2019-nCoV Case Report Data Dictionary
Last Updated: May 06 2022

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

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

Which would best describe where the patient was staying at the time of illness onset?	housing	1, House/single family home 2, Apartment 3, Hotel/motel 4, Long term care facility 5, Nursing home/assisted living facility 6, Acute care inpatient facility 7, Rehabilitation facility 8, Correctional facility 9, Mobile home 10, Group home 11, Homeless shelter 12, Outside, in a car, or other location not meant for human habitation 13, Other, specify	Integer
If other, specify housing	housing_spec		Character

Healthcare Worker Information

Is the patient a health care worker in the United States?	hc_work_yn	1, Yes 0, No 9, Unknown	Integer
If yes, what is their occupation (type of job)?	hc_job	1, Physician 2, Nurse 3, Respiratory therapist 4, Environmental services	Integer
If other, specify occupation	hc_job_spec		Character
If yes, what is their job setting?	hc_setting	1, Hospital 2, Long-term care facility 3, Rehabilitation facility 4, Nursing home/assisted living facility 5, Other, specify 9, Unknown	Integer
If other, specify setting	hc_setting_spec		Character

Exposure Information

In the 14 days prior to illness onset, did the patient have any of the following exposures			
Domestic travel (outside state of normal residence)	exp_othstate	1, Yes	Integer
If yes, specify state(s)	exp_othstate_spec		Character
International travel	exp_othcountry	1, Yes	Integer
If yes, specify country(s)	exp_othcountry_spec		Character
Cruise ship or vessel travel as passenger or crew member	exp_ship	1, Yes	Integer
If yes, specify name of ship	exp_ship_spec		Character
Workplace	exp_work	1, Yes	Integer
If yes, is the workplace critical infrastructure?	exp_work_critical	1, Yes 0, No 9, Unknown	Integer
If critical infrastructure, specify workplace setting	exp_work_critical_spec		Character
Airport/airplane	exp_airport	1, Yes	Integer
Adult congregate living facility	exp_adultfacility	1, Yes	Integer
School/university/childcare center	exp_school	1, Yes	Integer
Correctional facility	exp_correctional	1, Yes	Integer
Community event/mass gathering	exp_gathering	1, Yes	Integer
Animal with confirmed or suspected COVID-19	exp_animal	1, Yes	Integer
If yes, specify type of animal	exp_animal_spec		Character

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

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

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

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

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

Reason subject not vaccinated as recommended by ACIP	reason_not_vax_per_acip	1, Religious exemption 2, Medical contraindication 3, Philosophical objection 4, Lab evidence of previous disease 5, MD diagnosis of previous disease 6, Too young 7, Parental/Patient refusal 8, Other 9, Unknown 10, Parent/Patient forgot to vaccinate 11, Vaccine record incomplete/unavailable 12, Parent/patient report of previous disease 13, Parent/Patient unaware of recommendation 14, Missed opportunity in medical setting 15, Foreign Visitor 16, Immigrant 17, Vaccine not available	Integer
Comments about the subject's vaccination history	vax_history_comment		Character
Vaccine Variables Repeating Set			

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

Vaccine Event Information Source	vaxinfosrce1 - vaxinfosrce6	184225006, Medical record	Character
		00, New immunization record	
		01, Unspecified source	
		02, Other provider (historical)	
		05, Other registy (historical)	
		06, Birth certificate (historical)	
		07, School record (historical)	
		08, Public agency (historical)	
		PHC1435, Patient/parent recall (historical)	
		PHC1436, Patient/parent written record	
		PHC1936, Immunization Information System	
		PP, Primary care provider	
		UNK, Unknown	
		OTH, Other	

1) Vaccine Type Value Set = https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.7448
2) Vaccine Manufacturer Value Set = https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.826

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

Basic Case Information

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