location	FreeText		
Animal exhibits	EPICRANMALLEXPAXEXIBIT	Animal exhibits (e.g., petting zoos, fairs)	DropDownList	Yes No Unknown	Y N U
Types of animals	EPICRANMALLEXPAXEXIBITTYP	Type(s) of animals	FreeText		
Setting/location	EPICRANMALLEXPAXEXIBITLOC	Setting/location	FreeText		
Date	EPICRANMALLEXPAXEXIBITDT	Date	Date (MM/DD/YYYY)		

Pet foods	EPICRANMALLEXPETFDPRE	Contact with any prepackaged pet foods or treats	DropDownList	Yes No Unknown	Y N U
Contact with the following?	EPICRANMALLEXPETFDRAW_RAWMT EPICRANMALLEXPETFDRAW_PGEAR EPICRANMALLEXPETFDRAW_OTHPT	Contact with any of the following raw meat pet food or animal-part pet treats	CheckList	Raw meat pet food Pig ear pet treats Pet treats from other animal parts (e.g., bully sticks, lungs, trachea, etc.)	RAWMT PGEAR OTHPT
Other exposures?	EPICRANMALLEXPOTHAEXP	Other animal exposures of interest	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRANMALLEXPOTHAEXPTYP	Type(s) of animals	FreeText		
Setting / location	EPICRANMALLEXPOTHAEXPLOC	Setting / location	FreeText		
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)	EPICRANMALLEXPILIVESTOK	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)	EPICRANMALLEXPILIVESTOKTYP	If yes, specify type(s)	FreeText		
Animal ill?	EPICRANMALLEXPILIVESTOKILL	Was the animal ill?	DropDownList	Yes No Unknown	Y N U
Setting / location	EPICRANMALLEXPILIVESTOKLOC	Describe the setting and location of animal exposure	FreeText		
Date	EPICRANMALLEXPILIVESTOKDT	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		
Date	EPICRANMALLEXPFARMDT	Date of exposure	Date (MM/DD/YYYY)		
Animal exhibits (e.g., petting zoos, fairs)	EPICRANMALLEXPAXIBIT	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)	EPICRANMALLEXPAXIBITTYP	If yes, specify type(s) of animal exhibit	FreeText		
Animal ill?	EPICRANMALLEXPAXIBITILL	Was there an ill animal at the animal exhibit?	DropDownList	Yes No Unknown	Y N U
Setting / location	EPICRANMALLEXPAXIBITLOC	Describe the setting and location of animal exhibit	FreeText		
Date	EPICRANMALLEXPAXIBITDT	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	Natural: rivers, lakes, oceans, natural springs, etc.	DropDownList	Yes No Unknown	Y N U
Activity	EPICRWATEREXPNWATERACTVTY	Activity	FreeText		
Location	EPICRWATEREXPNWATERLOC	Location	FreeText		
Date	EPICRWATEREXPNWATERDT	Date	Date (MM/DD/YYYY)		
Artificial: swimming pools, water parks, fountains, etc.	EPICRWATEREXPARTWATER	Artificial: swimming pools, water parks, fountains, etc.	DropDownList	Yes No Unknown	Y N U
Activity	EPICRWATEREXPARTWATERACTVTY	Activity	FreeText		
Location	EPICRWATEREXPARTWATERLOC	Location	FreeText		
Date	EPICRWATEREXPARTWATERDT	Date	Date (MM/DD/YYYY)		
Other water exposures of interest	EPICRWATEREXPOTHWATER	Other water exposures of interest	DropDownList	Yes No Unknown	Y N U
Activity	EPICRWATEREXPOTHWATERACTVTY	Activity	FreeText		
Location	EPICRWATEREXPOTHWATERLOC	Location	FreeText		
Date	EPICRWATEREXPOTHWATERDT	Date	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					
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)		
GROUP SETTING AND OTHER EXPOSURES					
Child care or preschool	EPICRGRPOTHEXPCHLDCRE	Attended child care or preschool	DropDownList	Yes No Unknown	Y N U
Location	EPICRGRPOTHEXPCHLDRELOC	Location	FreeText		
Other Details	EPICRGRPOTHEXPCHLDCREOTH	Other Details	FreeText		
SNF	EPICRGRPOTHEXPSNF	Lived in a skilled nursing facility	DropDownList	Yes No Unknown	Y N U
Location	EPICRGRPOTHEXPSNFLOC	Location	FreeText		
Other details	EPICRGRPOTHEXPSNFOTH	Other details	FreeText		
Congregate setting	EPICRGRPOTHEXPONGSET	Lived in other congregate setting (e.g., LTCF, group home, prison, etc.)	DropDownList	Yes No Unknown	Y N U
Location	EPICRGRPOTHEXPONGSETLOC	Location	FreeText		
Other details	EPICRGRPOTHEXPONGSETOTH	Other details	FreeText		
Homelessness	EPICRGRPOTHEXPHMLS	Experienced homelessness	DropDownList	Yes No Unknown	Y N U
Location and/or shelter	EPICRGRPOTHEXPHMLSLOC	Location and/or shelter	FreeText		
Other details	EPICRGRPOTHEXPHMLSOOTH	Other details	FreeText		
PATIENT CLEARANCE INFORMATION					

Requires clearance?	EPICRPATCLRCLR	Does this patient require clearance to return to daycare, school, or work?	DropDownList	Yes No Unknown	Y N U
Which settings?	EPICRPATCLRCLRREQ_FOOD EPICRPATCLRCLRREQ_GPST EPICRPATCLRCLRREQ_HLTH EPICRPATCLRCLRREQ_OTH	Which of the following settings does the patient require clearance for?	CheckList	Foodhandler (e.g., works with, serves, or handles food)	FOOD
				Group setting (e.g., child care, institution, shelter)	GPST
				Healthcare (e.g., hospital, skilled nursing facility)	HLTH
				Other	OTH
If other	EPICRPATCLRCLROTH	If Other, specify setting	FreeText		
Completed?	EPICRPATCLRCLRCOMP	Was clearance completed?	DropDownList	Yes No Unknown	Y N U
Date of first clearance?	EPICRPATCLRCLRFIRSTDT	If Yes, date of first clearance specimen	Date (MM/DD/YYYY)		
Date of final clearance?	EPICRPATCLRCLRFINALDT	If Yes, date of final clearance specimen	Date (MM/DD/YYYY)		
If no, specify reason	EPICRPATCLRCLRSPFY	If No, specify reason			
Clearance issues	EPICRPATCLRCLRISSUE	Clearance issues / Comments (including use of antibiotics and probiotics to facilitate clearance, etc.)	FreeText		

PATIENT EMPLOYMENT

Employer	EPICRPATEMPLOYPLACE_1 EPICRPATEMPLOYPLACE_2 EPICRPATEMPLOYPLACE_3	Employer/ Situation (place of employment, daycare name, etc.)	FreeText		
Employer Contact	EPICRPATEMPLOYNAMECONT_1 EPICRPATEMPLOYNAMECONT_2 EPICRPATEMPLOYNAMECONT_3	Name of employer contact	FreeText		
Number	EPICRPATEMPLOYPHONE_1 EPICRPATEMPLOYPHONE_2 EPICRPATEMPLOYPHONE_3	Telephone Number	FreeText		
Fax	EPICRPATEMPLOYFAX_1 EPICRPATEMPLOYFAX_2 EPICRPATEMPLOYFAX_3	Fax Number	FreeText		

Street Address	EPICRPATEMPLOYADDRESS_1 EPICRPATEMPLOYADDRESS_2 EPICRPATEMPLOYADDRESS_3	Street Address	FreeText		
City	EPICRPATEMPLOYCITY_1 EPICRPATEMPLOYCITY_2 EPICRPATEMPLOYCITY_3	City	FreeText		
State	EPICRPATEMPLOYSTE_1 EPICRPATEMPLOYSTE_2 EPICRPATEMPLOYSTE_3	State	FreeText		
Zip code	EPICRPATEMPLOYZIP_1 EPICRPATEMPLOYZIP_2 EPICRPATEMPLOYZIP_3	Zip code	FreeText		
HOUSEHOLD CONTACTS					
How many people?	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
Telephone number	EPICRHHCONTDTLPHONE_1 EPICRHHCONTDTLPHONE_2 EPICRHHCONTDTLPHONE_3	Household contact's telephone number	FreeText		
Similar illness?	EPICRHHCONTTLSIMILARILL_1 EPICRHHCONTTLSIMILARILL_2 EPICRHHCONTTLSIMILARILL_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	EPICRREPAGENCYREPORTEDBYSFY	If Other, specify	FreeText		
Health education provided?	EPICRREPAGENCYHEDU	Was health education provided?	DropDownList	Yes No Unknown	Y N U
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?	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	OBEXTENTOFSPPFY	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		

FOR CALIFORNIA EMERGING INFECTIONS PROGAM (CEIP) USE ONLY

CEIP Supplemental Interview Completed	CEIPSUPCMP	If CEIPSUPCMP is yes and CEIPSUPCMPIND is yes then the sup form has been completed.	CheckBox	Yes No	Y N
Sup App Indicator	CEIPSUPCMPIND	If CEIPSUPCMP is blank and CEIPSUPCMPIND is no then the sup form has not been completed.	CheckBox	Yes No	Y N

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	CLIPAsMedHX30ABXSpfy	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		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	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
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	CLICRTXMGTDITLENDDATE1 CLICRTXMGTDITLENDDATE2 CLICRTXMGTDITLENDDATE3	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)		

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
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
SECTION A: 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		
Test type	LABCIDTTstType	Type of Shiga toxin test	DropDownList	Enzyme immunoassay (EIA) PCR Vero cell assay Unknown Other	EIA PCR VCA UNK 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 BD Max Enteric Bacterial Biofire FilmArray Diatherix Duopath Verotoxinix (Merck) Immunocard STAT! EHEC (Meridian) Luminex Medical diagnostics Metametrics Nanosphere Premier EHEC (Meridian)	ALERE BDMAX BIOFIRE DIATHERIX DUOPATH IMMUNOCARD LUMINEX MEDICAL METAMETRIX NANOSPHERE PREMIER

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
				ProGastroSSCS ProSpecT STEC (Remel) Seegene Staten Serum Institut PCR assay VTEC Screen (Denka Seiken) Lab-developed test Unknown Other	PROGASTROSSCS PROSPECT SEEGENE STATEN VTEC LABDEVELOPED UNK 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 LABCIDTCIDTP_EEC LABCIDTCIDTP_STEC LABCIDTCIDTP_OTH LABCIDTCIDTP_UNK	If CIDT positive, specify result(s)	CheckBoxList	E. coli O157 Enterohemorrhagic E. coli STEC Other Unknown	EEO EEC STEC OTH 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 BD Max Enteric Bacterial Biofire FilmArray Diatherix Duopath Verotoxinx (Merck) Immunocard STAT! EHEC (Meridian) Luminex Medical diagnostics	ALERE BDMAX BIOFIRE DIATHERIX DUOPATH IMMUNOCARD LUMINEX MEDICAL

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
				Metametrix Nanosphere Premier EHEC (Meridian) ProGastroSSCS ProSpecT STEC (Remel) Seegene Staten Serum Institut PCR assay VTEC Screen (Denka Seiken) Lab-developed test Unknown Other	METAMETRIX NANOSPHERE PREMIER PROGASTROSSCS PROSPECT SEEGENE STATEN VTEC LABDEVELOPED UNK OTH
If Other, specify	LABCIDTCIDTNameSpcfy	If Other, specify name of other CIDT	FreeText		
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 E. coli O157: H7 STEC non-O157 Negative for STEC Other	ECO157 ECOH7 STECNO NEGSTEC 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		
SECTION B: 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	LABMDLPHLSpcmTypeSpcf_1 LABMDLPHLSpcmTypeSpcf_2 LABMDLPHLSpcmTypeSpcf_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 Verotoxinix (Merck)	DUOPATH
				Immunocard STAT! EHEC (Meridian)	IMMUNOCARD
				Luminex	LUMINEX
				Medical diagnostics	MEDICAL
				Metametrix	METAMETRIX
				Nanosphere	NANOSPHERE
				Premier EHEC (Meridian)	PREMIER
				ProGastroSCS	PROGASTROSCS
				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 O145 E. coli not O26, O103, O111, O121. O145 or O157 (O- Undetermined) Other	O121 O145 ECO 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
XbaI pattern #	LABMDLPHLPFGEXbaI_1 LABMDLPHLPFGEXbaI_2 LABMDLPHLPFGEXbaI_3	XbaI pattern #	FreeText		
BlnI pattern #	LABMDLPHLPFGEBlnI_1 LABMDLPHLPFGEBlnI_2 LABMDLPHLPFGEBlnI_3	BlnI 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	LABMDLPHMLVAspcf_1 LABMDLPHMLVAspcf_2 LABMDLPHMLVAspcf_3	If Yes, specify results	FreeText		
Laboratory name	LABMDLPHMLVALabName_1 LABMDLPHMLVALabName_2 LABMDLPHMLVALabName_3	Name of laboratory	RadioButtonList	MDL PHL	MDL PHL
If PHL, specify	LABMDLPHMLVALabNameSp_1 LABMDLPHMLVALabNameSp_2 LABMDLPHMLVALabNameSp_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	LABMDLPHLGSSpcf_1 LABMDLPHLGSSpcf_2 LABMDLPHLGSSpcf_3	Specify results or upload to electronic filing cabinet	FreeText		
Laboratory name	LABMDLPHLGSLabName_1 LABMDLPHLGSLabName_2 LABMDLPHLGSLabName_3	Name of laboratory	RadioButtonList	MDL PHL	MDL PHL
If PHL, specify	LABMDLPHLGSLabNameSp_1 LABMDLPHLGSLabNameSp_2 LABMDLPHLGSLabNameSp_3	If PHL, specify name of PHL	FreeText		
LABORATORY RESULTS SUMMARY – SHIGA TOXIN TESTS – HISTORICAL DATA – DO NOT USE					
Specimen type	LABRSLTSHIGASPECTYPE	What type of specimen was submitted for lab testing?	RadioButtonList	Stool Other	ST OTH
If Other, specify	LABRSLTSHIGASPECTYPESPFY	Specify other type of specimen	FreeText		
Test type	LABRSLTSHIGATSTTYPE	Type of laboratory test performed	DropDownList	Enzyme immunoassay (EIA)	EIA
				PCR	PCR
				Vero cell assay	VCA
				Unknown	UNK
				Other	OTH
If Other, specify test	LABRSLTSHIGATSTTYPESPFY	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	LABRSLTSHIGASHIGARSLT	Shiga toxin test result	RadioButtonList	Stx positive Stx negative Unknown	POS NEG UNK
Specify type of toxin(s)	LABRSLTSHIGASHIGATOXIN	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	LABRSLTSHIGASHIGATOXINSPFY	If Other, specify other type of toxin(s)	FreeText		
Collection date	LABRSLTSHIGADT	Date specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	LABRSLTSHIGALABNAME	Name of lab where testing was performed	FreeText		
Telephone	LABRSLTSHIGALABPHONE	Telephone number of lab	FreeText		
LABORATORY RESULTS SUMMARY – STOOL CULTURES					
Culture result	LABRSLTSTLRSLT1 LABRSLTSTLRSLT2 LABRSLTSTLRSLT3	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	LABRSLTSTLANTIGEN1 LABRSLTSTLANTIGEN2 LABRSLTSTLANTIGEN3	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	LABRSLTSTLTHRSLTSPFY1 LABRSLTSTLTHRSLTSPFY2 LABRSLTSTLTHRSLTSPFY3	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	LABRSLTSTUMSTLSTECSERO1 LABRSLTSTUMSTLSTECSERO2 LABRSLTSTUMSTLSTECSERO3	If the case is identified as STEC non-O157, specify the serotype	DropDownList	O26:H11 O26:NM O45:NM O69:H11 O103:H2 O103:H11 O111:NM O112ab:H21 O113:H21 O118:H16 O121:H19 O123:H11 O145:NM Other serotype	O26H11 O26NM O45NM O69H11 O103H2 O103H11 O111NM O112ABH21 O113H21 O118H16 O121H19 O123H11 O145NM OTH
Other serotype, specify	LABRSLTSTUMSTLOTHSERO1 LABRSLTSTUMSTLOTHSERO2 LABRSLTSTUMSTLOTHSERO3	If Other serotype, specify the other serotype	FreeText		
Collection date	LABRSLTSTUMSTLDT1 LABRSLTSTUMSTLDT2 LABRSLTSTUMSTLDT3	Date culture was collected	Date (MM/DD/YYYY)		
Laboratory name	LABRSLTSTUMSTLLABNAME1 LABRSLTSTUMSTLLABNAME2 LABRSLTSTUMSTLLABNAME3	Name of lab where testing was performed	FreeText		
Telephone	LABRSLTSTUMSTLLABPHONE1 LABRSLTSTUMSTLLABPHONE2 LABRSLTSTUMSTLLABPHONE3	Telephone number of lab	FreeText		
LABORATORY RESULTS SUMMARY – OTHER TESTS - HISTORICAL DATA – DO NOT USE					
Specimen type	LABRSLTSTUMOTHSPEC1 LABRSLTSTUMOTHSPEC2 LABRSLTSTUMOTHSPEC3	What type of specimen was submitted for lab testing?	FreeText		
Type of test	LABRSLTSTUMOTHHTSTT1 LABRSLTSTUMOTHHTSTT2 LABRSLTSTUMOTHHTSTT3	Type of laboratory test performed	FreeText		
Collection date	LABRSLTSTUMOTHDT1 LABRSLTSTUMOTHDT2 LABRSLTSTUMOTHDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Test results	LABRSLTSTUMOHTRSLT1 LABRSLTSTUMOHTRSLT2 LABRSLTSTUMOHTRSLT3	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	LABRSLTSMOTHLABNAME1 LABRSLTSMOTHLABNAME2 LABRSLTSMOTHLABNAME3	Name of lab where testing was performed	FreeText		
Telephone	LABRSLTSMOTHLABPHONE1 LABRSLTSMOTHLABPHONE2 LABRSLTSMOTHLABPHONE3	Telephone number of lab	FreeText		
LABORATORY RESULTS SUMMARY – CONFIRMATION AND PFGE - HISTORICAL DATA – DO NOT USE					
Confirmed by PHL?	LABRSLTSMCONFPHLCONF	Was result confirmed by public health lab?	RadioButtonList	Yes No Unknown	Y N U
Result (including serotype)	LABRSLTSMCONFPHLCNFSPFYRSLT	If yes, please specify the result (including serotype)	FreeText		
Local lab ID number	LABRSLTSMCONFPHLCNFSPFYID	If yes, specify local lab ID number	FreeText		
State lab confirmation?	LABRSLTSMCONFISOSENT	Was isolate sent to state lab for serotyping confirmation?	RadioButtonList	Yes No Unknown	Y N U
Result (including serotype)	LABRSLTSMCONFISOSENTSPFYRSLT	If yes, please specify the result (including serotype)	FreeText		
State lab ID number	LABRSLTSMCONFISOSENTSPFYID	If yes, specify state lab ID number	FreeText		
Was PFGE requested?	LABRSLTSMCONFPGFGE	Was PFGE (Pulsed-field gel electrophoresis) requested?	RadioButtonList	Yes No Unknown	Y N U
XbaI pattern #	LABRSLTSMCONFPGESPFYBALPAT	XbaI pattern #	FreeText		
BlnI pattern #	LABRSLTSMCONFPGESPFYBLNLPAT	BlnI pattern #	FreeText		
CDC cluster ID #	LABRSLTSMCONFPGESPFYCDCID	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					
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		

