

DPCC Data Standard Reference for Human Surveillance v2.4

Code	Description	Definition	Example
NA	Not Applicable	Information is inappropriate to report, can indicate that the standard field fails to model or represent the information accurately.	Duration_of_Swine_Exposure: If the subject was not exposed to swine, there is no duration to report.
Not Collected	Missing-Not Collected	Information of an expected format was not given because it has not been collected.	Profession: Short description of the profession of the subject. This information was collected during enrollment.
Not Provided	Missing-Not Provided	Information of an expected format was not given, a value may be given at the later stage.	Antiviral_Treatment: Subject's influenza antiviral treatment. This information may available after the subject has recovered from infection.
Restricted Access	Missing-Restricted Access	Information exists but cannot be released openly because of privacy concerns.	Intensive_Care_Unit: Was the subject confined to an Intensive Care Unit (ICU) as a result of influenza virus infection or secondary problems resulting from influenza virus infection?

Input Type	Sample Attributes						
	Project Identifier	Contributing Institution	Sample Identifier	Embargo End Date	Sample Material	Longitudinal Study	
Definition	Text Field A unique Project Identifier generated by the DPCC by combining the Center-generated Project Code and a random 4-digit number	Text Field The institution code for the group that COLLECTED THE SAMPLE. Must be one of the CERIS institution codes assigned by NIAID	Text Field Identifier initially assigned to each sample collected. If multiple samples are taken from the same subject, each sample should have its own identifier.	Text Field In case an embargo of the information is needed, the date that the information should be released to the public databases by the DPCC	Text Field Material on which the testing was performed. If multiple samples are taken from the same subject they must be entered as separate records.	Text Field Notifies whether this subject is part of a longitudinal study	
Format	Project_Code_XXXX Maximum length: 21 characters	Center three-letter code followed by three digits. Maximum length: 6 characters	Center-specific Allowed characters include alphanumeric, hyphen, and underscore: a-z, A-Z, 0-9, '-', '_' Maximum length: 50 characters	DD-Mon-YYYY DD-Mon-YY NA Maximum length: 11 characters	Text Maximum length: 30 characters	Text Maximum length: 1 character	
Value List	None	None	None	Date NA	<ul style="list-style-type: none"> AR BAL BLO FEC LLF LUN NAL NAS NTS OTH OTT PLS RCS SER SLU SNU TFB TFT TRS U 	Y N	
Duration	The entry must be a Project Identifier value registered with the DPCC.	The entry must be an Institution Code value registered with the DPCC. Center 3-letter codes are case-sensitive and must be entered in all-caps.	The value must be unique and not match any previously submitted Sample_Identifier.	<ul style="list-style-type: none"> 1. Leading 0 in DD is optional. 2. Month must match the first three letters of the month. Month is NOT case-sensitive. 3. Years may have two or four digits. 4. Date must conform to NIAID data release policies. 	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	
Examples	SJCProj02_4001	SJC101	22258468	3-Mar-2011, 03-Mar-2011, 03-MAR-2011, 3-MAR-11, or NA	BLO	N	
Notes	None	None	The Sample_Identifier initially assigned to the surveillance sample must be provided. Do not use an identifiable medical record number.	An exact date must be provided. If Embargo_End_Date is NA, information will be released without delay. Embargo_End_Date cannot be more than 12 months after submission.	<ul style="list-style-type: none"> AR = Air BAL = Bronchoalveolar lavage BLO = Blood FEC = Feces LLF = Lung lavage fluid LUN = Lung NAL = Nasal lavage NAS = Nasal swab NTS = Combined nasal throat swab OTH = Other: append free text to describe OTT = Other tissue PLS = Plasma RCS = Rectal swab SER = Serum SLU = Slurry SNU = Sputum TFB = Tissue from brain TFT = Tissue from trachea TRS = Tracheal swab U = Unknown 	Y = Yes N = No	
Dependent Fields							
Validation	Project_Identifier should be a valid project identifier.	Must be an Institution Code value registered with the DPCC	Validate field length	Embargo_End_Date must be exact date and cannot be a past date.	Field value should be one of valid values as in list. NOTE: User can enter other value by prefixing 'OTH'	Field value should be one of valid values as in list.	
Message Code	Error_9_PROJECT_NOT_FOUND	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH	Error_7_INVALID_EMBARGO_DATE	Error_1_INVALID_VALUE	Error_1_INVALID_VALUE	
Validation	Project_Identifier exists but user does not have permission to access or edit the project.		Sample_Identifier should be unique across all DPCC data.	Embargo_End_Date cannot be more than 12 months after submission.	Validate field length		
Message Code	Error_4_DENIED_USER_ACCESS		Error_16_NON_UNIQ_SAMPL_ID	Error_100_EMBARGO_DATE_12M	Error_75_INVALID_FIELD_LENGTH_OTH		
Validation			Sample_Identifier should be unique within the submission.				
Message Code			Error_81_NON_UNIQ_SAMPL_ID				
Validation							
Message Code							
Validation							
Message Code							
Validation							
Message Code							
Validation							

