

## 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**

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**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