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
Location (city, state)	EPIFOODHXOUTHMDTLLOCATION1 EPIFOODHXOUTHMDTLLOCATION2 EPIFOODHXOUTHMDTLLOCATION3 EPIFOODHXOUTHMDTLLOCATION4 EPIFOODHXOUTHMDTLLOCATION5	Location (city, state)	FreeText		
Date	EPIFOODHXOUTHMDTLDT1 EPIFOODHXOUTHMDTLDT2 EPIFOODHXOUTHMDTLDT3 EPIFOODHXOUTHMDTLDT4 EPIFOODHXOUTHMDTLDT5	Date food or drink was consumed	Date (MM/DD/YYYY)		
Items consumed	EPIFOODHXOUTHMDTLITMES1 EPIFOODHXOUTHMDLITMES2 EPIFOODHXOUTHMDLITMES3 EPIFOODHXOUTHMDLITMES4 EPIFOODHXOUTHMDLITMES5	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					

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
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
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

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)	EPIFOODHXMLKPRODSPFYTYPE	If yes, specify type(s) of product	FreeText		
Describe	EPIFOODHXMLKPRODSPFYBRND	Describe (e.g., brand, etc.)	FreeText		
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	EPIFoodHxMexCPI	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	EPIFoodHxArtCPI	Where was the cheese purchased?	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
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
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		

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	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		
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		

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
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
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		

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
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
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		

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
Iceberg lettuce at home	EPIFoodHxIceHm	Iceberg lettuce at home, such as whole leaf or shredded 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
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

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
Loose	EPIFoodHxRomHmPack_LOO	How was it packaged? Loose	CheckBox	Loose	LOO
Prepackaged	EPIFoodHxRomHmPack_PRE	How was it packaged? Prepackaged	CheckBox	Prepackaged	PRE
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		
Spinach 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

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	EPIFoodHxSpiHmPack_PRE	How was it packaged? Prepackaged	CheckBox	Prepackaged	PRE
Unknown	EPIFoodHxSpiHmPack_UNK	How was it packaged? Unknown	CheckBox	Unknown	UNK
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		

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
Loose	EPIFOODHXLGreenOthPck_LOO	How was it packaged? Loose	CheckBox	Loose	LOO
Prepackaged	EPIFOODHXLGreenOthPck_PRE	How was it packaged? Prepackaged	CheckBox	Prepackaged	PRE
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

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	EPIFOODHXPSaladCTypeOth	If Other salad, specify	FreeText		
Brand(s)	EPIFOODHXPSaladDtl	Brand(s)	FreeText		
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		

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	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
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

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
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	EPIFOODHXSJPrepPIOHSpfcy	If Outside the home, specify place	FreeText		
If Other, specify	EPIFOODHXSJPrepPlOth	If Other, specify	FreeText		
Specify ingredients	EPIFOODHXSJIIngredDtl	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

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
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		
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	EPIFOODHXSpcy	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)	EPIFOODHXSpcyItem	If Yes, specify the food item(s)	FreeText		
If Yes, specify source	EPIFOODHXSpcyPl	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

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	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
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		

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
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		
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)		

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 No, reason	EPIPCIClearanceCmpSpcfy	If No, specify reason	FreeText		
Clearance issues/comments	EPIPCIClearanceIssue	Clearance issues (including use of antibiotics to facilitate clearance, etc.) / Comments	TextBox		
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		

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
Age	EPIHHCONTDTLAGE1 EPIHHCONTDTLAGE2 EPIHHCONTDTLAGE3	What is the household contact's age?	FreeText		
Gender	EPIHHCONTDTLSEX1 EPIHHCONTDTLSEX2 EPIHHCONTDTLSEX3	What is the household contact's gender?	FreeText		
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)		

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
First reported by	EPIREPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	EPIREPAGENCYREPORTEDBYSFY	Specify other agency	FreeText		
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?	CliCRSSignSxSymptomatic	Symptomatic?	DropDownList	Yes No Unknown	Y N U
Onset Date	CliCRSSignSxOnSetAuto	Onset Date	FreeText		
Onset time	CliCRSSignSxOnSetTime	Onset time (HH:MM AM/PM)	FreeText		
Duration of acute symptoms	CliCRSSignSxDuration	Duration of acute symptoms (days)	FreeText		
Diarrhea	CliCRSSignSxDiarrhea	Diarrhea	DropDownList	Yes No Unknown	Y N U
Max. numbers of stools in 24-hour period	CliCRSSignSxDiarrheaNumStool	Max. number of stools in 24-hour period	FreeText		
Onset date of diarrhea	CliCRSSignSxDiarrheaDt	Onset date of diarrhea	Date (MM/DD/YYYY)		
Bloody diarrhea	CliCRSSignSxDiarrheaBloody	Bloody diarrhea	DropDownList	Yes No Unknown	Y N U
Fever	CliCRSSignSxFever	Fever	DropDownList	Yes No Unknown	Y N U
If Yes, highest temperature	CliCRSSignSxHighTemp	If Yes, highest temperature (specify F/C)	FreeText		
Nausea	CliCRSSignSxNausea	Nausea	DropDownList	Yes No Unknown	Y N U
Vomiting	CliCRSSignSxVomiting	Vomiting	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
Abdominal cramps	CliCRSignSxAbCramp	Abdominal cramps	DropDownList	Yes No Unknown	Y N U
Other signs, symptoms, or complications, including reactive arthritis (specify)	CliCRSignSxOth	Other signs, symptoms, or complications, including reactive arthritis (specify)	FreeText		
Did patient have HUS?	CliCRSignSxHUS	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	CliCRSignSxHUSOnsetDt	Onset date of HUS	Date (MM/DD/YYYY)		
PAST MEDICAL HISTORY					
Did the patient take antibiotics in the month prior to onset?	CliCRPastMedHxAbx	Did the patient take antibiotics in the month prior to onset?	DropDownList	Yes No Unknown	Y N U
If Yes, specify antibiotic(s)	CliCRPastMedHxAbxSpfy	If Yes, specify antibiotic(s)	FreeText		
Other underlying conditions relevant to present illness?	CliCRPastMedHxOthCond	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)	CliCRPastMedHxOthCondSpfy	If Yes, specify type of condition(s)	FreeText		
HOSPITALIZATION					
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
ICU	HOSPICU	During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care until (CCU)?	DropDownList	Yes No Unknown	Y N U
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)		
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					

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
Received treatment?	CliCRTxMgtTxRecd	Received treatment?	DropDownList	Yes No Unknown	Y N U
TREATMENT / MANAGEMENT – DETAILS					
Treatment type	CliCRTxMgtDtTxType_1 CliCRTxMgtDtTxType_2 CliCRTxMgtDtTxType_3	Treatment type	DropDownList	Antibiotic Other	ABX OTH
Treatment name	CliCRTxMgtDtTxName_1 CliCRTxMgtDtTxName_2 CliCRTxMgtDtTxName_3	Treatment name	FreeText		
Date started	CliCRTxMgtDtTxStartDt_1 CliCRTxMgtDtTxStartDt_2 CliCRTxMgtDtTxStartDt_3	Date started	Date (MM/DD/YYYY)		
Date ended	CliCRTxMgtDtTxEndDt_1 CliCRTxMgtDtTxEndDt_2 CliCRTxMgtDtTxEndDt_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)		
Date of Death?	OUTCOMEDEATHDT	Date of Death	FreeText		

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)		
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

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 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)	EIA
				PCR	PCR
				Vero cell assay	VCA
				Unknown	U
				Other	Oth
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	Stx positive	
				Stx negative	
				Unknown	
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	S1
				Stx 2	S2
				Stx 1 and Stx 2	S1S2
				Unknown	U
				Other	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	Ampicillin	DropDownList	Susceptible	SUSC

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
	LabCRCIDTAmpicillin_2 LabCRCIDTAmpicillin_3			Intermediate	INTER
				Resistant	RES
				Not done	NOT
Azithromycin	LabCRCIDTAzithromycin_1 LabCRCIDTAzithromycin_2 LabCRCIDTAzithromycin_3	Azithromycin	DropDownList	Susceptible	SUSC
				Intermediate	INTER
				Resistant	RES
				Not done	NOT
Ciprofloxacin	LabCRCIDTCiprofloxacin_1 LabCRCIDTCiprofloxacin_2 LabCRCIDTCiprofloxacin_3	Ciprofloxacin	DropDownList	Susceptible	SUSC
				Intermediate	INTER
				Resistant	RES
				Not done	NOT
TMP-SMX	LabCRCIDTTMPSMX_1 LabCRCIDTTMPSMX_2 LabCRCIDTTMPSMX_3	TMP-SMX	DropDownList	Susceptible	SUSC
				Intermediate	INTER
				Resistant	RES
				Not done	NOT
Third-generation cephalosporin	LabCRCIDT3rdGenCeph_1 LabCRCIDT3rdGenCeph_2 LabCRCIDT3rdGenCeph_3	Third-generation cephalosporin	DropDownList	Susceptible	SUSC
				Intermediate	INTER
				Resistant	RES
				Not done	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	LabCRMDLSpecType	Specimen type	DropDownList	Stool	Stl
				Blood	Bld
				Urine	Urn
				Other	Oth
If Other, specify specimen type	LabCRMDLSpecTypeOth	If Other, specify specimen type	FreeText		
Collection date	LabCRMDLSpecTypeCollectDt	Collection date	Date (MM/DD/YYYY)		
Was Shigella isolate forwarded to a local public health lab?	LabCRMDLShigellIsoForwardLab	Was Shigella isolate forwarded to a local public health lab?	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	
Local lab ID number	LabCRMDLLocalLabId	Local lab ID number	FreeText			
Was isolate forwarded to MDL?	LabCRMDLIsoForwardMDL	Was isolate forwarded to MDL?	DropDownList	Yes No Unknown	Y N U	
State lab ID number	LabCRMDLStateLabId	State lab ID number	FreeText			
Shigella culture completed?	LabCRMDLShigelCul	Shigella culture completed?	DropDownList	Yes No Unknown	Y N U	
If culture completed, specify species (serogroup)	LabCRMDLShigelCulRslt	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	
If serotyping completed, specify serotype	LabCRMDLShigelCulSerotyp	If serotyping completed, specify serotype		1	1	
				2	2	
				3	3	
				4	4	
				5	5	
				6	6	
				7	7	
				Other	Oth	
				Untypeable	Untype	
				Unknown	U	
If Other, specify serotype	LabCRMDLShigelCulSerotypOth	If Other, specify serotype	FreeText			
Was Shigella isolate tested for Shiga toxin?	LabCRMDLShigaToxTst	Was Shigella isolate tested for Shiga toxin?	DropDownList	Yes No Unknown	Y N U	
Type of test	LabCRMDLShigaToxTstType_EIA LabCRMDLShigaToxTstType_PCR LabCRMDLShigaToxTstType_VCA LabCRMDLShigaToxTstType_U LabCRMDLShigaToxTstType_OTH	If Yes, specify type of test (check all that apply)	CheckBoxList (more than one selection is possible)	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	LabCRMDLShigaToxTstTypeOth	If Other test result, specify	FreeText		
Shiga toxin test result	LabCRMDLShigaToxTstRslt	Shiga toxin test result	RadioButtonList	Stx 1	S1
				Stx 2	S2
				Stx 1 and Stx 2	S1S2
				Unknown	U
				Other	Oth
If Stx positive, specify type of toxin(s)	LabCRMDLShigaToxTstRsltType	If Stx positive, specify type of toxin(s)	FreeText		
If Other, specify	LabCRMDLShigaToxTstRsltOth	If Other toxin, specify	FreeText		
Laboratory name	LabCRMDLShigIsoLabName_MDL LabCRMDLShigIsoLabName_PHL	Laboratory name	CheckBoxList (more than one selection is possible)	MDL PHL	MDL PHL
If PHL, specify laboratory name	LabCRMDLShigIsoLabNameSpfy	If PHL, specify laboratory name	FreeText		
Was PFGE completed?	LabCRMDLPFGE	Was PFGE completed?	RadioButtonList	Yes No Unknown	Y N U
Pattern 1 #	LabCRMDLPFGEPatt1	Pattern 1 #	FreeText		
Pattern 2 #	LabCRMDLPFGEPatt2	Pattern 2 #	FreeText		
CDC Cluster ID #	LabCRMDLPFGECDC	CDC Cluster ID #	FreeText		
Was whole genome sequencing (WGS) completed?	LabCRMDLWGS	Was whole genome sequencing (WGS) completed?	RadioButtonList	Yes No Unknown	Y N U
If Yes, specify results	LabCRMDLWGSRslt	If Yes, specify results	FreeText		