Subject's permanent characteristics					
	Subject Unique Identifier	Subject Gender	Subject Ethnicity	Subject Race	Subject Age
Input Type	Text Field	Text Field	Text Field	Text Field	Text Field
Definition	An identifier assigned by the CEIRS surveillance sites to maintain patient privacy. If multiple samples are collected from a subject, then all must be linked to the same unique identifier.	Gender of the subject	Ethnicity of the subject. In the sense used by the US Census in which 'Hispanic or Latino' is an ethnicity, as opposed to a race.	The subject's self-definition of their race from among the given choices.	Age of the subject at the time of sample collection in years
Format	Text Allowed characters include alphanumeric, hyphen, and underscores: a-z, A-Z, 0-9, -, _ Maximum length: 50 characters	Text Maximum length: 17 characters	Text Maximum length: 22 characters	Text Maximum length: 150 characters	Text Maximum length: 17 characters
Value List	Text	M F Not Collected Not Provided Restricted Access	Hispanic or Latino Not Hispanic or Latino Not Collected Not Provided Restricted Access	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White More Than One Race Not Collected Not Provided Restricted Access	Number Not Collected Not Provided Restricted Access
Duration	None	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	The entry must be one and only one member of the Value List.	The entry must be one or more comma-separated members of the Value List.	None
Examples	1001F_C100F	M	Hispanic or Latino	White	15, >50, or 2.81
Notes	Do not use an identifiable medical record number.	M = Male F = Female Not Collected Not Provided Restricted Access	For clarification regarding ethnicity reporting requirement please see the following link: https://www.govinfo.gov/contracts/nij/kg/FR-1997-10-30/jpd/97-28603.pdf	For clarification regarding race reporting requirement please see the following link: https://www.govinfo.gov/contracts/nij/kg/FR-1997-10-30/jpd/97-28603.pdf	Enter Subject_Age as a whole number in years if three or older. If Subject_Age is less than three, submit in the format: 1 month/12+0.083 years or 30 months/10+0.251 years. All ages greater than 90 must be entered as >90 to de-identify individual health information. Any age greater than three can be prefixed with > to de-identify individual health information.
Dependent Fields					
Validation	Validate field length	Field value should be one of valid values as in list.	Field value should be one of valid values as in list.	Field value should be one or more of valid values as in list.	Validate field length
Message Code	Error_70_INVALID_FIELD_LENGTH	Error_1_INVALID_VALUE	Error_1_INVALID_VALUE	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH
Validation					Values greater than 3 must be an integer. Values equal to or lesser than 3 can be an integer or number.
Message Code					Error_90_INVALID_AGE
Validation					All values greater than 90 must be entered as >90
Message Code					Error_90_INVALID_AGE
Validation					
Message Code					
Validation					
Message Code					
Validation					
Message Code					
Validation					

Sample Attributes					
Inout Type	Collector Name	Days Elapsed to Sample Collection	Collection Season	Collection Country	Collection State Province
Definition	Text Field The name of person who collected the sample	Text Field The number of days elapsed between sample collection and the subject's enrollment.	Text Field The influenza season in which the sample was collected	Text Field Country in which the original sample was collected, as listed in the DPCC Country Codes list	Text Field Description of sampling location that is one graduation finer than country
Format	FirstName LastName FirstName MI, LastName Maximum length: 100 characters	Text Maximum length: 17 characters	YYYY YYYY-YYYY Maximum length: 17 characters	Text Maximum length: 60 characters	Text Maximum length: 50 characters
Value List	Text U	Number Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	ISO 3166 Standard Country Code U	Text Not Collected Not Provided Restricted Access
Duration	None	None	Years must be four digits. Year ranges must be sequential. Enter the year range for Northern Hemisphere influenza seasons, or a single year for Southern Hemisphere influenza seasons.	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	State names must be spelled out.
Examples	Indiana Jones, John M. Henry, or U	50	2014-2015	VNM, or USA	Tennessee
Notes	For listing of multiple names, comma-separate the names maintaining the order of FirstName and LastName or FirstName MI, LastName. Enter U if name is unknown.	Enter 0 if the sample was collected on the same day of the subject's enrollment.		The ISO 3166 Standard for country codes may be found on the DPCC Portal.	The GeoNames geographical database can be used to identify specific states and provinces: http://www.geonames.org/
Dependent Fields					
Validation	Validate field length	Validate field length	Validate field length	Field value should be a valid ISO three-letter country code or U	Validate field length
Message Code	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH
Validation		The value should be number, Not Collected, Not Provided or Restricted Access.	Year ranges must be sequential		
Message Code		Error_143_INVALID_NUMBER_INSDC	Error_145_SEQUENTIAL_YEAR_RANGE		
Validation			The value should be number, Not Collected, Not Provided or Restricted Access.		
Message Code			Error_143_INVALID_NUMBER_INSDC		
Validation					
Message Code					
Validation					
Message Code					
Validation					

