EpiTrax and MO ACTS
Data Dictionary

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Overview

The tables in the EpiTrax and MO ACTS Data Dictionaries provide a functional view of the fields and required data elements for COVID-19 tracking, case investigation, and contact tracing. This document is not intended to be a user guide or to provide training on the fields in the system. Instead, it is intended to be a simplified view and support document for data entry, case investigation, and contact tracing teams, so that users are aware of the minimally required datasets when working cases in the system.

The columns in the Data Dictionary are:

Table Columns	Column Description
ID	Section number
Tab / Object Name	Tab the data element is located on
Section	(if applicable) The section of the tab the data element is located on
Event Type	Type of event where the data element is relevant - EpiTrax only
Data Element Name	The name of the data element
Long Name	Long technical name of data element - EpiTrax only (in export)
Short Name	Short technical name of data element - EpiTrax only (in export)
Required	Is the field required to complete in EpiTrax or MO ACTS
Data Type	The field's data type (e.g. if the element is a free text field or a drop-down)
Choice Options	The options available to enter/select for this data element
Description	Description of data element

EpiTrax Data Dictionary

This section described the data used in the EpiTrax system at a functional level. It intended to provide a level of detail that allows the user to understand the data elements and their use within the system.

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
1.1	Demographic	Addresses	Morbidity	**Street**	address_at_diagnosis_street	add_street	Yes	Free Text		Street Name
1.2	Demographic	Addresses	Morbidity	**Unit number**	address_at_diagnosis_unit_number	add_unit_num	Yes	Free Text		Unit number
1.3	Demographic	Addresses	Morbidity	**State**	address_at_diagnosis_state	add_state	Yes	Dropdown		State
1.4	Demographic	Addresses	Morbidity	**County**	address_at_diagnosis_county	add_county	Yes	Dropdown		Used to determine county and region of case. Data element used for public reporting.
1.5	Demographic	Addresses	Morbidity	**Zip code**	address_at_diagnosis_zip	add_zip	Yes	Free Text		Zip Code
1.6	Demographic	Address	Morbidity	**City**	address_at_diagnosis_city	add_city	Yes	Free text		City
1.7	Demographic	Name	Morbidity	**Middle name**	person_middle_name	m_name	Yes	Free Text		Full legal middle name
1.8	Demographic	Name	Morbidity	**Parent/Guardian**	patient_parent_guardian	parent_guardian	Yes	Free Text		Parent or Guardian
1.9	Demographic	Name	Morbidity	**Last name**	person_last_name	l_name	Yes	Free Text		Full legal last name
1.10	Demographic	Name	Morbidity	**First name**	person_first_name	f_name	Yes	Free Text		Full legal first name

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
1.11	Demographic	Age	Morbidity	**Date of birth**	patient_birth_date	dob	Yes	Calendar		Date of birth
1.12	Demographic	Demographics	Morbidity	**Birth Sex**	patient_birth_sex	birth_sex	Yes	Dropdown	Additional gender identity Female Male Other Refused to Answer Transgender FTM Transgender MTF Unknown	Used to define gender. Data element used for public reporting.
1.13	Demographic	Demographics	Morbidity	**Ethnicity**	patient_ethnicity	ethnicity	Yes	Dropdown	Unknown Hispanic or Latino Not Hispanic or Latino Other Refused to Answer	Used to define ethnicity. Data element used for public reporting.
1.14	Demographic	Demographics	Morbidity	**Race**	patient_race	race	Yes	Dropdown	Unknown White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Refused to Answer Other Race	Used to define race. Data element used for public reporting.
1.15	Clinical	Disease	Morbidity	**Disease**	patient_disease	disease	Yes	Dropdown	COVID-19	Reportable condition/disease
1.16	Clinical	Disease	Morbidity	**Onset date**	patient_disease_onset_date	disease_onset_date	Yes	Calendar	patient_disease_onset_date	Earliest date between the symptom dates, the test dates, or the report date.