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
Laboratory name	LabCRMDLWGSLabNm_MDL LabCRMDLWGSLabNm_PHL	Laboratory name	CheckBoxList (more than one selection is possible)	MDL Reference PHL	MDL PHL
If Reference PHL, specify laboratory name	LabCRMDLWGSLabNmSpfy	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					
Travel type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Specify type of travel	RadioButtonList	Domestic International Unknown	DOM INT UNK
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					
Travel type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Specify type of travel	RadioButtonList	Domestic International Unknown	DOM INT UNK
Location	TrvHxDtlLoc_1 TrvHxDtlLoc_2 TrvHxDtlLoc_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)		
EXPOSURE HISTORY					
Exposure to a confirmed or probable shigellosis case	EpiCRExpHxExpConf	Exposure to a confirmed or probable shigellosis case	DropDownList	Yes No Unknown	Y N U
Attended or worked in daycare	EpiCRExpHxAttnDC	Attended or worked in daycare	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	EpiCRExpHxAttnDCSpfy	If Yes, specify location	FreeText		
Contact with a diapered child or adult	EpiCRExpHxContDiapr	Contact with a diapered child or adult	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	EpiCRExpHxContDiaprSpfy	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
Lived in congregate setting (e.g. dorm, residential care facility, corrections, etc.)	EpiCReXpHxCongregateSet	Lived in congregate setting (e.g. dorm, residential care facility, corrections, etc.)	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	EpiCReXpHxCongregateSetSpfy	If Yes, specify location	FreeText		
Homeless	EpiCReXpHxHmless	Homeless	DropDownList	Yes No Unknown	Y N U
If Yes, specify location(s) and/or shelter(s)	EpiCReXpHxHmlessSpfy	If Yes, specify location(s) and/or shelter(s)	FreeText		
Sexual activity	EpiCReXpHxSexActvy	Sexual activity	DropDownList	Yes No Unknown	Y N U
Sexual partner(s)	EpiCReXpHxSexActvyPt_M EpiCReXpHxSexActvyPt_F EpiCReXpHxSexActvyPt_R	Sexual partner(s)	CheckBoxList (more than one selection is possible)	Male	M
				Female	F
				Refused	R
Engaged in oral-anal sex	EpiCReXpHxSexActvyOrlAnl	Engaged in oral-anal sex	DropDownList	Yes No Unknown	Y N U
Exposure to sewage or human excreta	EpiCReXpHxExpSwg	Exposure to sewage or human excreta	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	EpiCReXpHxExpSwgSpfy	If Yes, specify location	FreeText		
Attend any group activities or events (e.g. parties, shared meals, etc.)	EpiCReXpHxActvyGrp	Attend any group activities or events (e.g. parties, shared meals, etc.)	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EpiCReXpHxActvyGrpSpfy	If Yes, describe	FreeText		
Other activities or exposures of interest	EpiCReXpHxActvyOth	Other activities or exposures of interest	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EpiCReXpHxActvyOthSpfy	If Yes, describe	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
Natural recreational water (rivers, lake, oceans, etc.)	EpiCRExpHxNatWtr	Natural recreational water (rivers, lake, oceans, etc.)	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	EpiCRExpHxNatWtrSpfy	If Yes, specify location	FreeText		
Artificial recreational water (swimming pools, water parks, fountains, etc.)	EpiCRExpHxArtifWtr	Artificial recreational water (swimming pools, water parks, fountains, etc.)	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	EpiCRExpHxArtifWtrSpfy	If Yes, specify location	FreeText		
Drank untreated water	EpiCRExpHxUntrtWtr	Drank untreated water	DropDownList	Yes No Unknown	Y N U
If Yes, specify source(s)	EpiCRExpHxUntrtWtrSpfy	If Yes, specify source(s)	FreeText		
Source(s) of drinking water	EpiCRExpHxDrinkWtr_PUB	Source(s) of drinking water (check all that apply)	CheckBoxList (multiple selections are possible)	Public	Pub
	EpiCRExpHxDinkWtr_IW			Individual well	IW
	EpiCRExpHxDinkWtr_SW			Shared well	SW
	EpiCRExpHxDinkWtr_BOT			Bottled	Bot
	EpiCRExpHxDinkWtr_UNK			Unknown	U
	EpiCRExpHxDinkWtr_OTH			Other	O
If Other, specify	EpiCRExpHxDinkWtrSpfy	If Other, specify	FreeText		
FOOD HISTORY – OUTSIDE HOME					
Did the patient consume food or drink prepared outside of the home during the incubation period?	EpiCRFoodHxOutFood	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	EpiCRFoodHxOutFoodPeriod	Incubation period	FreeText		
FOOD HISTORY – OUTSIDE HOME – DETAILS					

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
Name of place	EpiCRFoodHxDtlName_1 EpiCRFoodHxDtlName_2 EpiCRFoodHxDtlName_3 EpiCRFoodHxDtlName_4 EpiCRFoodHxDtlName_5	Name of place	FreeText		
Location (city, state)	EpiCRFoodHxDtlLoc_1 EpiCRFoodHxDtlLoc_2 EpiCRFoodHxDtlLoc_3 EpiCRFoodHxDtlLoc_4 EpiCRFoodHxDtlLoc_5	Location (city, state)	FreeText		
Date	EpiCRFoodHxDtlDt_1 EpiCRFoodHxDtlDt_2 EpiCRFoodHxDtlDt_3 EpiCRFoodHxDtlDt_4 EpiCRFoodHxDtlDt_5	Date	Date (MM/DD/YYYY)		
Items consumed	EpiCRFoodHxDtlItemConsum_1 EpiCRFoodHxDtlItemConsum_2 EpiCRFoodHxDtlItemConsum_3 EpiCRFoodHxDtlItemConsum_4 EpiCRFoodHxDtlItemConsum_5	Items consumed	FreeText		
PATIENT CLEARANCE INFORMATION					
Did this patient require clearance to return to daycare, school, or work?	EpiCRClrInfoClrRequire	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.)	EpiCRClrInfoDtlEmplr	Employer/Situation (place of employment, daycare name, etc.)	FreeText		
Telephone number	EpiCRClrInfoDtlPhone	Telephone number	FreeText		
Street address	EpiCRClrInfoDtlAddr	Street address	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
City	EpiCRCInfoDtlCity	City	FreeText		
State	EpiCRCInfoDtlState	State	FreeText		
Zip Code	EpiCRCInfoDtlZip	Zip Code	FreeText		
Was clearance completed?	EpiCRCInfoDtlClr	Was clearance completed?	DropDownList	Yes No	Y N
If Yes, date of first clearance specimen	EpiCRCInfoDtlClrY1stDt	If Yes, date of first clearance specimen	Date (MM/DD/YYYY)		
If Yes, date of final clearance specimen	EpiCRCInfoDtlClrYFnldt	If Yes, date of final clearance specimen	Date (MM/DD/YYYY)		
If No, specify reason	EpiCRCInfoDtlClrNSpfy	If No, specify reason	FreeText		
Clearance issues (including use of antibiotics to facilitate clearance, etc.) / Comments	EpiCRCInfoDtlClrIssue	Clearance issues (including use of antibiotics to facilitate clearance, etc.) / Comments	TextBox		
HOUSEHOLD CONTACTS - DETAILS					
How many people, besides, the case, live in the household?	EpiCRHhContPeople	How many people, besides, the case, live in the household?	FreeText		
Name	EpiCRHhContDtlName_1 EpiCRHhContDtlName_2 EpiCRHhContDtlName_3	Name	FreeText		
Relationship	EpiCRHhContDtlRel_1 EpiCRHhContDtlRel_2 EpiCRHhContDtlRel_3	Relationship	FreeText		
Age	EpiCRHhContDtlAge_1 EpiCRHhContDtlAge_2 EpiCRHhContDtlAge_3	Age	FreeText		
Gender	EpiCRHhContDtlGndr_1 EpiCRHhContDtlGndr_2 EpiCRHhContDtlGndr_3	Gender	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
Occupation	EpiCRHhContDtlOccptn_1 EpiCRHhContDtlOccptn_2 EpiCRHhContDtlOccptn_3	Occupation	FreeText		
Sensitive occupation / situation?	EpiCRHhContDtlOccptnSens_1 EpiCRHhContDtlOccptnSens_2 EpiCRHhContDtlOccptnSens_3	Sensitive occupation / situation?	DropDownList	Yes No Unknown	Y N U
Telephone number	EpiCRHhContDtlPhone_1 EpiCRHhContDtlPhone_2 EpiCRHhContDtlPhone_3	Telephone number	FreeText		
Similar illness	EpiCRHhContDtlSmlrIll_1 EpiCRHhContDtlSmlrIll_2 EpiCRHhContDtlSmlrIll_3	Similar illness	DropDownList	Yes No Unknown	Y N U
If Yes, date of illness onset	EpiCRHhContDtlSmlrIllDt_1 EpiCRHhContDtlSmlrIllDt_2 EpiCRHhContDtlSmlrIllDt_3	If Yes, date of illness onset	Date (MM/DD/YYYY)		
Comment	EpiCRHhContDtlComment_1 EpiCRHhContDtlComment_2 EpiCRHhContDtlComment_3	Comment	FreeText		
ILL CONTACTS					
Any contacts with similar illness (including household contacts)?	EpiCRIllContSmlrIll	Any contacts with similar illness (including household contacts)?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	EpiCRRepAgncyName	Investigator name	FreeText		
Local health jurisdiction	EpiCRRepAgncyLHJ	Local health jurisdiction	FreeText		
Telephone number	EpiCRRepAgncyPhone	Telephone number	FreeText		
Date	EpiCRRepAgncyDt	Date	Date (MM/DD/YYYY)		

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
First reported by	EpiCRRepAgncy1stRptBy	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	EpiCRRepAgncySpfy	If Other, specify	FreeText		
Health education provided?	EpiCRRepAgncyHlthEdu	Health education provided?	DropDownList	Yes No Unknown	Y N U
EPIDEMIOLOGICAL LINKAGE					
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		
OUTBREAK					
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		
FOR CALIFORNIA EMERGING INFECTIONS PROGAM (CEIP) USE ONLY					
CEIP Supplemental Interview Completed	CEIPSUPCMP	If CEIPSUPCMP is yes and CEIPSUPCMPIND is yes then the sup form has been completed.	CheckBox	Yes No	Y N
Sup App Indicator	CEIPSUPCMPIND	If CEIPSUPCMP is blank and CEIPSUPCMPIND is no then the sup form has not been completed.	CheckBox	Yes No	Y N
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	MRSACLICRSCREENINGDISQUEALEVENTS_0 MRSACLICRSCREENINGDISQUEALEVENTS_1 MRSACLICRSCREENINGDISQUEALEVENTS_2 MRSACLICRSCREENINGDISQUEALEVENTS_3 MRSACLICRSCREENINGDISQUEALEVENTS_4	Check all that apply	CheckBoxList (more than one choice is possible)	Hospitalized within the past year	HOSP
				Surgery within past year	SURG
				Dialysis within past year	DIALYS
				Residence in long-term care facility within the past year	RESID
				Longterm percutaneous device or indwelling catheter prior to current illness	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)	MRSACLICRCLINICALINFOBACTERMIA	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	MRSACLICRCLINICALINFOSSТИSpecify	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	NORM
				Pneumonia	PNEU
				Other	OTH
If Other, describe	MRSACLICRCLINICALINFOINTERPRETDESC	If Other interpretation, please describe	FreeText		
PAST MEDICAL HISTORY					
Underlying conditions	MRSACLICRPASMEDHXPREXCOND_0	Did patient have any of the following underlying conditions?	CheckBoxList (more than one choice is possible)	Alcohol abuse	ALCOHOL
	MRSACLICRPASMEDHXPREXCOND_1			Congestive heart failure	HEARTFAILURE
	MRSACLICRPASMEDHXPREXCOND_2			Eczema	ECZEMA
	MRSACLICRPASMEDHXPREXCOND_3			Folliculitis	FOLLICUL
	MRSACLICRPASMEDHXPREXCOND_4			Liver disease	LIVERDIS
	MRSACLICRPASMEDHXPREXCOND_5			Obesity (specify BMI or weight below)	OBSE
	MRSACLICRPASMEDHXPREXCOND_6			Asthma	ASTHMA
	MRSACLICRPASMEDHXPREXCOND_7			Current smoker	SMOKER
	MRSACLICRPASMEDHXPREXCOND_8			Other chronic dermatologic condition (specify below)	CHRONDERM
	MRSACLICRPASMEDHXPREXCOND_9			Immunosuppressive therapy	IMMUNOSUP
	MRSACLICRPASMEDHXPREXCOND_10			Malignancy - hematologic	MALIGHEMO
	MRSACLICRPASMEDHXPREXCOND_11			Other chronic illness (specify below)	OTH
	MRSACLICRPASMEDHXPREXCOND_12			Chronic renal insufficiency	CHRONRENAL
	MRSACLICRPASMEDHXPREXCOND_13			Diabetes mellitus	DIABETES
	MRSACLICRPASMEDHXPREXCOND_14			Emphysema or COPD	COPD
	MRSACLICRPASMEDHXPREXCOND_15			Injection drug use (IDU)	IDU
	MRSACLICRPASMEDHXPREXCOND_16			Malignancy - solid organ	MALIGSOLID
	MRSACLICRPASMEDHXPREXCOND_17			None	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	MRSA
				MSSA	MSSA
				Unknown	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	MRSACLICRPASMEDHColon	Did patient have a history of S. aureus colonization?	DropDownList	Yes No Unknown	Y N U
Antibiotic profile	MRSACLICRPASMEDHColonProf	If yes, specify antibiotic profile	RadioButtonList	MRSA MSSA Unknown	MRSA MSSA UNK
Details	MRSACLICRPASMEDHColonProfDet	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?	MRSALABCRLABRSLTUMISOLATE_0	Is the isolate MRSA or MSSA?	CheckBoxList (more than one choice is possible)	MRSA (oxacillin resistant)	MRSA
	MRSALABCRLABRSLTUMISOLATE_1			MSSA (Oxacillin susceptible)	MSSA
Collection date	MRSALABCRLABRSLTUMDT	Date specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	MRSALABCRLABRSLTUMLAB	Name of lab where testing was performed	FreeText		
Isolation site(s)	MRSALABCRLABRSLTUMSITE_0	Specify the site(s) from which S. aureus was isolated	CheckBoxList (more than one choice is possible)	Blood	BLD
	MRSALABCRLABRSLTUMSITE_1			Cerebrospinal fluid	CSF
	MRSALABCRLABRSLTUMSITE_2			Nares	NARE
	MRSALABCRLABRSLTUMSITE_3			Pleural fluid	PLEURAL
	MRSALABCRLABRSLTUMSITE_4			Surgical specimen (specify)	SURG
	MRSALABCRLABRSLTUMSITE_5			Wound	WOUND
	MRSALABCRLABRSLTUMSITE_6			Bone	BONE
	MRSALABCRLABRSLTUMSITE_7			Joint aspirate	JOINT
	MRSALABCRLABRSLTUMSITE_8			Peritoneal fluid	PREITON
	MRSALABCRLABRSLTUMSITE_9			Sputum / tracheostomy / bronchial wash	SPUT
	MRSALABCRLABRSLTUMSITE_10			Urine	URINE
	MRSALABCRLABRSLTUMSITE_11			Other site (specify)	OTH
Surgical specimen	MRSALABCRLABRSLTUMSURGSPFY	If surgical specimen, specify	FreeText		
Other site	MRSALABCRLABRSLTUMOTHSPFY	If Other site, specify	FreeText		
Ciprofloxacin	MRSALABCRLABRSLTUMCIPROFLOX	Is the S. aureus isolate susceptible to Ciprofloxacin?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Clindamycin	MRSALABCRLABRSLTUMCLINDAMYCIN	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	MRSALABCRLABRSLTSUMDAPTO MYCIN	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	MRSALABCRLABRSLTUMGENTAMICIN	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	MRSALABCRLABRSLTUMOXACILLIN	Is the S. aureus isolate susceptible to Oxacillin / methicillin?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Quinupristin / dalfopristin (Synercid)	MRSALABCRLABRSLTUMSYNERCID	Is the S. aureus isolate susceptible to Quinupristin / dalfopristin (Synercid)?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Rifampin	MRSALABCRLABRSLTUMRIFAMPIN	Is the S. aureus isolate susceptible to Rifampin?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Telithromycin	MRSALABCRLABRSLTUMTELITHROMYCIN	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	MRSALABCRLABRSLTSLTETRACYCLINE	Is the S. aureus isolate susceptible to Tetracycline?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Trimethoprim-sulfamethoxazole	MRSALABCRLABRSLTSLTUMTRIMETHOPRIM	Is the S. aureus isolate susceptible to Trimethoprim-sulfamethoxazole?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Vancomycin	MRSALABCRLABRSLTSLTUMVANCOMYCIN	Is the S. aureus isolate susceptible to Vancomycin?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Other antibiotic (specify)	MRSALABCRLABRSLTSLTUMOTHABX	Was any other antibiotic tested for susceptibility, if so specify	FreeText		
Susceptibility results	MRSALABCRLABRSLTSLTUMOTHABXRSLT	Susceptibility results for other antibiotic	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
INFLUENZA LABORATORY RESULTS					
Tested for influenza	MRSALABCRLINFLUENZARSLTTESTED1 MRSALABCRLINFLUENZARSLTTESTED2 MRSALABCRLINFLUENZARSLTTESTED3	Was the patient tested for influenza?	DropDownList	Yes No Unknown	Y N U
If Yes, specify result	MRSALABCRLINFLUENZARSLTTESTEDSPFY1 MRSALABCRLINFLUENZARSLTTESTEDSPFY2 MRSALABCRLINFLUENZARSLTTESTEDSPFY3	If Yes, please specify influenza test result	DropDownList	A B A and B	A B AB
Date collected	MRSALABCRLINFLUENZARSLTDT1 MRSALABCRLINFLUENZARSLTDT2 MRSALABCRLINFLUENZARSLTDT3	Date laboratory specimen was collected	Date (MM/DD/YYYY)	Negative	NEG
Type of test	MRSALABCRLINFLUENZARSLLTTTYPE1 MRSALABCRLINFLUENZARSLLTTTYPE2 MRSALABCRLINFLUENZARSLLTTTYPE3	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	MRSALABCRINFLUENZARSLLABNAME1 MRSALABCRINFLUENZARSLLABNAME2 MRSALABCRINFLUENZARSLLABNAME3	Name of hospital or laboratory where testing was performed	FreeText		
OTHER VIRAL PATHOGENS					
Test for other pathogens	MRSALABCROTHVIRALPATHOPATHOGENTST 1 MRSALABCROTHVIRALPATHOPATHOGENTST 2 MRSALABCROTHVIRALPATHOPATHOGENTST 3	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	MRSALABCROTHVIRALPATHOTSTTYPE 1 MRSALABCROTHVIRALPATHOTSTTYPE 2 MRSALABCROTHVIRALPATHOTSTTYPE 3	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	MRSALABCROTHVIRALPATHOLABNAME 1 MRSALABCROTHVIRALPATHOLABNAME 2 MRSALABCROTHVIRALPATHOLABNAME 3	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					
Patient residence	MRSAEPICREXPRSKFACYEARPRIOR_0 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)	Correctional facility Residential care facility Military base Indian reservation Homeless Other	CORRFAC RESCARE MILITARY INDRES HOMELESS OTHER
If Other, specify	MRSAEPICREXPRSKFACYEARPRIORSpfy	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	MRSAEPICREXPRSKFACPartSpfy	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	MRSAEPICREXPRSKFACAntiSpfy	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					