Sample Test/Test Result					
	Influenza Test Type	Influenza Test Result	Influenza Test Interpretation	Other Pathogens Tested	Other Pathogen Test Result
Input Type	Text Field	Text Field	Text Field	Text Field	Text Field
Definition	Assay and target used for virological assessment, as listed in the DPCC Data Dictionary	The numerical result(s) of influenza_Test_Type	The Positive, Negative, or Inconclusive Interpretation of the influenza_Test_Result value(s)	A list for organisms tested for other than influenza virus	Classification of sample as positive (P) or negative (N) based on the test performed
Format	Assay/Analyte Maximum length: 200 characters	Text Maximum length: 50 characters	Text Maximum length: 50 characters	Text Maximum length: 200 characters	Text Maximum length: 50 characters
Value List	DPCC Data Dictionary NA	Number U NA	P N U NA	Text NA Not Collected Not Provided Restricted Access	P N U NA Not Collected Not Provided Restricted Access
Duration	The entry must be one or more comma-separated members of the Value List. If multiple tests are performed, separate each Assay/Analyte combination with a comma. For each assay performed, the target or analyte must be specified after the / character Enter NA for serum samples.	For each assay listed under influenza_Test_Type, provide a single numerical value. If multiple comma-separated tests are listed under influenza_Test_Type, influenza_Test_Result must list the same number of comma-separated test results (see notes for examples). Enter U when quantitative assay results are not known. Enter NA for serum samples.	The entry must be one or more comma-separated members of the Value List. Values are case-sensitive and must be entered in all-caps. If multiple comma-separated tests are listed under influenza_Test_Type, influenza_Test_ Interpretation must list the same number of comma-separated test results (see notes for examples). Enter U when the interpretation of the assay results is not known or inconclusive. Enter NA if the value under influenza_Test_Type is NA.	If multiple pathogens are tested, separate each pathogen name with a comma. Enter NA if not tested for other pathogens. Enter NA for serum samples.	The entry must be one or more comma-separated members of the Value List. If multiple comma-separated pathogens are listed under Other_Pathogens_Tested, Other_Pathogen_Test_Result must list the same number of comma-separated test results. Values are case-sensitive and must be entered in all-caps. Enter NA if the value under Other_Pathogens_Tested is NA. Enter NA for serum samples.
Examples	RRT-PCR/NA, or RRT-PCR/MP-VIMDCK	24.5	P	RSV	N
Notes	Please reference the DPCC Data Dictionary for the Assay and Analyte allowed values.		P = Positive N = Negative U = Unknown or inconclusive NA = Not Applicable Example: If influenza_Test_Type lists RRT-PCR/MP-VIMDCK then influenza_Test_ Interpretation would read P,N	NA = Not Applicable Not Collected Not Provided Restricted Access	P = Positive N = Negative U = Unknown or inconclusive NA = Not Applicable Not Collected Not Provided Restricted Access
Dependent Fields	influenza_Test_Result, influenza_Test_ Interpretation	influenza_Test_Type, influenza_Test_ Interpretation	influenza_Test_Type, influenza_Test_Result	Other_Pathogen_Test_Result	Other_Pathogens_Tested
Validation	Fields influenza_Test_Type, influenza_Test_Antigen, influenza_Test_Result, influenza_Test_ Interpretation must have same number of values	Fields influenza_Test_Type, influenza_Test_Antigen, influenza_Test_Result, influenza_Test_ Interpretation must have same number of values	Fields influenza_Test_Type, influenza_Test_Antigen, influenza_Test_Result, influenza_Test_ Interpretation must have same number of values	Number of Other_Pathogens_Tested and Other_Pathogen_Test_Result should match.	Number of Other_Pathogens_Tested and Other_Pathogen_Test_Result should match.
Message Code	Error_63_INVALID_NUMBER_ENTRIES	Error_63_INVALID_NUMBER_ENTRIES	Error_63_INVALID_NUMBER_ENTRIES	Error_63_INVALID_NUMBER_ENTRIES	Error_63_INVALID_NUMBER_ENTRIES
Validation	Validate field length	Field length validation	Field value should be one of valid values as in list.	Field length validation	Field value should be one of valid values as in list.
Message Code	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH	Error_1_INVALID_VALUE
Validation	Values must reference DPCC Data Dictionary	Value must be number, U, or NA			
Message Code	Error_13_REFER_TO_DATA_DICTIONARY	Error_86_INVALID_NUM_U_NA			
Validation	Influenza_Test_Type should follow format assay/analyte				
Message Code	Error_101_TEST_TYPE_FORMAT				
Validation	Value must be a number, U, or NA				
Message Code	Error_86_INVALID_NUM_U_NA				

Subject's Environmental Exposure/Settings				
	Poultry Exposure		Wild Bird Exposure	
Input Type	Text Field	Text Field	Text Field	Text Field
Definition	Subject's exposure to poultry	Duration that the subject was exposed to poultry in days	Subject's exposure to wild birds	Duration that the subject was exposed to wild birds in days
Format	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters
Value List	Y N Not Collected Not Provided Restricted Access	Number NA Not Collected Not Provided Restricted Access	Y N Not Collected Not Provided Restricted Access	Number NA Not Collected Not Provided Restricted Access
Duration	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	If Y is selected entered for Poultry_Exposure, Duration_of_Poultry_Exposure must be a number or Not Collected, Not Provided, or Restricted Access. If N is entered for Poultry_Exposure, Duration_of_Poultry_Exposure must be NA. If Not Collected is entered for Poultry_Exposure, Duration_of_Poultry_Exposure must be Not Collected. If Not Provided is entered for Poultry_Exposure, Duration_of_Poultry_Exposure must be Not Provided. If Restricted Access is entered for Poultry_Exposure, Duration_of_Poultry_Exposure must be Restricted Access.	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	If Y is selected entered for Wild_Bird_Exposure, Duration_of_Wild_Bird_Exposure must be a number or Not Collected, Not Provided, or Restricted Access. If N is selected entered for Wild_Bird_Exposure, Duration_of_Wild_Bird_Exposure must be NA. If Not Collected is entered for Wild_Bird_Exposure, Duration_of_Wild_Bird_Exposure must be Not Collected. If Not Provided is entered for Wild_Bird_Exposure, Duration_of_Wild_Bird_Exposure must be Not Provided. If Restricted Access is entered for Wild_Bird_Exposure, Duration_of_Wild_Bird_Exposure must be Restricted Access.
Examples	N	2.5	N	1
Notes	Y=Yes N=No Not Collected Not Provided Restricted Access		Y=Yes N=No Not Collected Not Provided Restricted Access	
Dependent Fields	Duration_of_Poultry_Exposure Type_Exposure	Poultry_Exposure	Duration_of_Wild_Bird_Exposure Type_Exposure	Wild_Bird_Exposure
Validation	Field value should be one of valid values as in list.	Validate field length	Field value should be one of valid values as in list.	Validate field length
Message Code	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH
Validation		If exposure is Y, duration must be a number or Not Collected, Not Provided, Restricted Access. If exposure is N, duration must be NA.		If exposure is Y, duration must be a number or Not Collected, Not Provided, Restricted Access. If exposure is N, duration must be NA.
Message Code		Error_146_INVALID_EXP_DURATION		Error_146_INVALID_EXP_DURATION
Validation		Value must be a number, NA, or an INSDC value.		Value must be a number, NA, or an INSDC value.
Message Code		Error_144_INVALID_NUMBER_NA_INSDC		Error_144_INVALID_NUMBER_NA_INSDC
Validation				
Message Code				
Validation				
Message Code				