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
1.17	Clinical	Disease	Morbidity	**Date diagnosed**	patient_date_diagnosed	date_dx	Yes (if tested positive for COVID-19)	Calendar	patient_date_diagnosed	Date of positive test results
1.18	Clinical		Morbidity	**Was the patient hospitalized?**	patient_trisano_hospitalized	patient_trisano_hospitalized	Yes	Radio Buttons	Yes No Unknown	If person was hospitalized
1.19	Clinical	Mortality Status	Morbidity	**Died?**	patient_live	patient_live	Yes	Dropdown	Yes No Unknown	If person is deceased
1.20	Clinical	Mortality Status	Morbidity	**Died?**	patient_died	patient_died	Yes	Dropdown	Yes No Unknown	If person is deceased
1.21	Clinical	Mortality Status	Morbidity	**COVID-19 caused death?**	condition_caused_death	condition_caused_death	Yes	Dropdown	Yes No Unknown	Used to denote if patient died of illness to determine death counts. Data element used for public reporting.
1.22	Clinical	Mortality Status	Morbidity	**Date of Death**	patient_date_of_death	date_death	Yes	Dropdown	Yes No Unknown	Used for mortality analysis by date. Data element used for public reporting.
1.23	Laboratory	Labs	Morbidity	**Performing Lab**	lab_name	lab_name	Yes	Search		Laboratory that performed the test
1.24	Laboratory	Labs	Morbidity	**Ordering facility**	ordering_facility_name	N/A	Yes	Search		Facility that ordered lab tests
1.25	Laboratory	Labs	Morbidity	**Patient address at collection**	address_at_collection	(Empty)	Yes (if applicable)	Dropdown		Address of person at the time their sample/specimen was collected by the lab; contains address from Demographics tab

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
1.26	Laboratory	Labs	Morbidity	**Collection date time**	lab_collection_date	lab_coll	Yes	Calendar		Used to determine number of tests per day. Data element used for public reporting.
1.27	Laboratory	Labs	Morbidity	**Specimen source**	lab_specimen_source	sp_source	Yes	Dropdown		Location specimen was taken from
1.28	Laboratory	Labs	Morbidity	**Test type**	lab_test_type	test_type	Yes	Dropdown		Used to determine PCR, serology, or antigen. Only PCRs are used to determine case counts. Data element used for public reporting.
1.29	Laboratory	Labs	Morbidity	**Organism**	lab_organism	organism	Yes	Dropdown		The organism tested for
1.30	Laboratory	Labs	Morbidity	**Test result**	lab_test_result	result	Yes	Dropdown		Used to determine positive, negative, or indeterminate. Used to calculate positivity rates. Data element used for public reporting.
1.31	Laboratory	Labs	Morbidity	**Lab test date time**	lab_test_date	lab_test	Yes	Calendar		If collection date is null, this is used to calculate number of tests per day. Data element used for public reporting.
1.32	Contacts	Contacts	Morbidity	**Person**	N/A	N/A	Yes	Free Text	Search box to filter person's name	Name, DOB, and phone number of a contact to the COVID-19 case will

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
										be populated while completing this field
1.33	Demographic	Telephones	Contact	**Contact's Phone Number**	N/A	N/A	Yes	Free text		Case patient's contact phone number
1.34	Contacts	Contacts	Morbidity	**Contact Disposition**	contact_contact_disposition	contact_disp	Yes	Dropdown	List of different disposition statuses (Disposition is the closure code / closure description of a record)	LHDs should use the Contact Disposition field as the Date of Last Exposure for contacts to COVID-19 cases
1.35	Contacts	Contacts	Morbidity	**Disposition Date**	contact_contact_disposition_date	contact_disp_dt	Yes	Calendar		Most recent date of exposure
1.36	Investigation	Case Info and Resolution Status	Morbidity	**Date of symptom resolution/isolation ended**	2019_nCoV_col_symp_res_dt	symp_res_dt	Yes (if available)	Calendar		Date symptom resolved or isolation ended
1.37	Investigation	Exposures (in user interface) Contact Oriented (in export)	Morbidity	**Exposures**	N/A	N/A	Yes (if applicable)	Dropdown	Clinic / Doctor's Office Correctional Facility Daycare Employer Food Establishment Group Living Environment Hospital / ICP Jurisdiction Laboratory Long-term Care Facility Other Out-of-state Public Health Agency Pool Public Recreational Activities School Camp	Type of Exposure place. Used for both places the case has been exposed to in the 14 days before illness onset and locations the case may have visited during the infectious period and exposed others (2 days before onset-interview date).