EPIDEMIOLOGIC INFO – STAPHYLOCOCCUS AUREUS INFECTION (SEVERE CASE)					
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	FreeText		

Taeniasis

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

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?	CLICRSIGNSXSYMPTOMATIC	Did the patient have symptoms of Trichinosis?	DropDownList	Yes No Unknown	Y N U
Medical care date	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		
Myalgia	CLICRSIGNSXMYALGIA	Did patient experience Myalgia?	DropDownList	Yes No Unknown	Y N U
Eosinophilia (EM)	CLICRSIGNSXEM	Did patient have Eosinophilia (EM)?	DropDownList	Yes No Unknown	Y N U
Absolute number (#)	CLICRSIGNSXEMABSOLUTENUM	If yes, specify absolute number (#)	FreeText		
Percentage (%)	CLICRSIGNSXEMPERCENT	If yes, specify percentage (%)	FreeText		
Periorbital edema	CLICRSIGNSXEDEMA	Did patient experience Periorbital edema?	DropDownList	Yes No Unknown	Y N U
Other	CLICRSIGNSXOTH	Did patient have any other symptoms or signs of Trichinosis?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRSIGNSXOTHSPFY	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?	HOSPITALIZED	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	HOSPTLNAME_1 HOSPTLNAME_2 HOSPTLNAME_3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPTLADDRESS_1 HOSPTLADDRESS_2 HOSPTLADDRESS_3	Street address of hospital	FreeText		
City	HOSPTLCITY_1 HOSPTLCITY_2 HOSPTLCITY_3	City where hospital located	FreeText		
State	HOSPTLSTATE_1 HOSPTLSTATE_2 HOSPTLSTATE_3	State	FreeText		
Zip code	HOSPTLZIPCODE_1 HOSPTLZIPCODE_2 HOSPTLZIPCODE_3	Zip code	FreeText		
Telephone	HOSPTLPHONE_1 HOSPTLPHONE_2 HOSPTLPHONE_3	Telephone number for hospital	FreeText		
Admit date	HOSPTLADMITDT_1 HOSPTLADMITDT_2 HOSPTLADMITDT_3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPTLDISCHDT_1 HOSPTLDISCHDT_2 HOSPTLDISCHDT_3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPTLMRN_1 HOSPTLMRN_2 HOSPTLMRN_3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPTLDISCHDX_1 HOSPTLDISCHDX_2 HOSPTLDISCHDX_3	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)		

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	LABCRLABRSLSUMSPECTYPE_1 LABCRLABRSLSUMSPECTYPE_2 LABCRLABRSLSUMSPECTYPE_3	What type of specimen was submitted for testing?	DropDownList	Serum (acute)	SERAC
				Serum (convalescent)	SERCONV
				Muscle	MUSCLE
				Other	OTH
If Other, specify	LABCRLABRSLSUMSPECTYPESPFY_1 LABCRLABRSLSUMSPECTYPESPFY_2 LABCRLABRSLSUMSPECTYPESPFY_3	If Other specimen type was submitted, please specify the type of specimen	FreeText		
Type of test	LABCRLABRSLSUMTSTTYPE_1 LABCRLABRSLSUMTSTTYPE_2 LABCRLABRSLSUMTSTTYPE_3	Type of laboratory test performed	DropDownList	Trichinella sp serology	TRICHSER
				Muscle biopsy	MUSCLE
				Other	OTH
If Other, specify	LABCRLABRSLSUMTSTTYPESPFY_1 LABCRLABRSLSUMTSTTYPESPFY_2 LABCRLABRSLSUMTSTTYPESPFY_3	If Other test, please specify	FreeText		
Collection date	LABCRLABRSLSUMCOLLECTDT_1 LABCRLABRSLSUMCOLLECTDT_2 LABCRLABRSLSUMCOLLECTDT_3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Result	LABCRLABRSLSUMRSLT_1 LABCRLABRSLSUMRSLT_2 LABCRLABRSLSUMRSLT_3	What were the results of the laboratory testing?	FreeText		
Interpretation	LABCRLABRSLSUMINTERPRET_1 LABCRLABRSLSUMINTERPRET_2 LABCRLABRSLSUMINTERPRET_3	What was the interpretation of the lab test?	RadioButtonList	Positive Negative Equivocal	POS NEG EQU
Lab name	LABCRLABRSLSUMLABNAME_1 LABCRLABRSLSUMLABNAME_2 LABCRLABRSLSUMLABNAME_3	Name of lab where testing was performed	FreeText		
Telephone	LABCRLABRSLSUMLABPHONE_1 LABCRLABRSLSUMLABPHONE_2 LABCRLABRSLSUMLABPHONE_3	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?	EPICRFOODHXPORK	Did patient eat pork?	DropDownList	Yes No Unknown	Y N U
Retail store / restaurant	EPICRFOODHXSTORE	If yes, was the source a retail store or restaurant?	DropDownList	Yes No Unknown	Y N U
Date consumed	EPICRFOODHXSTOREDT	If Yes, specify date consumed	Date (MM/DD/YYYY)		
Pork from farm-raised pig	EPICRFOODHXFARM	If yes, was the source pork from farm-raised pig?	DropDownList	Yes No Unknown	Y N U
Date consumed	EPICRFOODHXFARMDT	If Yes, specify date consumed	Date (MM/DD/YYYY)		
Wild pig	EPICRFOODHXWILD	If yes, was the source a wild pig?	DropDownList	Yes No Unknown	Y N U
Date consumed	EPICRFOODHXWILDDT	If Yes, specify date consumed	Date (MM/DD/YYYY)		
Other source	EPICRFOODHXOTHSRC	Was the pork from some other source?	DropDownList	Yes No Unknown	Y N U
Date consumed	EPICRFOODHXOTHSRCDT	Specify date consumed	Date (MM/DD/YYYY)		
Eat non pork meat?	EPICRFOODHXOTHMEATNP	Did the patient eat other meat (non pork)?	DropDownList	Yes No Unknown	Y N U
Bear meat	EPICRFOODHXBEAR	If patient ate meat other than pork, did patient eat bear meat?	DropDownList	Yes No Unknown	Y N U
Date consumed	EPICRFOODHXBEARDT	If yes, specify date consumed	Date (MM/DD/YYYY)		
Hamburger (ground meat)	EPICRFOODHXHAMBURGER	If patient ate meat other than pork, did patient eat hamburger (ground meat)?	DropDownList	Yes No Unknown	Y N U
Date consumed	EPICRFOODHXHAMBURGERDT	If Yes, 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
Other meat	EPICRFOODHXOTHMEAT	Did the patient eat any other meat?	DropDownList	Yes No Unknown	Y N U
Specify meat	EPICRFOODHXOTHMEATSPFY	If yes, specify meat eaten	FreeText		
Date consumed	EPICRFOODHXOTHMEATDT	Specify date consumed	Date (MM/DD/YYYY)		
Unspecified Meat	EPICRFOODHXUNSPFY	Did the patient eat any unspecified meat?	DropDownList	Yes No Unknown	Y N U
Date consumed	EPICRFOODHXUNSPFYDT	If Yes, specify date consumed	Date (MM/DD/YYYY)		
Food Type	EPICRFoodHxDtlType_1 EPICRFoodHxDtlType_2 EPICRFoodHxDtlType_3	What type of food was submitted for testing?	DropDownList	Yes No Unknown	Y N U
Specify Food	EPICRFoodHxDtlTypeSpcfy_1 EPICRFoodHxDtlTypeSpcfy_2 EPICRFoodHxDtlTypeSpcfy_3	Specific Food	FreeText		
Food Tested	EPICRFoodHxDtlTested_1 EPICRFoodHxDtlTested_2 EPICRFoodHxDtlTested_3	Food Tested	DropDownList	Yes No Unknown	Y N U
Evidence of larvae?	EPICRFoodHxDtlTestedLarv_1 EPICRFoodHxDtlTestedLarv_2 EPICRFoodHxDtlTestedLarv_3	Was meat tested and evidence of larvae found?	DropDownList	Not tested	NOTTST
				Larvae identified	IDENT
				Larvae not identified	NOTIDENT
				Unknown	UNK
Date obtained	EPICRFOODHXDtlObtain_1 EPICRFOODHXDtlObtain_2 EPICRFOODHXDtlObtain_3	Specify date consumed	Date (MM/DD/YYYY)		
If Other, specify	EPICRFOODHXDtlObtainSpcfy_1 EPICRFOODHXDtlObtainSpcfy_2 EPICRFOODHXDtlObtainSpcfy_3	If Other, specify	FreeText		
Process	EPICRFoodHxDtlProc_NONE_1 EPICRFoodHxDtlProc_NONE_2 EPICRFoodHxDtlProc_NONE_3	What preparation or further processing was done after purchase?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – TRICHINOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Process	EPICRFoodHxDtlProc_GROUND_1 EPICRFoodHxDtlProc_GROUND_2 EPICRFoodHxDtlProc_GROUND_3	What preparation or further processing was done after purchase?	DropDownList	Yes No Unknown	Y N U
Process	EPICRFoodHxDtlProc_SMOKE_1 EPICRFoodHxDtlProc_SMOKE_2 EPICRFoodHxDtlProc_SMOKE_3	What preparation or further processing was done after purchase?	DropDownList	Yes No Unknown	Y N U
Process	EPICRFoodHxDtlProc_DRIED_1 EPICRFoodHxDtlProc_DRIED_2 EPICRFoodHxDtlProc_DRIED_3	What preparation or further processing was done after purchase?	DropDownList	Yes No Unknown	Y N U
Process	EPICRFoodHxDtlProc_MARIN_1 EPICRFoodHxDtlProc_MARIN_2 EPICRFoodHxDtlProc_MARIN_3	What preparation or further processing was done after purchase?	DropDownList	Yes No Unknown	Y N U
Process	EPICRFoodHxDtlProc_OTH_1 EPICRFoodHxDtlProc_OTH_2 EPICRFoodHxDtlProc_OTH_3	What preparation or further processing was done after purchase?	DropDownList	Yes No Unknown	Y N U
Process	EPICRFoodHxDtlProc_UNK_1 EPICRFoodHxDtlProc_UNK_2 EPICRFoodHxDtlProc_UNK_3	What preparation or further processing was done after purchase?	DropDownList	Yes No Unknown	Y N U
If Other, specify	EPICRFoodHxDtlProcSpcfy_1 EPICRFoodHxDtlProcSpcfy_2 EPICRFoodHxDtlProcSpcfy_3	If Other, specify	FreeText	Yes No Unknown	Y N U
Method of cooking	EPICRFoodHxDtlPrep_UNCOOK_1 EPICRFoodHxDtlPrep_UNCOOK_2 EPICRFoodHxDtlPrep_UNCOOK_3	What method of cooking was used to cook the meat?	DropDownList	Yes No Unknown	Y N U
Method of cooking	EPICRFoodHxDtlPrep_FRIED_1 EPICRFoodHxDtlPrep_FRIED_2 EPICRFoodHxDtlPrep_FRIED_3	What method of cooking was used to cook the meat?	CheckBoxList (more than one choice is possible)	Yes No Unknown	Y N U
Method of cooking	EPICRFoodHxDtlPrep_OTH_1 EPICRFoodHxDtlPrep_OTH_2 EPICRFoodHxDtlPrep_OTH_3	What method of cooking was used to cook the meat?	CheckBoxList (more than one choice is possible)	Yes No Unknown	Y N U
Method of cooking	EPICRFoodHxDtlPrep_BBQ_1 EPICRFoodHxDtlPrep_BBQ_2 EPICRFoodHxDtlPrep_BBQ_3	What method of cooking was used to cook the meat?	CheckBoxList (more than one choice is possible)	Yes No Unknown	Y N U
Method of cooking	EPICRFoodHxDtlPrep_OPENFIRE_1 EPICRFoodHxDtlPrep_OPENFIRE_2 EPICRFoodHxDtlPrep_OPENFIRE_3	What method of cooking was used to cook the meat?	CheckBoxList (more than one choice is possible)	Yes No Unknown	Y N U
Method of cooking	EPICRFoodHxDtlPrep_UNK_1 EPICRFoodHxDtlPrep_UNK_2 EPICRFoodHxDtlPrep_UNK_3	What method of cooking was used to cook the meat?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – TRICHINOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
If Other, specify	EPICRFoodHxDtlPrepSpcfy_1 EPICRFoodHxDtlPrepSpcfy_2 EPICRFoodHxDtlPrepSpcfy_3	If Other, specify	FreeText	If Other, specify	
Method of disposal	EPICRFoodHxDtlDisp_POSS_1 EPICRFoodHxDtlDisp_POSS_1 EPICRFoodHxDtlDisp_POSS_1	What method of dispoal?	DropDownList	Yes No Unknown	Y N U
Method of disposal	EPICRFoodHxDtlDisp_COOK_1 EPICRFoodHxDtlDisp_COOK_1 EPICRFoodHxDtlDisp_COOK_1	What method of dispoal?	DropDownList	Yes No Unknown	Y N U
Method of disposal	EPICRFoodHxDtlDisp_DISP_1 EPICRFoodHxDtlDisp_DISP_1 EPICRFoodHxDtlDisp_DISP_1	What method of dispoal?	DropDownList	Yes No Unknown	Y N U
Method of disposal	EPICRFoodHxDtlDisp_CONS_1 EPICRFoodHxDtlDisp_CONS_1 EPICRFoodHxDtlDisp_CONS_1	What method of dispoal?	DropDownList	Yes No Unknown	Y N U
Method of disposal	EPICRFoodHxDtlDisp_GIVESELL_1 EPICRFoodHxDtlDisp_GIVESELL_1 EPICRFoodHxDtlDisp_GIVESELL_1	What method of dispoal?	DropDownList	Yes No Unknown	Y N U
Method of disposal	EPICRFoodHxDtlDisp_OTH_1 EPICRFoodHxDtlDisp_OTH_1 EPICRFoodHxDtlDisp_OTH_1	What method of dispoal?	DropDownList	Yes No Unknown	Y N U
Method of disposal	EPICRFoodHxDtlDisp_UNK_1 EPICRFoodHxDtlDisp_UNK_1 EPICRFoodHxDtlDisp_UNK_1	What method of dispoal?	DropDownList	Yes No Unknown	Y N U
Method of disposal	EPICRFoodHxDtlDispSpcfy_1 EPICRFoodHxDtlDispSpcfy_1 EPICRFoodHxDtlDispSpcfy_1	If Other, specify	FreeText	If Other, specify	
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		

EPIDEMIOLOGIC INFO – TRICHINOSIS					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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	REPAGENCYREPORTEDBYSPEFY	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		