Subject's Environmental Exposure/Settings							
	Swine Exposure		Type Exposure	Human Exposure	Duration of Human Exposure		Use of Personal Protective Equipment
Input Type	Text Field	Text Field	Text Field	Text Field	Text Field	Text Field	Text Field
Definition	Subject's exposure to swine	Duration that the subject was exposed to swine in days	Setting in which subject was exposed to animals	Subject's exposure to other humans confirmed to have influenza infections	Duration that the subject was exposed to other humans confirmed to have influenza infections in days		Use of gowns, gloves, masks or other PPE during any type of exposure
Format	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 60 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 50 characters	
Value List	Y N Not Collected Not Provided Restricted Access	Number NA Not Collected Not Provided Restricted Access	BYF CAF FAR FPR OTH SLA NA Not Collected Not Provided Restricted Access	Y N Not Collected Not Provided Restricted Access	Number NA Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access	
Duration	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	If Y is selected entered for Swine_ Exposure, Duration_of_Swine_ Exposure must be a number or Not Collected, Not Provided, or Restricted Access. If N is selected entered for Swine_ Exposure, Duration_of_Swine_ Exposure must be NA. If Not Collected is entered for Swine_ Exposure, Duration_of_Swine_ Exposure must be Not Collected. If Not Provided is entered for Swine_ Exposure, Duration_of_Swine_ Exposure must be Not Provided. If Restricted Access is entered for Swine_ Exposure, Duration_of_Swine_ Exposure must be Restricted Access.	The entry must be three comma-separated members of the Value List. If Y is entered for Poultry_ Exposure, Wild_Bird_ Exposure, or Swine_ Exposure, Type_ Exposure cannot be NA. If N is entered for Poultry_ Exposure, Wild_Bird_ Exposure, or Swine_ Exposure, Type_ Exposure must be NA for the specific exposure within the comma-separated list. If Not Collected is entered for Poultry_ Exposure, Wild_Bird_ Exposure, or Swine_ Exposure, Type_ Exposure must be Not Collected for the specific exposure within the comma-separated list. If Not Provided is entered for Poultry_ Exposure, Wild_Bird_ Exposure, or Swine_ Exposure, Type_ Exposure must be Not Provided for the specific exposure within the comma-separated list. If Restricted Access is entered for Poultry_ Exposure, Wild_Bird_ Exposure, or Swine_ Exposure, Type_ Exposure must be Restricted Access for the specific exposure within the comma-separated list.	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	If Y is selected entered for Human_ Exposure, Duration_of_Human_ Exposure must be a number or Not Collected, Not Provided, or Restricted Access. If N is selected entered for Human_ Exposure, Duration_of_Human_ Exposure must be NA. If Not Collected is entered for Human_ Exposure, Duration_of_Human_ Exposure must be Not Collected. If Not Provided is entered for Human_ Exposure, Duration_of_Human_ Exposure must be Not Provided. If Restricted Access is entered for Human_ Exposure, Duration_of_Human_ Exposure must be Restricted Access.	If N is entered for Poultry_ Exposure, Wild_Bird_ Exposure, Swine_ Exposure, and Human_ Exposure, Use_of_Personal_Protective_Equipment must be NA.	
Examples	N	0.33	BYF,CAF,NA, or Not Collected,Not Collected,Not Collected	Y	2	gloves, or N95 mask	
Notes	Y= Yes N= No Not Collected Not Provided Restricted Access		BYF = Backyard flock CAF = Confined animal feeding operation or large farms FAR = Farm FPR = Food preparation OTH = Other; append free text to describe SLA = Slaughterhouse NA = Not Applicable Not Collected Not Provided Restricted Access	Y= Yes N= No Not Collected Not Provided Restricted Access			
Dependent Fields	Duration_of_Swine_ Exposure Type_ Exposure	Swine_ Exposure		Duration_of_Human_ Exposure	Human_ Exposure		
Validation	Field value should be one of valid values as in list.	Validate field length	Field value should be three valid values of the list.	Field value should be one of valid values as in list.	Validate field length	Validate field length	
Message Code	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH	E_151_INVALID_TYPE_EXPOSURE_COUNT	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	
Validation		If exposure is Y, duration must be a number or Not Collected, Not Provided, Restricted Access. If exposure is N, duration must be NA.	Field value should be of valid values as in list.		If exposure is Y, duration must be a number or Not Collected, Not Provided, Restricted Access. If exposure is N, duration must be NA.		
Message Code		Error_146_INVALID_EXP_DURATION	Error_1_INVALID_VALUE		Error_146_INVALID_EXP_DURATION		
Validation		Value must be a number, NA, or an INSDC value.	The comma-separated values should match with the values in Poultry_ Exposure, Wild_Bird_ Exposure, or Swine_ Exposure.		Value must be a number, NA, or an INSDC value.		
Message Code		Error_144_INVALID_NUMBER_NA_INSDC	Error_150_INVALID_TYPE_EXPOSURE		Error_144_INVALID_NUMBER_NA_INSDC		
Validation			NA is only allowed if N is selected for an animal exposure.				
Message Code			Error_147_TYPE_EXPOSURE_NA				
Validation							
Message Code							