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
									Military Base	
1.38	Investigation	Exposures	Morbidity	**Beginning / Ending**	place_date_of_exposure	p_date_exp	Yes	Calendar		Beginning and end of patient's visitation to location of exposure
1.39	Investigation	Exposures	Morbidity	**Street**	place_address_street_name	p_str_name	Yes	Free Text		Street name of location of exposure
1.40	Investigation	Exposures	Morbidity	**City**	place_address_city	p_city	Yes	Free Text		City of location of exposure
1.41	Investigation	Exposures	Morbidity	**State**	place_address_state	p_state	Yes	Dropdown		State of location of exposure
1.42	Investigation	Exposures	Morbidity	**Zip Code**	place_address_postal_code	p_zip	Yes	Free Text		Postal code of location of exposure
1.43	Investigation	Exposures	Morbidity	**(Area) Phone, Ext**	place_address_phone	p_phone	Yes	Free Text		Phone of location of exposure
1.44	Investigation	Exposures	Morbidity	**Description**	place_exposure_description	p_exp_desc	Yes	Free Text		Description of location of exposure
1.45	Investigation	Symptoms and Clinical Course	Morbidity	**Symptoms present (Were symptoms present during course of illness?)**	2019_nCoV_col_sympstatus	sympstatus	Yes	Radio Button	Symptomatic Asymptomatic Unknown	If person exhibited symptoms
1.46	Symptoms and Clinical Course		Morbidity	**If symptomatic, onset date**	2019_nCoV_col_onset_dt	onset_dt	Yes	Calendar		Day person began exhibiting symptoms
1.47	Administrative	Case / Outbreak	Morbidity	**LHD case status**	patient_lhd_case_status	lhd_status	Yes	Dropdown	Unknown Probable Suspect Not a Case Confirmed Discarded	Defines case status by LHD

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
									Out of State Pending	
1.48	Administrative	Case / Outbreak	Both	**Outbreak associated**	patient_outbreak_associated	out_assoc	Yes	Dropdown	Unknown Yes No	Case or contact is associated with a specific outbreak added to EpiTrax. Data element used for public reporting.
1.49	Administrative	Auditing / Jurisdiction	Morbidity	**LHD investigation / intervention started**	lhd_investigation_start_date	lhd_inv_start	Yes	Calendar		Day case investigation began
1.50	Administrative	Auditing / Jurisdiction	Morbidity	**LHD investigation completed**	patient_investigation_completed_lhd_date	in_com_lhd	Yes	Calendar		Day case investigation was completed
1.51	Administrative	Reporting Agency	Both	**Facility**	patient_reporting_agency	rep_agency	Yes	Search		Name of the reporting facility
1.52	Administrative	Auditing / Jurisdiction	Morbidity	**Investigation outcome**	patient_event_disposition	e_disposition	Yes	Dropdown	Completed Lost to Follow Up Other Out of jurisdiction Surveillance Unable to locate	Outcome of investigation
1.53	Demographic	Name	Contact	**Last name**	person_last_name	l_name	Yes	Free Text		Full legal last name
1.54	Demographic	Name	Contact	**First name**	person_first_name	f_name	Yes	Free Text		Full legal first name
1.55	Demographic	Demographics	Contact	**Birth Sex**	patient_birth_sex	birth_sex	Yes	Dropdown	Additional gender identity Female Male Other Refused to Answer Transgender FTM	Used to define gender