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	TULARMIACLICRPASMEDHXIMMUNOCONDITIO N	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)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from 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
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?	TXMGTREATMENT	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	TULARMIACLICRTXMGTDLENDDT1 TULARMIACLICRTXMGTDLENDDT2 TULARMIACLICRTXMGTDLENDDT3	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	TULARMIALABCRLABRSLTUMSPECTYPE1 TULARMIALABCRLABRSLTUMSPECTYPE2 TULARMIALABCRLABRSLTUMSPECTYPE3	What type of specimen was submitted for lab testing?	DropDownList	Blood	BLOD
				Biopsy or scraping of ulcer	BIOP
				Swab of ulcer	SWAB
				Tissue aspirate	TASP
				Isolate	ISO
				Serum (acute) IgM	AIGM
				Serum (acute) IgG	AIGG
				Serum (convalescent) IgM	CIGM
				Serum (convalescent) IgG	CIGG
				Other	OTH
If Other, specify	TULARMIALABCRLABRSLTUMSPECTYPESPFY1 TULARMIALABCRLABRSLTUMSPECTYPESPFY2 TULARMIALABCRLABRSLTUMSPECTYPESPFY3	Specify other type of specimen	FreeText		
Type of test	TULARMIALABCRLABRSLTUMTSTTYPE1 TULARMIALABCRLABRSLTUMTSTTYPE2 TULARMIALABCRLABRSLTUMTSTTYPE3	Type of laboratory test performed	DropDownList	Culture	CULT
				PCR	PCR
				ELISA	ELIS
				Immunofluorescence Antibody	IMM
				Agglutination	AGG
				CF	CF
				DFA	DFA
				Other	OTH
If Other, specify	TULARMIALABCRLABRSLTUMTSTTYPESPFY 1 TULARMIALABCRLABRSLTUMTSTTYPESPFY 2 TULARMIALABCRLABRSLTUMTSTTYPESPFY 3	Specify other type of lab test	FreeText		
Collection date	TULARMIALABCRLABRSLTUMCOLLECTDT1 TULARMIALABCRLABRSLTUMCOLLECTDT2 TULARMIALABCRLABRSLTUMCOLLECTDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Result	TULARMIALABCRLABRSLTUMRSLT1 TULARMIALABCRLABRSLTUMRSLT2 TULARMIALABCRLABRSLTUMRSLT3	Results of laboratory testing	FreeText		
Specify result unit (if applicable)	TULARMIALABCRLABRSLTUMRSLTUNIT1 TULARMIALABCRLABRSLTUMRSLTUNIT2 TULARMIALABCRLABRSLTUMRSLTUNIT3	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	TULARMIALABCRLABRSLTSUMINTERPRET 1 TULARMIALABCRLABRSLTSUMINTERPRET 2 TULARMIALABCRLABRSLTSUMINTERPRET 3	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	TULARMIALABCRLABRSLTSUMLABPHONE 1 TULARMIALABCRLABRSLTSUMLABPHONE 2 TULARMIALABCRLABRSLTSUMLABPHONE 3	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	TULARMIAEPICRFOODHXUNDERCOOKMET	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
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	TULARMIAEPIRCROCCUPRECEXPTICKCONT	Did the patient experience any known tick contact during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	TULARMIAEPIRCROCCUPRECEXPTICKCONTAD	If Yes, specify address where the tick contact occurred	FreeText		
Known deerfly contact	TULARMIAEPIRCROCCUPRECEXPDEERFLYCONT	Did the patient experience any known deerfly contact during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	TULARMIAEPIRCROCCUPRECEXPDEERFLYCONTADD	If Yes, specify address where the deerfly contact occurred	FreeText		

EPIDEMIOLOGIC INFO – TULAREMIA

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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	TULARMIAEPICROCCUPRECEXPMLAB	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		
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	TULARMIAEPICROCCUPRECEXPADING	Did the patient do any hiking or camping 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	TULARMIAEPIROCUPRECEXPHIKINGLOC	If Yes, specify location	FreeText		
Other	TULARMIAEPIROCUPRECEXPOTH	Did the patient have any other pertinent experiences or occupations during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	TULARMIAEPIROCUPRECEXPOTHSPFY	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
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	TULARMIAEPICRANIMLEXPWRABITOOTHSPFY	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	TULARMIAEPICRANIMLEXPDRABITOOTHSPFY	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		

EPIDEMIOLOGIC INFO – TULAREMIA

CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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
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

EPIDEMIOLOGIC INFO – TULAREMIA					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
If Other, specify	TULARMIAEPICRANIMLEXPOTHWILDOOTHSPFY	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		
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	TRVHXDTLENDT1 TRVHXDTLENDT2 TRVHXDTLENDT3	Date travel ended	Date (MM/DD/YYYY)		
CONTACTS / OTHER ILL PERSONS					

EPIDEMIOLOGIC INFO – TULAREMIA					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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	REPAGENCYREPORTEDBYSPEFY	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	ULC
	Glandular			GLA	
	Oculoglandular			OCU	
	Oropharyngeal			ORO	
	Intestinal			INT	
	Pneumonic			PNE	
	Typhoidal			TYP	
	Other			OTH	
If Other, specify	TULARMIAEPICRCASECLASSDISEASESPFY	If other type of tularemia, specify	FreeText		

EPIDEMIOLOGIC INFO – TULAREMIA					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
OUTBREAK					
Part of known outbreak?	OBPARTOF	Is this case part of a known tularemia outbreak?	DropDownList	Yes No Unknown	Y N U
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

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		

ANIMAL PATIENT – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Zip code	AniPatInfoZip	Zip code	FreeText		
County	AniPatInfoCounty	County	FreeText		
Census Tract	AniPatInfoCTract2	Census Tract			
Type of Residence	AniPatInfoResType	Type of Residence	RadioButtonList	Private Home Laboratory Zoologic Park, Refuge, Sanctuary Commercial Business Other	HOME LAB ZOO BUS 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
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	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	NOSE VOMIT COUGH RECTAL STOOL

CLINICAL INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
	VHFACLiCRCliFindBleedType_4 VHFACLiCRCliFindBleedType_5 VHFACLiCRCliFindBleedType_6 VHFACLiCRCliFindBleedType_7			Hemorrhagic / purpuric rash Petechiae or ecchymosis Other	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
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

CLINICAL INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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 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	VHFALabCRRsltSumPCRTypel	PCR: Specimen type	DropDownList	Serum Blood CSF Other	SERUM BLOOD CSF OTHER
If Other, specify	VHFALabCRRsltSumPCRTypelSpcfy	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 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 - 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)		
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		

LABORATORY INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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
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)		
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

EPIDEMIOLOGIC INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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)		
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

EPIDEMIOLOGIC INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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					
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		

EPIDEMIOLOGIC INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
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 of Viral 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

EPIDEMIOLOGIC INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
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	OBEXTENTOFSFY	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?	CLICRSIGNSXSYMPTOMATIC	Did the patient have symptoms of West Nile Virus?	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXONSETDT	Onset date of clinical symptoms of West Nile Virus	System Defined Field Link		
Medical care date	CLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Primary clinical syndrome	CLICRSIGNSXPrimary	Primary clinical syndrome		Asymptomatic	NONE
				Febrile illness	FEBRILE
				Encephalitis, including meningoencephalitis	ENCEPH
				Meningitis	MENG
				Acute flaccid paralysis	AFP
				Guillain-Barre Syndrome	BGS
				Other neuroinvasive presentation	OTHNEURO
				Hepatitis or jaundice	HEPJAUN
				Multiple organ failure	MULTORG
				Other clinical presentation	OTHCLIN
				Congenital infectious disease	CONGINF
				Unknown	UNK
Secondary clinical syndrome	CLICRSIGNSXSecond	Secondary clinical syndrome		Same as above	Same as above
Tertiary clinical syndrome	CLICRSIGNSXTert	Tertiary clinical syndrome		Same as above	Same as above
Encephalitis	WNVCLICRSIGNSXENCEPHALITIS	West Nile Virus signs and symptoms: Encephalitis		OBSOLETE	

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
Aseptic meningitis	WNVCLICRSIGNSXASEPTMENIN	West Nile Virus signs and symptoms: Aseptic meningitis		OBSOLETE	
Acute flaccid paralysis	WNVCLICRSIGNSXFLACPARAL	West Nile Virus signs and symptoms: Acute flaccid paralysis		OBSOLETE	
Febrile illness	WNVCLICRSIGNSXFEBRILL	West Nile Virus signs and symptoms: Febrile illness		OBSOLETE	
Asymptomatic	WNVCLICRSIGNSXASYMPTOM	West Nile Virus signs and symptoms: Asymptomatic		OBSOLETE	
Other	WNVCLICRSIGNSXOTH	Other signs or symptoms of West Nile Virus		OBSOLETE	
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		
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

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
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?	WNVCLICRHOSPITALIZED	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
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	HOSPDTLACITY1 HOSPDTLACITY2 HOSPDTLACITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	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
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
MEDICAL HISTORY					
Immunocompromised	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	WNVLABCRLABRSLTSTUMCSFDT	Date of Cerebrospinal Fluid (CSF) lab test results	Date (MM/DD/YYYY)		
RBC	WNVLABCRLABRSLTSTUMCSFRBC	CSF results: Red Blood Cell (RBC) count	FreeText		
WBC	WNVLABCRLABRSLTSTUMCSFWBC	CSF results: White Blood Cell (WBC) count	FreeText		
% Diff	WNVLABCRLABRSLTSTUMCSFDIFF	WBC % differential	FreeText		
Protein	WNVLABCRLABRSLTSTUMCSFPROTEIN	CSF results: total protein levels	FreeText		
Glucose	WNVLABCRLABRSLTSTUMCSFGLUCOSE	CSF results: glucose levels	FreeText		
Date	WNVLABCRLABRSLTSTUMCBCDT	Date of Complete Blood Count (CBC) lab test results	Date (MM/DD/YYYY)		
WBC	WNVLABCRLABRSLTSTUMCBCWBC	CBC results: White Blood Cell count	FreeText		
% Diff	WNVLABCRLABRSLTSTUMCBCDIFF	WBC % differential	FreeText		
HCT	WNVLABCRLABRSLTSTUMCBCHCT	CBC results: Hematocrit (HCT) %	FreeText		
Plt	WNVLABCRLABRSLTSTUMCBCPLT	CBC results: Platelet (Plt) count	FreeText		
Other lab results (MRI / CT, etc.)	WNVLABCRLABRSLTSTUMOTH	Please describe any other lab results (MRI / CT, etc.)	Text Box		
WEST NILE VIRUS TEST RESULTS					
Testing laboratory	WNVLABCRWNVTSRSLTLABNAME1 WNVLABCRWNVTSRSLTLABNAME2 WNVLABCRWNVTSRSLTLABNAME3	Name of lab where testing was performed	FreeText		
Laboratory type	WNVLABCRWNVTSRSLTLabType_1 WNVLABCRWNVTSRSLTLabType_2 WNVLABCRWNVTSRSLTLabType_3	Laboratory type	DropDownList	State PH lab Local PH lab Commercial lab CDC lab Blood bank Other	STATE LOCAL COMM CDC BB OTH

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
If Other, specify	WNVLABCRWNVTSTRSLTLabTypeSpcfy_1 WNVLABCRWNVTSTRSLTLabTypeSpcfy_2 WNVLABCRWNVTSTRSLTLabTypeSpcfy_3	If Other laboratory type, specify	FreeText		
Specimen type	WNVLABCRWNVTSTRSLTSPECTYPE1 WNVLABCRWNVTSTRSLTSPECTYPE2 WNVLABCRWNVTSTRSLTSPECTYPE3	What type of specimen was submitted for testing?	FreeText	OBSOLETE	
Collection date	WNVLABCRWNVTSTRSLTD1 WNVLABCRWNVTSTRSLTD2 WNVLABCRWNVTSTRSLTD3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Test type	WNVLABCRWNVTSTRSLTTest_1 WNVLABCRWNVTSTRSLTTest_2 WNVLABCRWNVTSTRSLTTest_3	Test type	DropDownList	CSF IgM CSF PCR CSF PRNT Immunohistochemical staining Serum IgM Serum PCR or NAT Serum PRNT Other specimen PCR	CSFIGM CSFPCR CSFPRNT IMMSTAIN SERIGM SERPCR PERPRNT OTHPCR
Result	WNVLABCRWNVTSTRSLTRes_1 WNVLABCRWNVTSTRSLTRes_2 WNVLABCRWNVTSTRSLTRes_3	Result	DropDownList	Equivocal Negative Positive Test not done	EQUIV NEG POS NOT
Specimen type	WNVLABCRWNVTSTRSLTSpec_1 WNVLABCRWNVTSTRSLTSpec_2 WNVLABCRWNVTSTRSLTSpec_3	Specimen type	DropDownList	Serum CSF Amniotic fluid Blood Urine Specimen from placenta Other	SER CSF AMN BLD URN PLAC OTH
If Other, specify	WNVLABCRWNVTSTRSLTSpecSpcfy_1 WNVLABCRWNVTSTRSLTSpecSpcfy_2 WNVLABCRWNVTSTRSLTSpecSpcfy_3	If Other, specify	FreeText		
Test type	WNVLABCRWNVTSTRSLTTTYPE1 WNVLABCRWNVTSTRSLTTTYPE2 WNVLABCRWNVTSTRSLTTTYPE3	Type of laboratory test performed	FreeText	OBSOLETE	

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
Result	WNVLABCRWNVTSTRSLTRSLT1 WNVLABCRWNVTSTRSLTRSLT2 WNVLABCRWNVTSTRSLTRSLT3	What were the results of the laboratory testing?	FreeText	OBSOLETE	

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
Identified in routine screening?	WNVEPICREPIEXPHXRtnScreen	Identified through routine blood donation screening?	DropDownList	Yes No Unknown	Y N U
If Yes, date	WNVEPICREPIEXPHXDONORGDT	If Yes, date donated organ	Date (MM/DD/YYYY)		
Received blood transfusion	WNVEPICREPIEXPHRECBLDTRANS	Did patient receive a blood transfusion during the 4 weeks prior to illness onset?	DropDownList	Yes No Unknown	Y N U
If Yes, date	WNVEPICREPIEXPHRECBLDTRANSDT	If Yes, date received blood transfusion	Date (MM/DD/YYYY)		
Receive organ transplant	WNVEPICREPIEXPHRECORGTRANS	Did patient receive an organ transplant during the 4 weeks prior to illness onset?	DropDownList	Yes No Unknown	Y N U
If Yes, date	WNVEPICREPIEXPHRECORGTRANSDT	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	WNVEPICREPIEXHPREGNANTWEEK	If Yes, specify week of gestation	FreeText		
Received yellow fever vaccine	WNVEPICREPIEXPHYLOWFVRVAC	Has the patient ever received yellow fever vaccine?	DropDownList	Yes No Unknown	Y N U
If Yes, date	WNVEPICREPIEXPHYLOWFVRVACDT	If Yes, date	Date (MM/DD/YYYY)		
	WNVEPICRKNOWLEDGEVOID	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

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
	WNVEPICRKNOWLEDGEDRAINSTILLWATER	This field is not currently being used in CalREDIE, reserved for potential future use.			Not in Use
OTHER SIGNIFICANT HISTORY / EXPOSURE					
Other history / exposures	WNVEPICRKNOWLEDGEOTH	Did the patient report any other significant history or exposures?	Text Box		
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 Lab Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPECFY	If Other, specify	FreeText		

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
Onset Date	CLICRSIGNSXONSETDT	Onset Date	Date (MM/DD/YYYY)		
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

CLINICAL INFO – Yellow Fever					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Abdominal pain	CLICRSIGNSXABDOMPAIN	Abdominal pain	DropDownList	Yes No Unknown	Y N U
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 INFO – Yellow Fever					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
Clinical complications for this attack?	CLICRCLINCOMP COMPLICAT_1 CLICRCLINCOMP COMPLICAT_2 CLICRCLINCOMP COMPLICAT_3	Clinical complications for this attack?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRCLINCOMP COMPLICATSPFY_1 CLICRCLINCOMP COMPLICATSPFY_2 CLICRCLINCOMP COMPLICATSPFY_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	How many total hospital nights?	FreeText		
ICU/CCU	HOSPICU	During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)?	DropDownList	Yes No Unknown	Y N U
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		

CLINICAL INFO – Yellow Fever					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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
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	LABCRLABRSLTSLUMLabType_1 LABCRLABRSLTSLUMLabType_2 LABCRLABRSLTSLUMLabType_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	LABCRLABRSLTSLUMLabTypeSpcfy_1 LABCRLABRSLTSLUMLabTypeSpcfy_2 LABCRLABRSLTSLUMLabTypeSpcfy_3	If Other, specify	FreeText		
Specimen type	LABCRLABRSLTSLUMSPECTYPE_1 LABCRLABRSLTSLUMSPECTYPE_2 LABCRLABRSLTSLUMSPECTYPE_3	Specimen type	DropDownList	Blood Other	BLD OTH
If Other, specify	LABCRLABRSLTSLUMSPECTYPESPFY_1 LABCRLABRSLTSLUMSPECTYPESPFY_2 LABCRLABRSLTSLUMSPECTYPESPFY_3	If Other, specify	FreeText		
Type of test	LABCRLABRSLTSLUMTSTTYPE_1 LABCRLABRSLTSLUMTSTTYPE_2 LABCRLABRSLTSLUMTSTTYPE_3	Type of test	DropDownList	Serology IgM Virus isolation Culture PCR PRNT Other	SER VIRISO CULT PCR PRNT OTH
If Other, specify	LABCRLABRSLTSLUMTSTTYPESPFY_1 LABCRLABRSLTSLUMTSTTYPESPFY_2 LABCRLABRSLTSLUMTSTTYPESPFY_3	If Other, specify	FreeText		
If Serology, specify	LABCRLABRSLTSLUMSER_1 LABCRLABRSLTSLUMSER_2 LABCRLABRSLTSLUMSER_3	If Serology, specify	DropDownList	IFA Neutralization IgM-capture EIA CF Other	IFA NEUT IGM CF OTH
If Other, specify	LABCRLABRSLTSLUMSERSPFY_1 LABCRLABRSLTSLUMSERSPFY_2 LABCRLABRSLTSLUMSERSPFY_3	If Other, specify	FreeText		
Interpretation	LABCRLABRSLTSLUMINTERPRET_1 LABCRLABRSLTSLUMINTERPRET_2 LABCRLABRSLTSLUMINTERPRET_3	Interpretation	DropDownList	Positive Negative Equivocal Not done	POS NEG EQUIV NOT