Other data about the subject at the time of Sampling							
	Pregnancy	Trimester of Pregnancy	Hospitalized	Hospitalization Duration	Intensive Care Unit	Ventilation	Disease Outcome
Input Type	Text Field	Text Field	Text Field	Text Field	Text Field	Text Field	Text Field
Definition	Is the subject pregnant at the time of sampling?	The trimester of pregnancy that the subject was in during sampling	Was the subject hospitalized as a result of influenza virus infection or secondary problems resulting from influenza virus infection?	Length of time subject was hospitalized in days	Was the subject confined to an Intensive Care Unit (ICU) as a result of influenza virus infection or secondary problems resulting from influenza virus infection?	Was the subject administered mechanical or non-mechanical ventilation?	The resulting health of the subject after influenza infection
Format	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 35 characters	Text Maximum length: 17 characters
Value List	Y N Not Collected Not Provided Restricted Access	First Second Third NA Not Collected Not Provided Restricted Access	Y N Not Collected Not Provided Restricted Access	Number NA Not Collected Not Provided Restricted Access	Y N NA Not Collected Not Provided Restricted Access	Mechanical Non-mechanical N NA Not Collected Not Provided Restricted Access	DE REC RWS Not Collected Not Provided Restricted Access
Duration	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	The entry must be one and only one member of the Value List.	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	If N is selected entered for Hospitalized, Hospitalization_Duration must be NA.	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps. If N is selected entered for Hospitalized, Intensive_Care_Unit must be NA.	Multiple ventilation types can be entered as comma-separated values. If N is selected entered for Hospitalized, Ventilation must be NA.	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.
Examples	N	NA	N	8	N	Mechanical	R
Notes	Y= Yes N= No Not Collected Not Provided Restricted Access		Y= Yes N= No Not Collected Not Provided Restricted Access		Y= Yes N= No Not Collected Not Provided Restricted Access	Non-mechanical ventilation can include CPAP or BiPAP procedures. If N is selected entered for Hospitalized, Ventilation must be NA.	DE = Died REC = Recovered RWS = Recovered with sequelae Not Collected Not Provided Restricted Access
Dependent Fields			Hospitalization_Duration	Hospitalized			
Validation	Field value should be one of valid values as in list.	Field value should be one of valid values as in list.	Field value should be one of valid values as in list.	Validate field length	Field value should be one of valid values as in list.	Field value should be one of valid values as in list.	Field value should be one of valid values as in list.
Message Code	Error_1_INVALID_VALUE	Error_1_INVALID_VALUE	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH	Error_1_INVALID_VALUE	Error_1_INVALID_VALUE	Error_1_INVALID_VALUE
Validation				Value must be a number, NA, or an NSDC value.			
Message Code				Error_144_INVALID_NUMBER_NA_NSDC			
Validation							
Message Code							
Validation							
Message Code							
Validation							
Message Code							
Validation							
Message Code							

Treatment				
	Antiviral Treatment	Initiation of Antiviral Treatment	Treatment Dosage	Duration of Antiviral Treatment
Input Type	Text Field	Text Field	Text Field	Text Field
Definition	Subject's influenza antiviral treatment	Number of days after onset of clinical symptoms antiviral treatment was initiated in days	Dosage of antiviral treatment administered	Duration of antiviral treatment in days
Format	Text Maximum length: 100 characters	Text Maximum length: 50 characters	Text Maximum length: 50 characters	Text Maximum length: 50 characters
Value List	AMA NON NSE OTH PMV RIM ZAN Not Collected Not Provided Restricted Access	Number NA Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access	Number NA Not Collected Not Provided Restricted Access
Duration	If multiple treatments were administered then this field must contain information for each administration.	If multiple treatments were administered then this field must contain information for each administration provided in Antiviral_Treatment. If NON is selected entered for Antiviral_Treatment, Initiation_of_Antiviral_Treatment must be NA. Enter positive numbers for treatment after onset of clinical symptoms, enter negative numbers for prophylactic treatment prior to onset of clinical symptoms. Enter 0 for treatments that begin with the onset of clinical symptoms.	If multiple treatments were administered then this field must contain information for each administration provided in Antiviral_Treatment. If NON is selected entered for Antiviral_Treatment, Treatment_Dosage must be NA.	If multiple treatments were administered then this field must contain information for each administration provided in Antiviral_Treatment. If NON is selected entered for Antiviral_Treatment, Duration_of_Antiviral_Treatment must be NA.
Examples	AMA	3,33, or -4	100 mg	6
Notes	AMA = Amantadine NON = None NSE = Oseltamivir OTH = Other; append free text to describe PMV = Peramivir RIM = Rimantadine ZAN = Zanamivir Not Collected Not Provided Restricted Access			
Dependent Fields	Initiation_of_Antiviral_Treatment, Treatment_Dosage, Duration_of_Antiviral_Treatment	Antiviral_Treatment, Treatment_Dosage, Duration_of_Antiviral_Treatment	Antiviral_Treatment, Initiation_of_Antiviral_Treatment, Duration_of_Antiviral_Treatment	Antiviral_Treatment, Initiation_of_Antiviral_Treatment, Treatment_Dosage
Validation	Field value should be one of valid values as in list. NOTE: User can enter other value by prefixing 'OTH'	Validate field length	Validate field length	Validate field length
Message Code	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH
Validation	Field length including values from the Value List and free text following 'OTH' must be less than 100 characters.	Number of Antiviral_Treatment, Initiation_of_Antiviral_Treatment, Treatment_Dosage and Duration_of_Antiviral_Treatment should match.	Number of Antiviral_Treatment, Initiation_of_Antiviral_Treatment, Treatment_Dosage and Duration_of_Antiviral_Treatment should match.	Number of Antiviral_Treatment, Initiation_of_Antiviral_Treatment, Treatment_Dosage and Duration_of_Antiviral_Treatment should match.
Message Code	Error_35_INVALID_FIELD_LENGTH, OTH	Error_63_INVALID_NUMBER_ENTRIES	Error_63_INVALID_NUMBER_ENTRIES	Error_63_INVALID_NUMBER_ENTRIES
Validation	Number of Antiviral_Treatment, Initiation_of_Antiviral_Treatment, Treatment_Dosage and Duration_of_Antiviral_Treatment should match.	Value must be a number, NA, or an INSDC value.	Value must be a number, NA, or an INSDC value.	Value must be a number, NA, or an INSDC value.
Message Code	Error_63_INVALID_NUMBER_ENTRIES	Error_144_INVALID_NUMBER_NA_INSDC	Error_144_INVALID_NUMBER_NA_INSDC	Error_144_INVALID_NUMBER_NA_INSDC
Validation				If NON is selected entered for Antiviral_Treatment, Duration_of_Antiviral_Treatment must be NA.
Message Code				Error_169_ONLY_NA_ALLOWED
Validation				
Message Code				