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
									Transgender MTF Unknown	
1.56	Demographic	Demographics	Contact	**Ethnicity**	patient_ethnicity	ethnicity	Yes	Dropdown	Unknown Hispanic or Latino Not Hispanic or Latino Other Refused to Answer	Used to define ethnicity
1.57	Demographic	Demographics	Contact	**Race**	patient_race	race	Yes	Dropdown	Unknown White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Refused to Answer Other Race	Used to define race
1.58	Contacts	Contacts	Contact	**Contact Disposition**	contact_contact_disposition	contact_disp	Yes	Dropdown		List of disposition types. (Disposition is the closure code/closure description of a record.)
1.59	Contacts	Contacts	Contact	**Disposition Date**	contact_contact_disposition_date	contact_disp_dt	Yes	Calendar		Most recent date of exposure
1.60	Investigation	Assessment	Contact	**Date of last exposure**	N/A	N/A	Yes	Calendar		Most recent date of exposure
1.61	Demographic	Age	Contact	**Date of birth**	patient_birth_date	dob	Yes	Calendar		Date of birth
1.62	Investigation	Past Medical and Social History	Morbidity	**If female, currently pregnant**	2019_nCoV_col_pregnant_yn	pregnant_yn	Yes	Dropdown	Yes No Unknown	Status and timeline of pregnancy/gestation

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
1.63	Investigation	Past Medical and Social History	Morbidity	**Trimester**	2019_nCoV_col_pregnant_trimester	pregnant_trimester	Yes (if female and if pregnant)	Dropdown	First Second Third Unknown	Trimester
1.64	Investigation	Past Medical and Social History	Morbidity	**Number of weeks of gestation**	2019_nCoV_col_pregnant_weeks	pregnant_weeks	Yes (if female and if pregnant)	Dropdown	<=7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 31 33 34 Unknown	Number of weeks of gestation
1.65	Clinical	Facility / Clinician/ Hospitalized status	Morbidity	**Visit start**	patient_visit_start_date	patient_visit_start_date	Yes	Calendar		Date of admission to hospital for associated condition

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
1.66	Clinical	Facility / Clinician/ Hospitalized status	Morbidity	**Visit end**	patient_visit_end_date	patient_visit _end_date	Yes	Calendar		Date of discharge from hospital for associated condition
1.67	Demographic	Name	Contact	**Middle name**	person_middle_name	m_name	Yes (if known)	Free Text		Full legal middle name
1.68	Administrative	Case / Outbreak	Both	**Outbreak name**	outbreak_name	o_name	Yes	Dropdown		Name of associated outbreak
1.69	Administrative	Event Information	Both	**Event id**	patient_event_id	e_id	No	Automatic		Event ID
1.70	Administrative	Event Information	Both	**MMWR week**	patient_mmwr_week	mmwr_wk	No	Automatic		
1.71	Administrative	Event Information	Both	**MMWR year**	patient_mmwr_year	mmwr_yr	No	Automatic		
1.72	Administrative	Reported Dates	Morbidity	**Date CDC was fist verbally notified**	patient_sent_to_cdc	sent_cdc	No	Calendar		Date the CDC was notified of the case
1.73	Administrative	Event Information	Both	**Date record created**	patient_event_created_date	ev_creat	No	Automatic		Date the record was created
1.74	Administrative	Event Information	Both	**Record number**	parent_record_number	p_rec_no	No	Automatic		Patient record number
1.75	Administrative	Case / Outbreak	Morbidity	**State case status**	patient_state_case_status	st_status	No	Dropdown	Unknown Probable Suspect Not a Case Confirmed Discarded Out of State Pending	State definition of case status
1.76	Administrative	Case / Outbreak	Both	**Queue**	patient_event_queue	e_queue	No	Dropdown	Not assigned to queue	If patient event has been assigned. (State of MO is not