LABORATORY INFO – Yellow Fever					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
				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 No Unknown	Y N U
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?	EPICRTVRVXTRAVOUTSIDEUS	Did patient travel or live outside of US during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation Period	YLOWFVREPICRTVRVXINCUBPER	Incubation period	FreeText		
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					
Travel type	TRVHXTLType_1 TRVHXTLType_2 TRVHXTLType_3	Travel type	RadioButtonList	Domestic International Unknown	DOM INT UNK
Location (city, county, state, country)	TRVHXTLLOCATION_1 TRVHXTLLOCATION_2 TRVHXTLLOCATION_3	Location (city, county, state, country)	FreeText		

EPIDEMIOLOGIC INFO – Yellow Fever					
CalREDIE Field Name	DDP Export Field Name (VARIABLE)	Description	Field Type	CalREDIE Data Labels	DDP Export Values
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		
Telephone number	REPAGENCYPHONE	Telephone number	FreeText		
Date	REPAGENCYDT	Date	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – Yellow Fever					
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		

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?	CliCRSSignSxSymptomatic	Symptomatic?	DropDownList	Yes No Unknown	Y N U
Onset Date	CliCRSSignSxOnset	Onset date	System Defined Field Link		
Date first sought medical care	CliCRSSignSxSgtMedCareDt	Date first sought medical care (mm/dd/yyyy)	Date (MM/DD/YYYY)		
Fever	CliCRSSignSxFever	Fever	DropDownList	Yes No Unknown	Y N U
Highest Temp	CliCRSSignSxHighTemp	Highest temperature (specify F/C)	FreeText		
Rash	CliCRSSignSxRash	Rash	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxRashSpcfy	If Yes, specify rash details	FreeText		
Conjunctivitis	CliCRSSignSxConjunct	Conjunctivitis	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxConjunctSpcfy	If Yes, specify conjunctivitis details	FreeText		
Joint pain	CliCRSSignSxJointPain	Joint pain	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxJointPainSpcfy	If Yes, specify joint(s)	FreeText		
Muscle pain	CliCRSSignSxMuscPain	Muscle pain	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxMuscPainSpcfy	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	CliCRSSignSxHead	Headache	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxHeadSpcfy	If Yes, specify headache details	FreeText		
Nausea or vomiting	CliCRSSignSxNausea	Nausea or vomiting	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxNauseaSpcfy	If Yes, specify specify nausea / vomiting details	FreeText		
Diarrhea	CliCRSSignSxDiarrhea	Diarrhea	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxDiarrheaSpcfy	If Yes, specify diarrhea details	FreeText		
Chills	CliCRSSignSxChills	Chills	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxChillsSpcfy	If Yes, specify chills details	FreeText		
Cough	CliCRSSignSxCough	Cough	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxCoughSpcfy	If Yes, specify cough details	FreeText		
Abdominal pain	CliCRSSignSxAbPain	Abdominal pain	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxAbPainSpcfy	If Yes, specify abdominal pain details	FreeText		
Fatigue	CliCRSSignSxFatigue	Fatigue	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxFatigueSpcfy	If Yes, specify fatigue details	FreeText		
Bloody semen	CliCRSSignSxBldSem	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	CliCRSSignSxBldSemSpcfy	If Yes, specify bloody semen details			
Oral ulcers	CliCRSSignSxOralUlc	Oral ulcers	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxOralUlcSpcfy	If Yes, specify oral ulcers details			
Other symptoms	CliCRSSignSxOth	Other symptoms	DropDownList	Yes No Unknown	Y N U
Specify other symptoms	CliCRSSignSxOthSpcfy	Other symptom (specify):	FreeText		
GUILLAIN-BARRÉ SYNDROME or WEAKNESS?	CliCRSSignSxGBS	Does patient have suspected GUILLAIN-BARRÉ SYNDROME or WEAKNESS? If Yes, complete questions below	DropDownList	Yes No Unknown	Y N U
Weakness	CliCRSSignSxWeak	Weakness	DropDownList	Yes No Unknown	Y N U
If Yes, symmetric?	CliCRSSignSxWeakSym	If Yes, is weakness symmetric?	FreeText		
If Yes, progressive?	CliCRSSignSxWeakPro	If Yes, is weakness progressive?	FreeText		
Paralysis	CliCRSSignSxPara	Paralysis	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxParaSpcfy	If Yes, specify paralysis details	FreeText		
Diminished reflexes	CliCRSSignSxDimRef	Diminished reflexes	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxDimRefSpcfy	If Yes, specify diminished reflexes details	FreeText		
Date of lumbar puncture	CliCRSSignSxLumPunctDt	Date of lumbar puncture	Date (MM/DD/YYYY)		
CSF protein	CliCRSSignSxCSFProt	CSF protein (highest)	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
CSF WBC count	CliCRSSignSxCSFWBC	CSF white blood cell count (highest)	FreeText		
Date of onset	CliCRSSignSxNeurOnsetDt	Date of onset of neurologic symptoms	Date (MM/DD/YYYY)		
Other potential causes of Guillain-Barré syndrome? Check all that apply.	CliCRSSignSxGBSCause_VAC CliCRSSignSxGBSCause_OFI CliCRSSignSxGBSCause_DIA CliCRSSignSxGBSCause_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	CliCRSSignSxGBSCauseDt	Date of symptom onset / vaccine	Date (MM/DD/YYYY)		
Additional details	CliCRSSignSxGBSCauseDtl	Additional details	FreeText		
Planned delivery hospital	CliCRSSignSxHosp	Name of planned delivery hospital	FreeText		
MRN	CliCRSSignSxMRN	Medical Record Number (if available)	FreeText		
Is patient a newborn?	CliCRSSignSxNB	Is patient a newborn? If Yes, complete the questions below.	DropDownList	Yes No Unknown	Y N U
Transmission	ZikaCliSignSxTranMode	Transmission mode	RadioButtonList	Perinatal Transplacental	P T
Vital status	CliCRSSignSxNBVS	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	CliCRSSignSxNBMicro	Microcephaly	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxNBMicroSpcfy	If Yes, specify microcephaly details	FreeText		
Intracranial calcifications	CliCRSSignSxNBCalc	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	CliCRSSignSxNBCalcSpcfy	If Yes, specify intracranial calcifications details	FreeText		
Newborn hearing screen abnormal	CliCRSSignSxNBHear	Newborn hearing screen abnormal	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxNBHearSpcfy	If Yes, specify hearing screen details	FreeText		
Newborn eye exam abnormal	CliCRSSignSxNBEye	Newborn eye exam abnormal	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSSignSxNBEyeSpcfy	If Yes, specify eye exam details	FreeText		
Brain imaging results	CliCRSSignSxNBBrain	Brain imaging results	FreeText		
Eye examination findings	CliCRSSignSxNBEyeExam	Eye examination findings	FreeText		
Gestational age at birth (weeks)	CliCRSSignSxNBGestAge	Gestational age at birth (weeks)	FreeText		
Dating by	CliCRSSignSxNBGestAgeDating	Dating by	DropDownList	Obstetrical estimate Last menstrual period Ultrasound Newborn examination	OB MEN US EXAM
Head circumference	CliCRSSignSxNBHeadCM	Head circumference at birth (cm)	FreeText		
Head circumference (percentile)	CliCRSSignSxNBHeadPerc	Head circumference at birth (percentile)	FreeText		
Length	CliCRSSignSxNBLLengthCM	Length at birth (cm)	FreeText		
Length (percentile)	CliCRSSignSxNBLLengthPerc	Length at birth (percentile)	FreeText		
Birthweight	CliCRSSignSxNBWeightGM	Birthweight (grams)	FreeText		
Birthweight (percentile)	CliCRSSignSxNBWeightPerc	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	CliCRSSignSxMomSx	Did mother experience symptoms of Zika during pregnancy?	DropDownList	Yes No Unknown	Y N U
Mother tested?	CliCRSSignSxMomTest	Was mother tested for Zika virus?	DropDownList	Yes No Unknown	Y N U
Test results	CliCRSSignSxMomTestSpcfy	If Yes, enter test results	FreeText		
If Yes, test positive?	CliCRSSignSxMomTestPos	If Yes, did monther test positive for Zika ?	DropDownList	Yes No Unknown	Y N U
Patient pregnant?	CliCRSSignSxPG	Is patient pregnant?	DropDownList	Yes No Unknown	Y N U
Fetal ultrasound	CliCRSSignSxPGUS	Has fetal ultrasound been performed?	DropDownList	Yes No Unknown	Y N U
If Yes, date	CliCRSSignSxPGUSDt	If Yes, date of ultrasound	Date (MM/DD/YYYY)		
Gestational age at ultrasound	CliCRSSignSxPGUSGestAge	Gestational age at ultrasound (weeks)	FreeText		
Was fetal ultrasound normal?	CliCRSSignSxPGUSRslt	Was fetal ultra sound normal?	DropDownList	Yes No Unknown	Y N U
If No,	CliCRSSignSxPGUSRsltNo_MIC CliCRSSignSxPGUSRsltNo_IC CliCRSSignSxPGUSRsltNo_OTH	If No, fetal ultrasound results (check all that apply)	CheckBoxList	Microcephaly Intracranial Calcifications Other findings	MIC IC OTH
If Other findings, specify	CliCRSSignSxPGUSRsltSpcfy	If Other findings, specify	FreeText		
If pregnancy ended in fetal loss, specify	CliCRSSignSxPGLoss	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_FA CliCRPasMedHxPGComplSpcfy_FM 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 Fetal growth abnormality Fetus with central nervous system malformation (disorder) Other	FL PD LB MC IC PZ FA FM 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

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
Hospitalized	CliCRHospHosp	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
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	HOSPDTLACITY_1 HOSPDTLACITY_2 HOSPDTLACITY_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	HOSPTLMRN_1 HOSPTLMRN_2 HOSPTLMRN_3	Medical record number	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
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)		
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	LabCRLabRsItSumLabType_1 LabCRLabRsItSumLabType_2 LabCRLabRsItSumLabType_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	LabCRLabRsItSumLabTypeSpcfy_1 LabCRLabRsItSumLabTypeSpcfy_2 LabCRLabRsItSumLabTypeSpcfy_3	If Other, specify	FreeText		
Specimen Type	LabCRLabRsItSumSpecType_1 LabCRLabRsItSumSpecType_2 LabCRLabRsItSumSpecType_3	Specimen Type	DropDownList	Serum	SER
				Urine	URIN
				CSF	CSF
				Umbilical cord blood	UCB
				Amniotic fluid	AF
				Placenta	PCT
If Other, specify	LabCRLabRsItSumSpecTypeSpcfy_1 LabCRLabRsItSumSpecTypeSpcfy_2 LabCRLabRsItSumSpecTypeSpcfy_3	If Other, specify	FreeText		
Type of test	LabCRLabRsItSumTestType_1 LabCRLabRsItSumTestType_2 LabCRLabRsItSumTestType_3	Type of test	DropDownList	PCR	PCR
				ELISA-IgM	ELISAIGM
				IFA-IgM	IFAIGM
				NAT (blood bank)	NAT
				PRNT	PRNT
				Other	OTH
If Other, specify	LabCRLabRsItSumTestTypeSpcfy_1 LabCRLabRsItSumTestTypeSpcfy_2 LabCRLabRsItSumTestTypeSpcfy_3	If Other, specify	FreeText		
Interpretation	LabCRLabRsItSumInterp_1 LabCRLabRsItSumInterp_2 LabCRLabRsItSumInterp_3	Interpretation	DropDownList	Positive Negative Equivocal Indeterminate	POS NEG EQUIV INDET
Arbovirus tested	LabCRLabRsItSumArbo_1 LabCRLabRsItSumArbo_2 LabCRLabRsItSumArbo_3	Arbovirus tested	DropDownList	Chikungunya	CHIK
				Dengue	DENG
				Saint Louis encephalitis	SLE

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
				West Nile Zika	WNV ZIKA
Results	LabCRLabRsItSumResult_1 LabCRLabRsItSumResult_2 LabCRLabRsItSumResult_3	Results	FreeText		
Collection Date	LabCRLabRsItSumColDt_1 LabCRLabRsItSumColDt_2 LabCRLabRsItSumColDt_3	Collection Date	Date (MM/DD/YYYY)		
Laboratory Name	LabCRLabRsItSumLabName_1 LabCRLabRsItSumLabName_2 LabCRLabRsItSumLabName_3	Laboratory Name	FreeText		
Telephone Number	LabCRLabRsItSumPhone_1 LabCRLabRsItSumPhone_2 LabCRLabRsItSumPhone_3	Telephone Number	FreeText		
LABORATORY RESULTS SUMMARY - OTHER					
Hematology	LabCRLabRsItSumOthHema	Hematology	DropDownList	Yes No Unknown	Y N U
Date Collected	LabCRLabRsItSumOthColDt	Date Collected	Date (MM/DD/YYYY)		
WBC	LabCRLabRsItSumOthWBC	WBC	FreeText		
HCT	LabCRLabRsItSumOthHCT	HCT	FreeText		
Hb	LabCRLabRsItSumOthHb	Hb	FreeText		
Platelets	LabCRLabRsItSumOthPlat	Platelets	FreeText		
Other laboratory diagnostics?	LabCRLabRsItSumOthLabDx	Other laboratory diagnostics performed (e.g. IHC, virus isolation)?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	LabCRLabRsItSumOthLabDxSpcfy	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			
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			

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 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
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					

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
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		
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

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	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
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	SUBMITTED
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)		Pending	PENDING
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)		Lost to Follow Up	LTFU
Mother lost to follow-up before delivery?	ZikaELCUSZPRLost	Mother lost to follow-up before delivery?		Submitted	SUBMITTED
If yes, date	ZikaELCUSZPRLostDt	If Yes, enter date lost to follow-up	Date (MM/DD/YYYY)	Pending	PENDING
				Lost to Follow Up	LTFU
				N/A	NA
				Submitted	SUBMITTED
				Pending	PENDING
				Lost to Follow Up	LTFU
				N/A	NA
				Yes	Y
				No	N
				Unknown	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
Pediatric Provider Facility	ZikaELCUSZPRPPFacility	Pediatric Provider Facility	FreeText		
Pediatric Provider Name	ZikaELCUSZPRPPName	Pediatric Provider Name	FreeText		
Pediatric Provider Contact Info	ZikaELCUSZPRPPIInfo	Pediatric Provider Contact Info	FreeText		
IFUF at 2 months?	ZikaELCUSZPRIInfantFUF2Mon	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?	ZikaELCUSZPRIInfant2MonOld	Infant 2 months old on (DOB + 60 days)	FreeText		
IFUF at 6 months?	ZikaELCUSZPRIInfantFUF6Mon	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?	ZikaELCUSZPRIInfant6MonOld	Infant 6 months old on (DOB + 180 days)	FreeText		
IFUF at 12 months?	ZikaELCUSZPRIInfantFUF12Mon	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?	ZikaELCUSZPRIInfant12MonOld	Infant 12 months old on (DOB + 365 days)	FreeText		
IFUF at 18 months?	ZikaELCUSZPRIInfantFUF18Mon	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?	ZikaELCUSZPRIInfant18MonOld	Infant 18 months old on (DOB + 545 days)	FreeText		
IFUF at 24 months?	ZikaELCUSZPRIInfantFUF24Mon	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?	ZikaELCUSZPRIInfant24MonOld	Infant 24 months old on (DOB + 730 days)	FreeText		
Infant lost to follow-up?	ZikaELCUSZPRIInfantLost	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)		

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, obOther-Unknown, 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, obOther-Unknown, PHEP, zBotulism, Other
Botulism, Unknown	BOT-UNK	All-NoTB, CD, CDER, IDB, IMMEDIATE, EXTREMELY URGENT, obGI-Other/Unknown, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, obOther-Unknown, PHEP, zBotulism, Unknown
Botulism, Wound	BOT-WND	All-NoTB, CD, CDER, IDB, IMMEDIATE, EXTREMELY URGENT, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, obSkin/Soft Tissue, obOther-Unknown, 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, obOther-Unknown, 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)
Monkeypox	MNK-POX	IDB, IZB, STD, All-NoTB, All NoHIV, All with HIV, CD, CD-NoCOVID
Monkeypox Contact	C-MNK-POX	IDB, IZB, STD, All-NoTB, All NoHIV, All with HIV, CD, CD-NoCOVID
Monkeypox Non-Positive ELR	MNK-POX-NP	IDB, IZB, STD, All-NoTB, All NoHIV, All with HIV, CD, CD-NoCOVID
Mumps	MUMPS	All-NoTB, CD, IZB, obFever-NOS, obOther-Unknown, obRespiratory (non-TB), zMumps

DIS_Name	DIS_ShortName	DiseaseGrp
Paralytic Shellfish Poisoning	FSH-PSNG	obOther-Unknown
Paratyphoid Fever	PARATYPH	All-NoTB, CD, IDB, obFever-NOS, obGI-Foodborne, obHepatitis-Jaundice, obSepsis-Bacteremia, zParatyphoid Fever
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)	PLAQUE-A	All-NoTB, CD, IDB, zPlague (Animal)
Plague (Human)	PLAQUE-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, obOther-Unknown, 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