Subject's Vaccination						
	Influenza Vaccination Type	Days Elapsed to Influenza Vaccination	Source of Above Vaccine Information	Vaccine Lot Number	Vaccine Manufacturer	Vaccine Dosage
Input Type	Text Field	Text Field	Text Field	Text Field	Text Field	Text Field
Definition	Type of influenza vaccinations that have been administered during the past year	The number of days elapsed between the subject's enrollment and their influenza vaccination.	Description of information related to vaccine history	Lot number of the vaccine	Manufacturer of the vaccine	Dosage of the vaccine
Format	Text Maximum length: 50 characters	Number/Number Text Maximum length: 17 characters	Text Maximum length: 30 characters	Text Maximum length: 50 characters	Text Maximum length: 50 characters	Text Maximum length: 50 characters
Value List	Text NON Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access	Text DOC SRP NA Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access
Duration	If multiple vaccinations were administered then this field must contain information for each vaccination.	If multiple vaccinations were administered then this field must contain information for each vaccination provided in Influenza_Vaccination_Type. Values should be entered as a pair of values, listing either an exact number of days elapsed, or an estimate with upper and lower limits separated by a semicolon. If NON is entered for Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination must be NA.	The entry must be one or more comma-separated members of the Value List. If multiple vaccinations were administered then this field must contain information for each vaccination provided in Influenza_Vaccination_Type. If NON is entered for Influenza_Vaccination_Type, Source_of_Above_Vaccine_Information must be NA.	If multiple vaccinations were administered then this field must contain information for each vaccination provided in Influenza_Vaccination_Type. If NON is entered for Influenza_Vaccination_Type, Vaccine_Lot_Number must be NA.	If multiple vaccinations were administered then this field must contain information for each vaccination provided in Influenza_Vaccination_Type. If NON is entered for Influenza_Vaccination_Type, Vaccine_Manufacturer must be NA.	If multiple vaccinations were administered then this field must contain information for each vaccination provided in Influenza_Vaccination_Type. If NON is entered for Influenza_Vaccination_Type, Vaccine_Dosage must be NA.
Examples	TIV, Flumist, 2009 H1N1, 2009 H1N1 Flumist, H5N1, Cannot recall type, or NON	7-7, or -90-30	SRP	DH937	Merck, Pfizer or GSK	0.05 mL
Notes	NON = None	If the exact number of days elapsed is not known, enter the estimated range with the upper and lower limit separated by a semicolon. For example, if the subject was vaccinated between two and three months before enrollment, enter -90-60. If the exact number of days elapsed is known, enter the number of days elapsed for both the upper and lower limit, separated by a semicolon. For example, if the subject was vaccinated one week after their enrollment, enter 7-7. Enter positive values for vaccinations after enrollment, enter negative values for vaccinations prior to enrollment. Enter 0 for vaccinations on the day of enrollment. Values are limited to +/- 365 days from the subject's enrollment date.	DOC = Documented SRP = Self reported NA = Not Applicable Not Collected Not Provided Restricted Access			
Dependent Fields	Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, Vaccine_Dosage	Influenza_Vaccination_Type, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, Vaccine_Dosage	Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Vaccine_Lot_Number, Vaccine_Manufacturer, Vaccine_Dosage	Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Manufacturer, Vaccine_Dosage	Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Dosage	Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer
Validation	Validate field length	Number of Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, and Vaccine_Dosage must have the same number of entries.	Field value should be one or more of valid values as in list.	Validate field length	Validate field length	Validate field length
Message Code	Error_70_INVALID_FIELD_LENGTH	Error_63_INVALID_NUMBER_ENTRIES	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH
Validation	Number of Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, and Vaccine_Dosage must have the same number of entries.	Value must be two numbers separated by a semicolon, NA, or an INSDC value.	Number of Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, and Vaccine_Dosage must have the same number of entries.	Number of Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, and Vaccine_Dosage must have the same number of entries.	Number of Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, and Vaccine_Dosage must have the same number of entries.	Number of Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, and Vaccine_Dosage must have the same number of entries.
Message Code	Error_63_INVALID_NUMBER_ENTRIES	Error_152_INVALID_DURATION_NA_INSDC	Error_63_INVALID_NUMBER_ENTRIES	Error_63_INVALID_NUMBER_ENTRIES	Error_63_INVALID_NUMBER_ENTRIES	Error_63_INVALID_NUMBER_ENTRIES
Validation						Validate measurement and its unit
Message Code						Error_91_INVALID_MEASUREMENT_W_UNIT
Validation						
Message Code						
Validation						
Message Code						

	Symptoms		Conjunctivitis		Diarrhea		Fever	
	Influenza Like Illness	Chills	Conjunctivitis	Cough	Diarrhea	Fever		
Input Type	Text Field	Text Field	Text Field	Text Field	Text Field	Text Field	Text Field	Text Field
Definition	Is the subject exhibiting influenza like illness? What was the timing of symptom onset relative to the enrollment date?	Did the subject report a feeling of being cold? What was the timing of symptom onset relative to the enrollment date?	Did the subject have conjunctivitis at the time of sampling? What was the timing of symptom onset relative to the enrollment date?	Did the subject report coughing? What was the timing of symptom onset relative to the enrollment date?	Did the subject report frequent and watery bowel movements? What was the timing of symptom onset relative to the enrollment date?	Did the subject report having a fever during the course of the illness? The clinician on-site taking the temperature should determine the definition of a fever. What was the timing of symptom onset relative to the enrollment date?		
Format	Y,Number,Number Y,Number,U Y,U,Number Y,U,U N Maximum length: 17 characters	Y,Number,Number Y,Number,U Y,U,Number Y,U,U N Maximum length: 17 characters	Y,Number,Number Y,Number,U Y,U,Number Y,U,U N Maximum length: 17 characters	Y,Number,Number Y,Number,U Y,U,Number Y,U,U N Maximum length: 17 characters	Y,Number,Number Y,Number,U Y,U,Number Y,U,U N Maximum length: 17 characters	Y,Number,Number Y,Number,U Y,U,Number Y,U,U N Maximum length: 17 characters	Y,Number,Number Y,Number,U Y,U,Number Y,U,U N Maximum length: 17 characters	
Value List	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	
Duration	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.		
Examples	Y,-2,3 Y,0,2 Y,2,U N	Y,-2,3 Y,0,2 Y,2,U N	Y,-2,3 Y,0,2 Y,2,U N	Y,-2,3 Y,0,2 Y,2,U N	Y,-2,3 Y,0,2 Y,2,U N	Y,-2,3 Y,0,2 Y,2,U N	Y,-2,3 Y,0,2 Y,2,U N	
Notes	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	
Dependent Fields								
Validation	Validate symptoms data	Validate symptoms data	Validate symptoms data	Validate symptoms data	Validate symptoms data	Validate symptoms data	Validate symptoms data	
Message Code	Error_02_INVALID_SYMPTOM	Error_02_INVALID_SYMPTOM	Error_02_INVALID_SYMPTOM	Error_02_INVALID_SYMPTOM	Error_02_INVALID_SYMPTOM	Error_02_INVALID_SYMPTOM	Error_02_INVALID_SYMPTOM	
Validation	Validate Field length	Validate Field length	Validate Field length	Validate Field length	Validate Field length	Validate Field length	Validate Field length	
Message Code	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	
Validation								
Message Code								
Validation								
Message Code								
Validation								