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
										currently using this field.)
1.77	Administrative	Auditing / Jurisdiction	Both	Event name	patient_event_name e	event_name	No	Free Text		Name of event
1.78	Administrative	Reporter	Both	Last name	patient_reporter_last_name	r_l_name	No	Free Text		Reporter last name
1.79	Administrative	Reporter	Both	First Name	patient_reporter_first_name	r_f_name	No	Free Text		Reporter first name
1.80	Administrative	Reporter	Both	Phone Number	patient_reporter_phone_phone_number	r_ph_num	No	Free Text		Reporter phone number
1.81	Administrative	Reported Dates	Both	Date CDC was first verbally notified	cdc_first_verbally_notified_date	cdc_1st_not_date	No	Calendar		Date CDC was notified of the case
1.82	Administrative	Reported Dates	Both	Date first reported to public health	patient_first_reported_ph_date	report_ph	No	Calendar		Date case was first reported to public health
1.83	Administrative	Reported Dates	Both	Results reported to LHD	patient_results_reported_to_lhd	lhd_report	No	Calendar		Date patient's results were first reported to LHD
1.84	Clinical	Facility / Clinician/ Hospitalized status	Both	Health facility	person_facility_name e	person_facility_name	No	Search		Health facility
1.85	Clinical	Facility / Clinician/ Hospitalized status	Both	Type	person_facility_type	person_facility_type	No	Automatic		Type of health facility
1.86	Clinical	Facility / Clinician/ Hospitalized status	Both	Visit type	person_facility_visit_type	person_facility_visit_type	No	Dropdown	Inpatient Outpatient Unknown	Type of visit to health facility

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
1.87	Clinical	Facility / Clinician/ Hospitalized status	Both	**Medical record number**	patient_medical_record_no	patient_medical_record_no	No	Free Text		Medical record number of patient
1.88	Clinical	Facility / Clinician/ Hospitalized status	Both	**Address / Phone**	person_facility_county	person_facility_county	No	Automatic		County of facility/clinician
1.89	Clinical	Facility / Clinician/ Hospitalized status	Both	**Address / Phone**	person_facility_state	person_facility_state	No	Automatic		State of facility/clinician
1.90	Clinical	Facility / Clinician/ Hospitalized status	Both	**Address / Phone**	person_facility_street	person_facility_street	No	Automatic		Street of facility/clinician
1.91	Clinical	Facility / Clinician/ Hospitalized status	Both	**Address / Phone**	person_facility_address_zip	person_facility_address_zip	No	Automatic		ZIP code of facility/clinician
1.92	Clinical	Facility / Clinician/ Hospitalized status	Both	**Address / Phone**	person_facility_address_city	person_facility_address_city	No	Automatic		City of facility/clinician
1.93	Clinical	Facility / Clinician/ Hospitalized status	Both	**COVID-19 caused hospitalization?**	patient_hospitalized_for_condition	patient_hospitalized_for_condition	No	Dropdown	Yes No Unknown	If patient was hospitalized for COVID-19
1.94	Clinical	Facility / Clinician/ Hospitalized status	Both	**Clinician**	clinician_last_name	clinician_last_name	No	Search		Last name of clinician
1.95	Clinical	Facility / Clinician/	Both	**Clinician**	clinician_first_name	clinician_first_name	No	Search		First name of clinician

