Essential Variables for COVID-19 Data Entry into WDRS

March 12, 2020

Please provide the following information in WDRS:

Name
DOB
Gender
Pregnant? (if female)
Address
Include name of facility if resides in a congregate setting
Place of work/school(s) attended
Give name of school or employer to facilitate cluster identification
Is case a HCW?
Indicate “retired” or “none” if applicable
Date of symptom onset
__/__/__
Asymptomatic?
Yes/No
Did case have pneumonia?
Collect and enter all symptoms if possible
Hospitalization?
Include admission and discharge date(s) if available
Died?
Include date of death if applicable (in person information)

Case’s exposure
International/domestic travel?
In prior 14 days to onset. Include destinations and dates of travel
Exposure to a COVID-19 case?
Include exposure details and date; give WDRS number if WA case
Visited known high risk setting
Include event names, location, and dates if applicable
(Examples: Long-term care, nursing homes, rehab facilities, schools, dialysis, healthcare settings, daycares, prisons, homeless shelters, big churches, and senior centers)

Possible transmission settings
(Named contacts, events, and public locations visited by case while symptomatic/contagious)
If worked, name of supervisor:
Include date(s), times, and contact information
Attended school/childcare?
Include date(s), times, and name of facility
Did they attend:
Meetings
Include date(s), times, location, and organizer/contact info
Large gatherings/
Events
“”
Did they have health care visits?
Include date(s), times, and name of facility
Spent time with named individual(s)
Include date(s), times, contact info, and county of residence for each contact