Symptoms						
	Headache	Loss of Appetite	Malaise	Myalgia	Nausea	Runny Nose
Input Type	Text Field	Text Field	Text Field	Text Field	Text Field	Text Field
Definition	Did the subject report pain or discomfort in the head or face area? What was the timing of symptom onset relative to the enrollment date?	Did the subject report a loss of appetite at the time of sampling? What was the timing of symptom onset relative to the enrollment date?	Did the subject report feeling of general bodily discomfort, fatigue or unpleasantness, often at the onset of illness? What was the timing of symptom onset relative to the enrollment date?	Did the subject report muscle pain? What was the timing of symptom onset relative to the enrollment date?	Did the subject report the feeling of wanting to vomit? What was the timing of symptom onset relative to the enrollment date?	Did the subject report an unusually significant amount of nasal fluid? What was the timing of symptom onset relative to the enrollment date?
Format	Y:Number Y:Number.U Y.U:Number Y.U.U N Maximum length: 17 characters	Y:Number Y:Number.U Y.U:Number Y.U.U N Maximum length: 17 characters	Y:Number Y:Number.U Y.U:Number Y.U.U N Maximum length: 17 characters	Y:Number Y:Number.U Y.U:Number Y.U.U N Maximum length: 17 characters	Y:Number Y:Number.U Y.U:Number Y.U.U N Maximum length: 17 characters	Y:Number Y:Number.U Y.U:Number Y.U.U N Maximum length: 17 characters
Value List	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access
Duration	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.
Examples	Y,-2,3 Y,0,2 Y,-2,U N	Y,-2,3 Y,0,2 Y,-2,U N	Y,-2,3 Y,0,2 Y,-2,U N	Y,-2,3 Y,0,2 Y,-2,U N	Y,-2,3 Y,0,2 Y,-2,U N	Y,-2,3 Y,0,2 Y,-2,U N
Notes	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.
Dependent Fields						
Validation	Validate symptoms data	Validate symptoms data	Validate symptoms data	Validate symptoms data	Validate symptoms data	Validate symptoms data
Message Code	Error_92_INVALID_SYMPTOM	Error_92_INVALID_SYMPTOM	Error_92_INVALID_SYMPTOM	Error_92_INVALID_SYMPTOM	Error_92_INVALID_SYMPTOM	Error_92_INVALID_SYMPTOM
Validation	Validate Field length	Validate Field length	Validate Field length	Validate Field length	Validate Field length	Validate Field length
Message Code	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH
Validation						
Message Code						
Validation						
Message Code						
Validation						

Symptoms					
	Shortness of Breath	Sore Throat	Vomiting	Wheezing	Other Symptoms
Input Type	Text Field	Text Field	Text Field	Text Field	Text Field
Definition	Did the subject report abnormal difficulty in breathing? What was the timing of symptom onset relative to the enrollment date?	Did the subject report inflammation or discomfort of the throat or pharynx? What was the timing of symptom onset relative to the enrollment date?	Did the subject report vomiting? What was the timing of symptom onset relative to the enrollment date?	Did the subject report abnormal continuous, coarse, whistling sounds produced in the respiratory airways during breathing? What was the timing of symptom onset relative to the enrollment date?	Did the subject have any other symptoms that should be reported? What was the timing of symptom onset relative to the enrollment date?
Format	Y: Number, Number Y: Number, U Y: U, Number Y: U, U N Maximum length: 17 characters	Y: Number, Number Y: Number, U Y: U, Number Y: U, U N Maximum length: 17 characters	Y: Number, Number Y: Number, U Y: U, Number Y: U, U N Maximum length: 17 characters	Y: Number, Number Y: Number, U Y: U, Number Y: U, U N Maximum length: 17 characters	Symptom, Number, Number Symptom, Number, U Symptom, U, Number Symptom, U, U N Maximum length: 100 characters
Value List	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access
Duration	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.	If a symptom is entered, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.
Examples	Y,-2,3 Y,0,2 Y,U,U N	Y,-2,3 Y,0,2 Y,U,U N	Y,-2,3 Y,0,2 Y,U,U N	Y,-2,3 Y,0,2 Y,U,U N	Nose bleed,-2,1,sarache,0,U
Notes	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access.	Following the symptom, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If multiple additional symptoms were recorded, separate the individual symptoms with a semicolon: Nose bleed,-2,1,sarache,0,U If no additional symptoms were recorded, enter Not Collected.
Dependent Fields					
Validation	Validate symptoms data	Validate symptoms data	Validate symptoms data	Validate symptoms data	Validate symptoms data. There can be multiple other symptoms
Message Code	Error_02_INVALID_SYMPTOM	Error_02_INVALID_SYMPTOM	Error_02_INVALID_SYMPTOM	Error_02_INVALID_SYMPTOM	Error_03_INVALID_SYMPTOM
Validation	Validate Field length	Validate Field length	Validate Field length	Validate Field length	Validate Field length
Message Code	Error_00_INVALID_FIELD_LENGTH	Error_00_INVALID_FIELD_LENGTH	Error_00_INVALID_FIELD_LENGTH	Error_00_INVALID_FIELD_LENGTH	Error_00_INVALID_FIELD_LENGTH
Validation					
Message Code					
Validation					
Message Code					
Validation					
Message Code					
Validation					

