

case_month	The earlier of month the Clinical Date (date related to the illness or specimen collection) or the Date Received by CDC
res_state	State of residence
state_fips_code	State FIPS code
res_county	County of residence
county_fips_code	County FIPS code
age_group	Age group [0 - 17 years; 18 - 49 years; 50 - 64 years; 65 + years; Unknown; Missing; NA, if value suppressed for privacy protection.]
sex	Sex [Female; Male; Other; Unknown; Missing; NA, if value suppressed for privacy protection.]
race	Race [American Indian/Alaska Native; Asian; Black; Multiple/Other; Native Hawaiian/Other Pacific Islander; White; Unknown; Missing; NA, if value suppressed for privacy protection.]
ethnicity	Ethnicity [Hispanic; Non-Hispanic; Unknown; Missing; NA, if value suppressed for privacy protection.]
case_positive_specimen_interval	Weeks between earliest date and date of first positive specimen collection
case_onset_interval	Weeks between earliest date and date of symptom onset.
process	Under what process was the case first identified? [Clinical evaluation; Routine surveillance; Contact tracing of case patient; Multiple; Other; Unknown; Missing]
exposure_yn	In the 14 days prior to illness onset, did the patient have any of the following known exposures: domestic travel, international travel, cruise ship or vessel travel as a passenger or crew member, workplace, airport/airplane, adult congregate living facility (nursing, assisted living, or long-term care facility), school/university/childcare center,

	correctional facility, community event/mass gathering, animal with confirmed or suspected COVID-19, other exposure, contact with a known COVID-19 case? [Yes, Unknown, Missing]
current_status	What is the current status of this person? [Laboratory-confirmed case, Probable case]
symptom_status	What is the symptom status of this person? [Asymptomatic, Symptomatic, Unknown, Missing]
hosp_yn	Was the patient hospitalized? [Yes, No, Unknown, Missing]
icu_yn	Was the patient admitted to an intensive care unit (ICU)? [Yes, No, Unknown, Missing]
death_yn	Did the patient die as a result of this illness? [Yes; No; Unknown; Missing; NA, if value suppressed for privacy protection.]
underlying_conditions_yn	Did the patient have one or more of the underlying medical conditions and risk behaviors: diabetes mellitus, hypertension, severe obesity (BMI>40), cardiovascular disease, chronic renal disease, chronic liver disease, chronic lung disease, other chronic diseases, immunosuppressive condition, autoimmune condition, current smoker, former smoker, substance abuse or misuse, disability, psychological/psychiatric, pregnancy, other. [Yes, No, blank]