DIS_Name	DIS_ShortName	DiseaseGrp
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
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-Ja undice, 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 non-primary non-secondary)	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 (Unknown Duration or Late)	SYP-UNKLT	All-NoTB, obSyphilis, STD, 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

DIS_Name	DIS_ShortName	DiseaseGrp
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)
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	Greenlandic	Nyamwezi
Achinese	Guarani	Nyankole
Acoli	Gujarati	Nyoro
Adangme	Gwich'in	Nzima
Adyghe; Adygei	Haida	Oaxacan
Afar	Haitian; Haitian Creole	Occitan
Afrihili	Hausa	Ojibwa
Afrikaans	Hawaian	Oriya
Afro-Asiatic (Other)	Hebrew	Oromo
Ainu	Herero	Osage
Akan	Hiligaynon	Ossetian; Ossetic
Akkadian	Himachali	Other
Albanian	Hindi	Otomian languages
Aleut	Hiri Motu	Pahlavi
Algonquian languages	Hittite	Palauan
Altaic (Other)	Hmong	Pali
Amharic	Hungarian	Pampanga
Angika	Hupa	Pangasinan
Apache languages	Iban	Papiamento
Arabic	Icelandic	Papuan (Other)
Aragonese	Ido	Pashto
Aramaic	Igbo	Pedi; Sepedi; Northern Sotho
Arapaho	Ijo languages	Persian
Arawak	Iloko	Persian, Old (ca.600-400 B.C.)
Armenian	Inari Sami	Philippine (Other)
Aromanian; Arumanian; Macedo-Romanian	Indic (Other)	Phoenician
Artificial (Other)	Indo-European (Other)	Pohnpeian
Assamese	Indonesian	Polish
Asturian; Bable	Ingush	Portuguese
Athapascan languages	Interlingua	Prakrit languages
Australian languages	Interlingue	Provental, Old (to 1500)
Austronesian (Other)	Inuktitut	Punjabi
Avaric	Inupiak	Quechua
Avestan	Iranian (Other)	Rajasthani
Awadhi	Irish	Rapanui
Aymara	Irish, Middle (900-1200)	Rarotongan; Cook Islands Maori
Azerbaijani	Irish, Old (to 900)	Refused
Balinese	Iroquoian languages	Reserved for local use
Baltic (Other)	Italian	Rhaeto-Romance

LG_Language (CalREDIE Data Labels and DDP Export Values are the same)

Baluchi	Japanese	Romance (Other)
Bambara	Javanese	Romanian
Bamileke languages	Judeo-Arabic	Romany
Banda languages	Judeo-Persian	Russian
Bantu (Other)	Kabardian	Salishan languages
Basa	Kabyle	Samaritan Aramaic
Bashkir	Kachin; Jingpho	Sami languages (Other)
Basque	Kalmyk; Oirat	Samoan
Batak languages	Kamba	Sandawe
Beja	Kannada	Sangro
Bemba	Kanuri	Sanskrit
Bengali	Kara-Kalpak	Santali
Berber (Other)	Karachay-Balkar	Sardinian
Bhojpuri	Karelian	Sasak
Bhutani	Karen languages	Scots
Bihari	Kashmiri	Sebuano
Bikol	Kashubian	Selkup
Bini; Edo	Kawi	Semitic (Other)
Bislama	Kazakh	Serbian
Blin; Bilin	Khasi	Serbo-Croatian
Bokmsl; Norwegian; Norwegian Bokmsl	Khoisan (Other)	Serer
Bosnian	Khotanese	Sesotho
Braj	Kikuyu; Gikuyu	Setswana
Breton	Kimbundu	Shan
Buginese	Kinyarwanda	Shona
Bulgarian	Kirghiz	Sichuan Yi
Buriat	Kirundi	Sicilian
Burmese	Klingon; tlhIngan-Hol	Sidamo
Byelorussian	Komi	Sign Languages
Caddo	Kongo	Siksika
Cambodian	Konkani	Sindhi
Cantonese	Korean	Singhalese
Catalan	Kosraean	Sino-Tibetan (Other)
Caucasian (Other)	Kpelle	Siouan languages
Cebuano	Kru languages	Siswati
Celtic (Other)	Kuanyama; Kwanyama	Skolt Sami
Central American Indian (Other)	Kumyk	Slave (Athapaskan)
Chagatai	Kurdish	Slavic (Other)
Chamic languages	Kurukh	Slovak
Chamorro	Kutenai	Slovenian
Chaochow	Ladino	Sogdian

LG_Language (CalREDIE Data Labels and DDP Export Values are the same)

Chechen	Lahnda	Somali
Cherokee	Lamba	Songhai languages
Cheyenne	Land Dayak languages	Soninke
Chibcha	Laothian	Sorbian languages
Chicewa; Chewa; Nyanja	Latin	South American Indian (Other)
Chinese	Latvian	Southern Altai
Chinook jargon	Lezghian	Southern Sami
Chipewyan	Limburgan; Limburger; Limburgish	Spanish
Choctaw	Lingala	Sranan Tongo
Church Slavic; Old Slavonic; Church Slavonic; Old Bulgarian; Old Church Slavonic	Lithuanian	Sudanese
Chuukese	Lojban	Sukuma
Chuvash	Low German; Low Saxon; German, Low; Saxon, Low	Sumerian
Classical Newari; Old Newari; Classical Nepal Bhasa	Lower Sorbian	Susu
Coptic	Lozi	Swahili
Cornish	Luba-Katanga	Swedish
Corsican	Luba-Lulua	Swiss German; Alemannic
Cree	Luganda	Syriac
Creek	Luiseno	Syrian
Creoles and pidgins (Other)	Lule Sami	Tagalog
Creoles and pidgins, English based (Other)	Lunda	Tahitian
Creoles and pidgins, French-based (Other)	Luo (Kenya and Tanzania)	Tai (Other)
Creoles and pidgins, Portuguese-based (Other)	Lushai	Taiwanese
Crimean Tatar; Crimean Turkish	Luxembourgish; Letzeburgesch	Tajik
Croatian	Macedonian	Tamashek
Cushitic (Other)	Madurese	Tamil
Czech	Magahi	Tatar
Dakota	Maithili	Tegulu
Danish	Makasar	Tereno
Dargwa	Malagasy	Tetum
Deaf mute	Malay	Thai
Delaware	Malayalam	Tibetan
Dinka	Maltese	Tigre
Divehi; Dhivehi; Maldivian	Manchu	Tigrinya
Dogri	Mandar	Timne
Dogrib	Mandarin	Tiv
Dravidian (Other)	Mandingo	Tlingit
Duala	Manipuri	Tok Pisin
Dutch	Manobo languages	Tokelau
Dutch, Middle (ca.1050-1350)	Manx	Tonga
Dyula	Maori	Tonga (Nyasa)

LG_Language (CalREDIE Data Labels and DDP Export Values are the same)

Eastern Frisian	Mapudungun; Mapuche	Triqui
Efik	Marathi	Tsimshian
Egyptian (Ancient)	Mari	Tsonga
Ekajuk	Marshallese	Tumbuka
Elamite	Marwari	Tupi languages
English	Masai	Turkish
English, Middle (1100-1500)	Mayan languages	Turkish, Ottoman (1500-1928)
English, Old (ca.450-1100)	Mende	Turkmen
Erzya	Mîkmaq; Micmac	Tuvalu
Esperanto	Mien	Tuvianian
Estonian	Minangkabau	Twi
Ewe	Mirandese	Udmurt
Ewondo	Miscellaneous languages	Ugaritic
Faeroese	Mixteca	Uighur; Uyghur
Fang	Mohawk	Ukrainian
Fanti	Moksha	Umbundu
Farsi	Moldavian	Undetermined
Fiji	Mon-Khmer (Other)	Upper Sorbian
Filipino; Pilipino	Mongo	Urdu
Finnish	Mongolian	Uzbek
Finno-Ugrian (Other)	Moroccan Arabic	Vai
Fon	Mossi	Venda
French	Multiple languages	Vietnamese
French, Middle (ca.1400-1600)	Munda languages	Volapuk
French, Old (842-ca.1400)	N'Ko	Votic
Frisian	Nahuatl languages	Wakashan languages
Friulian	Nauru	Walamo
Fulah	Navajo; Navaho	Walloon
Ga	Ndebele, North; North Ndebele	Waray
Gaelic	Ndebele, South; South Ndebele	Washo
Galibi Carib	Ndonga	Welsh
Galician	Neapolitan	Wolof
Ganda	Nepal Bhasa; Newari	Xhosa
Gayo	Nepali	Yakut
Gbaya	Nias	Yao
Geez	Niger-Kordofanian (Other)	Yapese
Georgian	Nilo-Saharan (Other)	Yiddish
German	Niuean	Yoruba
German, Middle High (ca.1050-1500)	No linguistic content	Yupik languages
German, Old High (ca.750-1050)	Nogai	Zande languages
Germanic (Other)	Norse, Old	Zapotec

LG_Language (CalREDIE Data Labels and DDP Export Values are the same)

Gilbertese	North American Indian	Zaza; Dimili; Dimli; Kirdki; Kirmanjki; Zazaki
Gondi	Northern Frisian	Zenaga
Gorontalo	Northern Sami	Zhuang; Chuang
Gothic	Norwegian	Zulu
Grebo	Norwegian Nynorsk; Nynorsk, Norwegian	Zuni
Greek	Not specified	
Greek, Ancient (to 1453)	Nubian languages	

Appendix C - County

Data Label (County) DDP Export Values for: LHJ / SecondLHJ RENT_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 FOODBNOBGEOLCREPTJUR 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 RENT_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 FOODBNOBGEOLCREPTJUR 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 FOODBNOBGEOLCREPTJUR 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	N/A	
Not Applicable			
Out of State			92
Unknown			99
CDPH			00
CDPH Use Only			
Out of Country			

Appendix D - Country

Country (Country of Residence) / Country Birth (Country of Birth) (CalREDIE Data Labels and Export Values are the same)

AFGHANISTAN	AFG	LESOTHO	LSO
ALAND ISLANDS		LIBERIA	LBR
ALBANIA	ALB	LIBYAN ARAB JAMAHIRIYA	LBY
ALGERIA	DZA	LIECHTENSTEIN	LIE
AMERICAN SAMOA	ASM	LITHUANIA	LTU
ANDORRA	AND	LUXEMBOURG	LUX
ANGOLA	AGO	MACAO	MAC
ANGUILLA	AIA	MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF	MKD
ANTARCTICA	ATA	MADAGASCAR	MDG
ANTIGUA AND BARBUDA	ATG	MALAWI	MWI
ARGENTINA	ARG	MALAYSIA	MYS
ARMENIA	ARM	MALDIVES	MDV
ARUBA	ABW	MALI	MLI
AUSTRALIA	AUS	MALTA	MLT
AUSTRIA	AUT	MARSHALL ISLANDS	MHL
AZERBAIJAN	AZE	MARTINIQUE	MTQ
BAHAMAS	BHS	MAURITANIA	MRT
BAHRAIN	BHR	MAURITIUS	MUS
BANGLADESH	BGD	MAYOTTE	MYT
BARBADOS	BRB	MEXICO	MEX
BELARUS	BLR	MICRONESIA, FEDERATED STATES OF	FSM
BELGIUM	BEL	MOLDOVA, REPUBLIC OF	MDA
BELIZE	BLZ	MONACO	MCO
BENIN	BEN	MONGOLIA	MNG
BERMUDA	BMU	MONTENEGRO	
BHUTAN	BTN	MONTSERRAT	MSR
BOLIVIA	BOL	MOROCCO	MAR
BOSNIA AND HERZEGOVINA	BIH	MOZAMBIQUE	MOZ
BOTSWANA	BWA	MYANMAR	MMR
BOUVET ISLAND	BVT	NAMIBIA	NAM
BRAZIL	BRA	NAURU	NRU
BRITISH INDIAN OCEAN TERRITORY	IOT	NEPAL	NPL
BRUNEI DARUSSALAM	BRN	NETHERLANDS	NLD
BULGARIA	BGR	NETHERLANDS ANTILLES	ANT
BURKINA FASO	BFA	NEW CALEDONIA	NCL
BURMA		NEW ZEALAND	NZL

Country (Country of Residence) / Country Birth (Country of Birth) (CalREDIE Data Labels and Export Values are the same)

BURUNDI	BDI	NICARAGUA	NIC
CAMBODIA	KHM	NIGER	NER
CAMEROON	CMR	NIGERIA	NGA
CANADA	CAN	NIUE	NIU
CAPE VERDE	CPV	NORFOLK ISLAND	NFK
CAYMAN ISLANDS	CYM	NORTHERN MARIANA ISLANDS	MNP
CENTRAL AFRICAN REPUBLIC	CAF	NORWAY	NOR
CHAD	TCD	OMAN	OMN
CHILE	CHL	PAKISTAN	PAK
CHINA	CHN	PALAU	PLW
CHRISTMAS ISLAND		PALESTINIAN TERRITORY, OCCUPIED	PSE
COCOS (KEELING) ISLANDS		PANAMA	PAN
COLOMBIA	COL	PAPUA NEW GUINEA	PNG
COMOROS	COM	PARAGUAY	PRY
CONGO	COG	PERU	PER
CONGO, THE DEMOCRATIC REPUBLIC OF THE	COD	PHILIPPINES	PHL
COOK ISLANDS	COK	PITCAIRN	PCN
COSTA RICA	CRI	POLAND	POL
COTE D'IVOIRE	CIV	PORTUGAL	PRT
CROATIA	HRV	PUERTO RICO	PRI
CUBA	CUB	QATAR	QAT
CYPRUS	CYP	REUNION	REU
CZECH REPUBLIC	CZE	ROMANIA	ROU
DENMARK	DNK	RUSSIAN FEDERATION	RUS
DJIBOUTI	DJI	RWANDA	RWA
DOMINICA	DMA	SAINT HELENA	SHN
DOMINICAN REPUBLIC	DOM	SAINT KITTS AND NEVIS	TKN
ECUADOR	ECU	SAINT LUCIA	LCA
EGYPT	EGY	SAINT PIERRE AND MIQUELON	SPM
EL SALVADOR	SLV	SAINT VINCENT AND THE GRENADINES	VCT
EQUATORIAL GUINEA	GNQ	SAMOA	WSM
ERITREA	ERI	SAN MARINO	SMR
ESTONIA	EST	SAO TOME AND PRINCIPE	STP
ETHIOPIA	ETH	SAUDI ARABIA	SAU
FALKLAND ISLANDS (MALVINAS)	FLK	SENEGAL	SEN
FAROE ISLANDS	FRO	SERBIA AND MONTENEGRO	
FIJI	FJI	SEYCHELLES	SYC

Country (Country of Residence) / Country Birth (Country of Birth) (CalREDIE Data Labels and Export Values are the same)

FINLAND	FIN	SIERRA LEONE	SLE
FRANCE	FRA	SINGAPORE	SGP
FRENCH GUIANA	GUF	SLOVAKIA	SVK
FRENCH POLYNESIA	PYF	SLOVENIA	SVN
FRENCH SOUTHERN TERRITORIES		SOLOMON ISLANDS	SLB
GABON	GAB	SOMALIA	SOM
GAMBIA	GMB	SOUTH AFRICA	ZAF
GEORGIA	GEO	SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS	
GERMANY	DEU	SPAIN	ESP
GHANA	GHA	SRI LANKA	LKA
GIBRALTAR	GIB	SUDAN	SDN
GREECE	GRC	SURINAME	SUR
GREENLAND	GRL	SVALBARD AND JAN MAYEN	SJM
GRENADA	GRD	SWAZILAND	SWZ
GUADELOUPE	GLP	SWEDEN	SWE
GUAM	GUM	SWITZERLAND	CHE
GUATEMALA	GTM	SYRIAN ARAB REPUBLIC	SYN
GUERNSEY		TAIWAN, PROVINCE OF CHINA	TWN
GUINEA	GIN	TAJIKISTAN	TJK
GUINEA-BISSAU	GNB	TANZANIA, UNITED REPUBLIC OF	TZA
GUYANA	GUY	THAILAND	THA
HAITI	HTI	TIMOR-LESTE	TLS
HEARD ISLAND AND MCDONALD ISLANDS	HMD	TOGO	TGO
HOLY SEE (VATICAN CITY STATE)	VAT	TOKELAU	TKL
HONDURAS	HND	TONGA	TON
HONG KONG	HKG	TRINIDAD AND TOBAGO	TTO
HUNGARY	HUN	TUNISIA	TUN
ICELAND	ISL	TURKEY	TUR
INDIA	IND	TURKMENISTAN	TKM
INDONESIA	IDN	TURKS AND CAICOS ISLANDS	TCA
IRAN, ISLAMIC REPUBLIC OF	IRN	TUVALU	TUV
IRAQ	IRQ	UGANDA	UGA
IRELAND	IRL	UKRAINE	UKR
ISLE OF MAN		UNITED ARAB EMIRATES	ARE
ISRAEL	ISR	UNITED KINGDOM	GBR
ITALY	ITA	UNITED STATES	USA

Country (Country of Residence) / Country Birth (Country of Birth) (CalREDIE Data Labels and Export Values are the same)