Medical History				
	Chronic Conditions	Types of Allergies	Influenza Like Illness Over the Past Year	Human Leukocyte Antigens
Input Type	Text Field	Text Field	Text Field	Text Field
Definition	What chronic conditions, disorders, or diseases did the subject report having?	List of all types of allergies of the subject, including foods, drugs, animals, stinging insects, or the environment.	Did the subject have a medically documented influenza like illness over the past year prior to time of sampling?	Genetic markers found on all cells of the body that determine white blood cell types. Report results of HLA testing.
Format	Text Maximum length: 250 characters	Text Maximum length: 100 characters	Text Maximum length: 17 characters	Text Maximum length: 50 characters
Value List	ALL ASM CAN CDV DER DOS END HEM HPT IMS MSK NRL OBS OTH PNC RSP URO Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access	Y N Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access
Duration	The entry must be one or more comma-separated members of the Value List. Values are case-sensitive and must be entered in all-caps.	NA is not allowed if ALL is selected for Chronic_Conditions.	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	None
Examples	DER, or ASM,OBS	peanuts, roy, or bees	N	NC
Notes	ALL = Allergies ASM = Asthma CAN = Cancer CDV = Cardiovascular disease DER = Dermatologic disorder DOS = Digestive System disease END = Endocrine Metabolic disorder HEM = Hematological disease HPT = Hepatobiliary disease IMS = Immunosuppression MSK = Musculoskeletal disorder NRL = Neurologic disorder OBS = Obesity OTH = Other: append free text to describe PNC = Pancreatic disease RSP = Respiratory disease URO = Urogenital disease Not Collected Not Provided Restricted Access		Y= Yes N= No Not Collected Not Provided Restricted Access	
Dependent Fields	Types_of_Allergies	Chronic_Conditions		
Validation	Field value should be one or more of valid values as in list. NOTE: User can enter other value by prefixing OTH*	Validate field length	Field value should be one of valid values as in list.	Validate Field length
Message Code	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH
Validation	Field length including values from the Value List and free text following OTH* must be less than 250 characters.	NA is not allowed if ALL is selected for Chronic_Conditions.		
Message Code	Error_75_INVALID_FIELD_LENGTH_OTH	Error_108_INVALID_ALLERGY_TYPE		
Validation				
Message Code				
Validation				
Message Code				
Validation				
Message Code				

Other data about the subject: Use Time of Sampling				
	Breastfeeding	Alcohol or Other Drug Dependence	Tobacco Use	Packs Per Day for How Many Years
Input Type	Text Field	Text Field	Text Field	Text Field
Definition	Was the subject breastfeeding at the time of sampling?	Was the subject dependent on alcohol or other drugs at the time of sampling?	Did the subject regularly use any form of tobacco?	Approximate packs of cigarettes or smokeless tobacco that the subject uses per day over the course of how many years
Format	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 50 characters
Value List	Y N Not Collected Not Provided Restricted Access	Y N Not Collected Not Provided Restricted Access	Y N Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access
Duration	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	NA is not allowed if Tobacco_Use is Y. If N is selected entered for Tobacco_Use, Packs_Per_Day_for_How_Many_Years must be NA.
Examples	Y	N	Y	1 pack/day for 10 years
Notes	Y= Yes N= No Not Collected Not Provided Restricted Access	Y= Yes N= No Not Collected Not Provided Restricted Access	Y= Yes N= No Not Collected Not Provided Restricted Access	
Dependent Fields			Packs_Per_Day_for_How_Many_Years	Tobacco_Use
Validation	Field value should be one of valid values as in list.	Field value should be one of valid values as in list.	Field value should be one of valid values as in list.	Validate Field length
Message Code	Error_1_INVALID_VALUE	Error_1_INVALID_VALUE	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH
Validation				If Tobacco_Use is 'Y', then 'NA' is not allowed.
Message Code				Error_148_NA_NOT_ALLOWED
Validation				
Message Code				
Validation				
Message Code				
Validation				
Message Code				
Validation				
Message Code				
Validation				

Subject's Environmental Exposure					
	Travel History	Primary Living Situation	Profession	Education	Comments
Input Type	Text Field	Text Field	Text Field	Text Field	Text Field
Definition	List all subject's travel destinations over the past month, as listed in the DPCC Country Codes list.	Brief description of the subject's living arrangement	Short description of the subject's profession	Description of the subject's highest level of education	Text describing anything else of interest related to the submission
Format	Text Maximum length: 200 characters	Text Maximum length: 50 characters	Text Maximum length: 50 characters	Text Maximum length: 30 characters	Text Maximum length: 2000 characters
Value List	ISO 3166 Standard Country Code ISO 3166 Standard Country Name NCBI Country Name Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	LL ESS ESC ESN HSS HSC HSN HES HEC HEN TSS TSC TSN OTH Not Collected Not Provided Restricted Access	Text NA
Duration	None	None	None	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	None
Examples	China, or VNM	apartment building, single family home, or homeless	teacher, farmer, or nurse	LL	NA
Notes				LL = Illiterate ESS = Some elementary school ESC = Completed elementary school ESN = Elementary education not specified HSS = Some high school HSC = Completed high school HSN = High school education not specified HES = Some higher education HEC = Completed higher education HEN = Higher education not specified TSS = Some technical school TSC = Completed technical school TSN = Technical education not specified OTH = Other; append free text to describe Not Collected Not Provided Restricted Access	
Dependent Fields					
Validation	Validate Field length	Validate Field length	Validate Field length	Field value should be one of valid values as in list. NOTE: User can enter other value by prefixing 'OTH'	Validate field length
Message Code	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH
Validation				Validate field length	
Message Code				Error_75_INVALID_FIELD_LENGTH_OTH	
Validation					
Message Code					
Validation					
Message Code					
Validation					
Message Code					
Validation					
Message Code					
Validation					