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
		Hospitalized status								
1.96	Clinical	Facility / Clinician/ Hospitalized status	Both	**Clinician**	clinician_middle_name	clinician_middle_name	No	Search		Middle name of clinician
1.97	Clinical	Facility / Clinician/ Hospitalized status	Both	**Clinician**	clinician_phone	clinician_phone	No	Search		Phone number of clinician
1.98	Clinical	Facility / Clinician/ Hospitalized status	Both	**Facility Comment**	person_facility_comment	person_facility_comment	No	Free Text		Comments about health facility
1.99	Clinical	Pregnancy Status	Both	**Expected delivery date**	patient_pregnancy_due_date	due_date	No	Calendar		Pregnancy (only appears if person is female and pregnant)
1.100	Clinical	Pregnancy Status	Both	**Insurance mother**	mother_insurance_status	mother_insurance_status	No	Dropdown	Uninsured Insured Medicaid	Mother's insurance status (only appears if person is female and pregnant)
1.101	Clinical	Pregnancy Status	Both	**Insurance infant**	infant_insurance_status	infant_insurance_status	No	Dropdown	Uninsured Insured Medicaid	Child's insurance status (only appears if person is female and pregnant)
1.102	Clinical	Pregnancy Status	Both	**Expected delivery facility**	expected_delivery_facility_name	expected_delivery_facility	No	Search		Expected delivery facility (only appears if person is female and pregnant)
1.103	Clinical	Pregnancy Status	Both	**Actual delivery date**	actual_delivery_facility_actual_delivery_date	actual_delivery_date	No	Calendar		Actual delivery date (only appears if person is female and pregnant)

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
1.104	Clinical	Pregnancy Status	Both	**Actual delivery facility**	actual_delivery_facility_name	actual_delivery_facility	No	Search		Actual delivery location (only appears if person is female and pregnant)
1.105	Clinical	Pregnancy Status	Both	**Outcome**	person_pregnant_outcome	pregnant_outcome	No	Dropdown	Delivered Twins/multiple infants False positive Miscarried/pregnancy terminated Left state before delivery Enrolled after delivery Refused participation	Outcome of pregnancy (only appears if person is female and pregnant)
1.106	Clinical	Treatments	Both	**Treatment given?**	treatment_given	tx_given	No	Dropdown	Yes No Unknown	If treatment was administered
1.107	Clinical	Treatments	Both	**Treatment**	treatment_name	tx	No	Dropdown	Remdesivir	Name of treatment
1.108	Clinical	Treatments	Both	**Treatment date**	treatment_date	tx_date	No	Calendar		Date treatment began/was given
1.109	Clinical	Treatments	Both	**Treatment stop**	stop_treatment_date	stop_tx_dt	No	Calendar		Date treatment ended
1.110	Clinical	Treatments	Both	**Quantity**	treatment_quantity	tx_quantity	No	Free Text		Amount of the treatment given
1.111	Clinical	Treatments	Both	**Treatment form**	treatment_form	tx_form	No	Dropdown	Intravenous (IV) Intramuscular (IM) Oral Topical Other/Unknown	Method treatment was administered
1.112	Clinical	Treatments	Both	**Treatment comment**	treatment_comment	tx_cmt	No	Free Text		Comments about treatment
1.113	Clinical	Treatments	Both	**Status**	treatment_status	tx_status	No	Dropdown	Prescribed Administered	Status of treatment

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
1.114	Contacts	Contacts	Both	**Record #**	contact_record_number	contact_record	No	Automatic		Contact record number
1.115	Contacts	+ Create New Person	Both	**First name**	contact_first_name	contact_f_name	No	Free Text		First name of contact
1.116	Contacts	+ Create New Person	Both	**Last name**	contact_last_name	contact_l_name	No	Free Text		Last name of contact
1.117	Contacts	Contacts	Both	**Contact Type**	contact_contact_type	contact_cntct_type	No	Dropdown		Type of contact
1.118	Demographic	Age	Both	**Current age**	patient_current_age	current_age	No	Automatic		Person's current age
1.119	Demographic	Age	Both	**Age at event date**	patient_age_at_event_in_years	e_age	No	Automatic		Used to define age groups. Data element used for public reporting.
1.120	Demographic	Age	Both	**Age at onset**	patient_age_at_onset_in_years	o_age	No	Automatic		Person's age at onset
1.121	Demographic	Addresses	Both	**Street**	current_address_street	curr_add_street	No	Free Text		Current address - street
1.122	Demographic	Addresses	Both	**Unit number**	current_address_unit_number	curr_add_unit_num	No	Free Text		Current address - unit
1.123	Demographic	Addresses	Both	**Earliest known**	address_at_diagnosis_earliest	add_earliest	No	Calendar		Earliest known address
1.124	Demographic	Addresses	Both	**Moved**	address_at_diagnosis_moved	add_moved	No	Calendar		Date patient moved
1.125	Demographic	Addresses	Both	**City**	current_address_city	curr_add_city	No	Free Text		Current address - city
1.126	Demographic	Addresses	Both	**State**	current_address_state	curr_add_state	No	Dropdown		Current address - state
1.127	Demographic	Addresses	Both	**County**	current_address_county	curr_add_county	No	Dropdown		Current address - county