JAMAICA	JAM	UNITED STATES MINOR OUTLYING ISLANDS	
JAPAN	JPN	URUGUAY	URY
JERSEY		UZBEKISTAN	UZB
JORDAN	JOR	VANUATU	VUT
KAZAKHSTAN	KAZ	VENEZUELA	VEN
KENYA	KEN	VIET NAM	VNM
KIRIBATI	KIR	VIRGIN ISLANDS, BRITISH	VGB
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	PRK	VIRGIN ISLANDS, U.S.	VIR
KOREA, REPUBLIC OF	KOR	WALLIS AND FUTUNA	WLF
KUWAIT	KWT	WESTERN SAHARA	ESH
KYRGYZSTAN	KGZ	YEMEN	YEM
LAO PEOPLE'S DEMOCRATIC REPUBLIC	LAO	ZAMBIA	ZMB
LATVIA	LVA	ZIMBABWE	ZWE
LEBANON	LBN		

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
33 - RIVERSIDE	33	943 - KENTUCKY	943	728 - BARBADOS	728	749 - SPAIN	749

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
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)	Country	State	Jurisdiction (County)
	DDP Export Values	DDP Export Values	DDP Export Values	DDP Export Values
60 - ALAMEDA	60	SYPIRSOURCEANALYSISOUTOFCOUN 1	SYPIRSOURCEANALYSISINCOUNTRY 1	SYPIRSOURCEANALYSISINCTYJURIS
2 - ALPINE	2	SYPIRSOURCEANALYSISOUTOFCOUN 2	SYPIRSOURCEANALYSISINCOUNTRY 2	SYPIRSOURCEANALYSISINSTATE1
3 - AMADOR	3	SYPIRSOURCEANALYSISOUTOFCOUN 3	SYPIRSOURCEANALYSISINCOUNTRY 3	SYPIRSOURCEANALYSISINSTATE2
65 - BERKELEY	65			SYPIRSOURCEANALYSISINSTATE3
4 - BUTTE	4			
5 - CALAVERAS	5			
6 - COLUSA	6			
7 - CONTRA COSTA	7			
8 - DEL NORTE	8			
9 - EL DORADO	9			
10 - FRESNO	10			
11 - GLENN	11			
12 - HUMBOLDT	12			
13 - IMPERIAL	13			
14 - INYO	14			
15 - KERN	15			
16 - KINGS	16			
17 - LAKE	17			
18 - LASSEN	18			
72 - LONG BEACH	72			
92 - LOS ANGELES	92			
20 - MADERA	20			
21 - MARIN	21			
22 - MARIPOSA	22			
23 - MENDOCINO	23			
24 - MERCED	24			
25 - MODOC	25			
26 - MONO	26			
27 - MONTEREY	27			
28 - NAPA	28			
29 - NEVADA	29			

CalREDIE Data Labels	Jurisdiction (Agencies)	Country	State	Jurisdiction (County)
	DDP Export Values	DDP Export Values	DDP Export Values	DDP Export Values
30 - ORANGE	30	SYPIRADDADDRINSTJURIS	SYPIRSOURCEANALYSISINCOUNTRY	SYPIRSOURCEANALYSISINCTYJURIS
79 - PASADENA	79	SYPIRCMINFOINITJURIS	SYPIRSOURCEANALYSISINSTATE1	SYPIRSOURCEANALYSISINSTATE1
31 - PLACER	31	SYPIRCINFOCORESP	SYPIRSOURCEANALYSISINCOUNTRY	SYPIRSOURCEANALYSISINSTATE2
32 - PLUMAS	32	SYPIRSTDHXPREVDXJUR	SYPIRSOURCEANALYSISINCOUNTRY	SYPIRSOURCEANALYSISINSTATE3
33 - RIVERSIDE	33	SYPIRSOURCEANALYSISISIJURIS1	SYPIRSOURCEANALYSISINCOUNTRY	
34 - SACRAMENTO	34	SYPIRSOURCEANALYSISISIJURIS2	SYPIRSOURCEANALYSISINCOUNTRY	
35 - SAN BENITO	35	SYPIRSOURCEANALYSISISIJURIS3	SYPIRSOURCEANALYSISINCOUNTRY	
36 - SAN BERNARDINO	36	SYPIRSOURCEANALYSISIMPORTJUR	SYPIRSOURCEANALYSISINCOUNTRY	
80 - SAN DIEGO	80			
93 - SAN FRANCISCO	93			
39 - SAN JOAQUIN	39			
40 - SAN LUIS OBISPO	40			
41 - SAN MATEO	41			
42 - SANTA BARB	42			
43 - SANTA CLARA	43			
44 - SANTA CRUZ	44			
45 - SHASTA	45			
46 - SIERRA	46			
47 - SISKIYOU	47			
48 - SOLANO	48			
49 - SONOMA	49			
50 - STANISLAUS	50			
51 - SUTTER	51			
52 - TEHAMA	52			
53 - TRINITY	53			
54 - TULARE	54			
55 - TUOLUMNE	55			
56 - VENTURA	56			
57 - YOLO	57			
58 - YUBA	58			
399 - UNKNOWN MILITARY	399			
940 - ALABAMA	940		940	
901 - ALASKA	901		901	

CalREDIE Data Labels	Jurisdiction (Agencies)	Country	State	Jurisdiction (County)
	DDP Export Values	DDP Export Values	DDP Export Values	DDP Export Values
990 - ARIZONA	990		990	
960 - ARKANSAS	960		960	
933 - BALTIMORE	933		933	
951 - CHICAGO	951		951	
980 - COLORADO	980		980	
910 - CONNECTICUT	910		910	
930 - DELAWARE	930		930	
931 - DIST. OF COLUMBIA	931		931	
941 - FLORIDA	941		941	
942 - GEORGIA	942		942	
994 - HAWAII	994		994	
902 - IDAHO	902		902	
950 - ILLINOIS (EX. CHI.)	950		950	
952 - INDIANA	952		952	
970 - IOWA	970		970	
971 - KANSAS	971		971	
943 - KENTUCKY	943		943	
961 - LOUISIANA	961		961	
911 - MAINE	911		911	
932 - MARYLAND (EX. BALT.)	932		932	
912 - MASSACHUSETTS	912		912	
953 - MICHIGAN	953		953	
954 - MINNESOTA	954		954	
944 - MISSISSIPPI	944		944	
972 - MISSOURI	972		972	
981 - MONTANA	981		981	
995 - NAVAJO IND HLTH AREA	995		995	
973 - NEBRASKA	973		973	
996 - NEVADA	996		996	
913 - NEW HAMPSHIRE	913		913	
920 - NEW JERSEY	920		920	
962 - NEW MEXICO	962		962	
922 - NEW YORK CITY	922		922	

CalREDIE Data Labels	Jurisdiction (Agencies)	Country	State	Jurisdiction (County)
	DDP Export Values	DDP Export Values	DDP Export Values	DDP Export Values
921 - NEW YORK STATE	921	SYPIRSOURCEANALYSISOUTOFCOUN 1	SYPIRSOURCEANALYSISINCOUNTRY 1	SYPIRSOURCEANALYSISINCTYJURIS
945 - NORTH CAROLINA	945	SYPIRSOURCEANALYSISOUTOFCOUN 2	SYPIRSOURCEANALYSISINCOUNTRY 2	SYPIRSOURCEANALYSISINSTATE1
982 - NORTH DAKOTA	982	SYPIRSOURCEANALYSISOUTOFCOUN 3	SYPIRSOURCEANALYSISINCOUNTRY 3	SYPIRSOURCEANALYSISINSTATE2
955 - OHIO	955			SYPIRSOURCEANALYSISINSTATE3
963 - OKLAHOMA	963			
903 - OREGON	903			
934 - PENNSYLVANIA	934			
935 - PHILADELPHIA	935			
923 - PUERTO RICO	923			
914 - RHODE ISLAND	914			
946 - SOUTH CAROLINA	946			
983 - SOUTH DAKOTA	983			
947 - TENNESSEE	947			
964 - TEXAS	964			
984 - UTAH	984			
915 - VERMONT	915			
924 - VIRGIN ISLANDS	924			
936 - VIRGINIA	936			
904 - WASHINGTON	904			
937 - WEST VIRGINIA	937			
956 - WISCONSIN	956			
985 - WYOMING	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		
759 - BOSNIA-HERZEGOVINA	759	759		
731 - BRAZIL	731	731		
720 - CANADA	720	720		

CalREDIE Data Labels	Jurisdiction (Agencies)	Country	State	Jurisdiction (County)
	DDP Export Values	DDP Export Values	DDP Export Values	DDP Export Values
732 - CHILE	732	732		SYPIR SOURCE ANALYSIS IN COUNTRY
748 - CHINA	748	748		SYPIR SOURCE ANALYSIS IN STATE 1
733 - COLUMBIA	733	733		SYPIR SOURCE ANALYSIS IN STATE 2
734 - COSTA RICA	734	734		SYPIR SOURCE ANALYSIS IN STATE 3
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		
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		
799 - OTHER OUT OF COUNTRY	799	799		
741 - PAKISTAN	741	741		
717 - PANAMA	717	717		
742 - PARAGUAY	742	742		

CalREDIE Data Labels	Jurisdiction (Agencies)	Country	State	Jurisdiction (County)
	SYPIRADADDRINSTJURIS SYPIRCMINFOINITJURIS SYPIRCMINFOCORESP SYPIRSTDHXPREVDXJUR SYPIRSOURCEANALYSISIJURIS1 SYPIRSOURCEANALYSISIJURIS2 SYPIRSOURCEANALYSISIJURIS3 SYPIRSOURCEANALYSISIMPORTJUR	SYPIRSOURCEANALYSISOUTOFCOUN 1 SYPIRSOURCEANALYSISOUTOFCOUN 2 SYPIRSOURCEANALYSISOUTOFCOUN 3	SYPIRSOURCEANALYSISINCOUNTRY 1 SYPIRSOURCEANALYSISINCOUNTRY 2 SYPIRSOURCEANALYSISINCOUNTRY 3	SYPIRSOURCEANALYSISINCTYJURIS SYPIRSOURCEANALYSISINSTATE1 SYPIRSOURCEANALYSISINSTATE2 SYPIRSOURCEANALYSISINSTATE3
	DDP Export Values	DDP Export Values	DDP Export Values	DDP Export Values
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
Angiostrongylasis	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)	PLAQUE-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	DIPHTHRIA	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	Scombrod 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	Fasiculations	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	HISTRACT	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	Lymphadenopathy	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
Dilated 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	Thrombocytopenia	THROMB
Dysconjugate gaze	DYSGAZE	Myalgia	MYALG	Tingling	TINGLING
Dysesthesia	DYSES	Nausea	NAUSEA	Trembling	TREMBLING
Ear ache	EARACHE	Neurological symptoms	NEURO	TTT	TTT
Ears ringing	EARRING	Nightmares	NIGHTMARE	Urinary problems	URINARYPROB
Edema	EDEMA	Numbness	NUMB	Urticaria	URTIC
Eosinophil	EOS	Oral swelling	ORALSWELL	Weak pulse	WKPULSE

Erythema	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, parametrium, and ovarian 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	Psychiatric 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	Lymphedema 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	Ophthalmology 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		

Appendix R – Extended Race

RaceASIAN_Ext		RaceNHPI_Ext	
CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values
Asian-Burmese	Asian-Burmese	Carolinian	Carolinian
Bangladeshi	Bangladeshi	Chamorro	Chamorro
Bhutanese	Bhutanese	Chuukese	Chuukese
Burmese	Burmese	Fijian	Fijian
Cambodian	Cambodian	Guamanian	Guamanian
Chinese	Chinese	Kirabati	Kirabati
Filipino	Filipino	Kosraean	Kosraean
Hmong	Hmong	Mariana Islander	Mariana Islander
Indian	Indian	Marshallese	Marshallese
Indonesian	Indonesian	Melanesian	Melanesian
Iwo Jiman	Iwo Jiman	Micronesian	Micronesian
Japanese	Japanese	Native Hawaiian	Native Hawaiian
Korean	Korean	New Hebrides	New Hebrides
Laotian	Laotian	Other/Unknown	Other/Unknown
Madagascar	Madagascar	Palauan	Palauan
Malaysian	Malaysian	Papua New Guinean	Papua New Guinean
Maldivian	Maldivian	Pohnpeian	Pohnpeian
Nepalese	Nepalese	Polynesian	Polynesian
Okinawan	Okinawan	Saipanese	Saipanese
Other/Unknown	Other/Unknown	Samoan	Samoan
Pakistani	Pakistani	Soloman Islander	Soloman Islander
Singaporean	Singaporean	Tahitian	Tahitian
Sri Lankan	Sri Lankan	Tokelauan	Tokelauan
Taiwanese	Taiwanese	Tongan	Tongan
Thai	Thai	Yapese	Yapese
Vietnamese	Vietnamese		

Appendix S – National Reporting Jurisdiction Code-State

States

CalREDIE Data Labels	Export Values	CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values
ALABAMA	01	KENTUCKY	21	OKLAHOMA	40
ALASKA	02	KINGMAN REEF	89	OREGON	41
AMERICAN SAMOA	60	LOUISIANA	22	PALAU	70
ARIZONA	04	MAINE	23	PALMYRA ATOLL	95
ARKANSAS	05	MARSHALL ISLANDS	68	PENNSYLVANIA	42
BAKER ISLAND	81	MARYLAND	24	PUERTO RICO	72
CALIFORNIA	06	MASSACHUSETTS	25	RODE ISLAND	44
COLORADO	08	MICHIGAN	26	SOUTH CAROLINA	45
CONNECTICUT	09	MIDWAY ISLANDS	71	SOUTH DAKOTA	46
DELAWARE	10	MINNESOTA	27	TENNESSEE	47
DIST. OF COLUMBIA	11	MISSISSIPPI	28	TEXAS	48
FEDERATED STATES OF MICRONESIA	64	MISSOURI	29	U.S. MINOR OUTLYING ISLANDS	74
FLORIDA	12	MONTANA	30	UTAH	49
GEORGIA	13	NAVASSA ISLAND	76	VERMONT	50
GUAM	66	NEBRASKA	31	VIRGIN ISLANDS	78
HAWAII	15	NEVADA	32	VIRGINIA	51
HOWLAND ISLAND	84	NEW HAMPSHIRE	33	WAKE ISLAND	79
IDAHO	16	NEW JERSEY	34	WASHINGTON	53
ILLINOIS	17	NEW MEXICO	35	WEST VIRGINIA	54
INDIANA	18	NEW YORK	36	WASHINGTON	53
JARVIS ISLAND	86	NORTH CAROLINA	37	WISCONSIN	55
JOHNSTON ATOLL	67	NORTH DAKOTA	38	WYOMING	56
IOWA	19	NORTHERN MARIANA ISLANDS	69		
KANSAS	20	OHIO	39		

Appendix T – Antimicrobials/Antibiotics

States

CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values
Amoxicillin	AMOX	Cefuroxime	CEFU	Merrem	MERRM
Amoxicillin/Clavulanate	AMOXCL	Cefzil	CEFZ	Metronidazole	METRO
Azithromycin	AZIT	Cephadine	CEPHR	Norfloxacin/Norflox	NORFL
Cefixime	CEFI	Chloramphenicol	CHLOR	Ofloxacin/Oflox	OFLOX
Ceftriaxone	CEFTX	Clarithromycin	CLARI	Other	OTH
Cephalexin	CEPHX	Clindamycin	CLIND	Other Aminoglycoside	OTHAMI
Ciprofloxacin/Cipro	CIPRO	Dapsone	DAPS	Other Carbapenem	OTHCAR
Doxycycline	DOXY	Doripenem	DORI	Other Cephalosporin	OTHCEP
Levaquin	LEVOQ	Duricef	DURI	Other Quinolones	OTHQUI
Trimethoprim/Sulfamethoxazole	TRISUL	Ertapenem	ERTA	Pediazole	PEDIA
Amikacin	AMIK	Erythromycin	ERYT	Penicillin/Pen VK	PENIC
Ampicillin	AMPI	Erythromycin/Sulfisoxazole	ERYSUL	Primaixin	PRIMX
Augmentin	AUGM	Flagyl	FLAG	Rocephin	ROCPHN
Aztreonam	AZTR	Fluoroquinolones	FLOUR	Septra	SEPT
Bactrim	BACT	Floxin	FLOX	Suprax	SUPRA
Biaxin	BIAX	Gentamycin	GENT	Tetracycline	TETRA
Ceclor	CECL	Imipenem	IMIP	Tobramycin	TOBRA
Cefaclor	CEFA	Invanz	INVZ	Trimox	TRIM
Cefepime	CEFPIM	Keflex	KEFL	Unknown	UNK
Cefotaxime	CFTAX	Keftab	KEFT	Vancomycin (Oral)	VANCPO
Cefpodoxime	CPDX	Levofloxacin	LEVOF	Zithromax	ZITH
Cefprozil	CEFP	Maxipime	MAXP	ZITH	ZITH
Ceftrin	CEFTN	Meropenem	MERO		