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
1.128	Demographic	Addresses	Both	**Zip code**	current_address_zip	curr_add_zip	No	Free Text		Current address - ZIP code
1.129	Demographic	Addresses	Both	**Earliest known**	current_address_earliest	curr_add_earliest	No	Calendar		Current address - earliest date
1.130	Demographic	Email Addresses	Both	**Email Address**	person_email	p_email	No	Free Text		Patient email address
1.131	Demographic	Demographics	Both	**Country of Birth**	person_country_of_birth	p_ctry_birth	No	Free Text		Patient country of birth
1.132	Demographic	Demographics	Both	**Current gender**	patient_current_gender	current_gender	No	Dropdown	Additional gender identity Female Male Other Refused to Answer Transgender FTM Transgender MTF Unknown	Patient gender
1.133	Demographic	Demographics	Both	**Primary language**	person_primary_language	primary_language	No	Dropdown		Patient's primary language
1.134	Demographic	Event Info	Contact	**Contact type**	contact_type	c_type	No	Dropdown		Type of contact
1.135	Encounters	Encounters	Both	**Encounter date time**	encounter_date	encounter_date	No	Calendar		Date of encounter
1.136	Encounters	Encounters	Both	**Description**	encounter_description	encounter_desc	No	Free Text		Description of encounter
1.137	Investigation	Contact Oriented	Both	**Food handler**	patient_food_handler	food	No	Dropdown	Unknown Yes No	If patient had contact with food handler
1.138	Investigation	Contact Oriented	Both	**Health care worker**	patient_healthcare_worker	HCW	No	Dropdown	Unknown Yes No	If patient had contact with healthcare worker

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
1.139	Investigation	Contact Oriented	Both	**Group living**	patient_group_living	gp_living	No	Dropdown	Unknown Yes No	If patient was in group living
1.140	Investigation	Contact Oriented	Both	**Day case association**	patient_day_care_association	daycare	No	Dropdown	Unknown Yes No	If patient was associated with day case
1.141	Investigation	Contact Oriented	Both	**Occupation**	patient_occupation	occupation	No	Free Text		Occupation of patient
1.142	Investigation	Exposures	Both	**Place name**	place_name	p_name	No	Free Text		Name of exposure location
1.143	Investigation	Other	Both	**Transmission mode**	transmission_mode	trans_mode	No	Dropdown		Mode of transmission
1.144	Investigation	Other	Both	**Binational reporting criteria**	binational_reporting_criteria	binat_rep	No	Dropdown	Exposure to suspected product from Canada or Mexico Has case contacts in or from Mexico or Canada Other situations that may require binational notification or coordination of response Potentially exposed by a resident of Mexico or Canada Potentially exposed while in Mexico or Canada Resident of Canada or Mexico	Binational reporting criteria
1.145	Investigation	Other	Both	**Risk factors**	patient_risk_factors	risk_fact	No	Free Text		Risk factors for patient

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
1.146	Investigation	Other	Both	**Risk factor notes**	patient_risk_factors_notes	risk_notes	No	Free Text		Supporting notes for risk factors for patient
1.147	Investigation	Other	Both	**Imported from**	patient_imported_from	import	No	Dropdown	Indigenous Outside U.S. Outside of County Out of State Unknown	Location disease imported from
1.148	Investigation	Other	Both	**Other data 1**	other_data_1	other_data1	No	Free Text		
1.149	Investigation	Other	Both	**Other data 2**	other_data_2	other_data2	No	Free Text		
1.150	Laboratory	Labs	Both	**Result value**	lab_result_value	value	No	Free Text		Value of lab result
1.151	Laboratory	Labs	Both	**Units**	lab_units	units	No	Free Text		Units of lab results
1.152	Laboratory	Labs	Both	**Reference range**	lab_reference_range	ref_range	No	Free Text		Reference range for lab results
1.153	Laboratory	Labs	Both	**Test status**	lab_test_status	status	No	Dropdown	Pending Preliminary result Final Corrected or Amended	Lab test status
1.154	Laboratory	Labs	Both	**Accession no**	lab_accession_no	l_accession	No	Free Text		Specimen ID #
1.155	Laboratory	Labs	Both	**Comment**	lab_comment	lab_comment	No	Free Text		Comments on lab
1.156	Laboratory	Labs	Both	**Specimen sent to state lab?**	lab_specimen_sent_to_state	spec_sent	No	Dropdown	No Unknown Yes	Question asking whether the lab was sent to the state lab
1.157	Laboratory	Labs	Both	**Antimicrobial agent**	lab_suscept_test_agent	lab_suscept_test_agent	No	Dropdown		What is the antimicrobial test agent

ID	Tab	Section	Event Type	Data Element Name	Long Name	Short Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
1.158	Laboratory	Labs	Both	**Result value**	lab_suscept_test_result_value	lab_suscept_test_result_value	No	Free Text		What is the antimicrobial test result value
1.159	Laboratory	Labs	Both	**Result**	lab_suscept_test_result	lab_suscept_test_result	No	Dropdown	Susceptible Resistant Indeterminate	What is the antimicrobial test result
1.160	Laboratory	Labs	Both	**Test date**	lab_suscept_test_date	lab_suscept_test_date	No	Calendar		Lab test date for susceptibility
1.161	Laboratory	Labs	Both	**Ordering clinician**	ordering_clinician	o_clinician	No	Search		Ordering clinician for lab
1.162	Notes	Notes	Both	**Notes**	All_Notes	All_Notes	No	Free Text		All free form text from Notes tab
1.163	Top bar in event records. Under Demographic -> Name (exports)	N/A	Both	**Person ID**	Person_id	p_id	No	Automatic	N/A	Person ID number, unique identifier. Data element used for public reporting
1.164	Top bar in event records. Under Administrative -> Event Information (exports)	N/A	Both	**Jurisdiction of Investigation**	Patient_jurisdiction_of_investigation	jur_inv	No	Automatic	All local jurisdictions in MO	Jurisdiction investigating event, selected in workflow options. Data element used for public reporting

MO ACTS Data Dictionary

This section describes the data used in the system at a functional level. It is intended to provide a level of detail that allows the user to understand the data elements and their use within the system.

* = the field is imported from EpiTrax

ID	Object Name (Tab)	Section	Data Element Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
2.1	Contact Case	Symptoms	**Abdominal Pain**	N	Dropdown	Yes No Unknown	Symptom if contact has abdominal pain
2.2	Contact Case	Home Assessment	**Able to Self-Isolate**	N	Dropdown	Yes No	If the patient has the ability to isolate away from other household members
2.3	Person Account	Details	**Account Name**	Y	Read Only		The name of the contact's account
2.4	Person Account	Details	**Age**	N	Text Field		Age
2.5	Contact Case	Testing Information	**Agreed to Test**	N	Checkbox		If contact has agreed to get a COVID-19 test
2.6	Contact Case	Home Assessment	**At Risk Household Members**	N	Dropdown	Are more than 65 years old Chronic Conditions Diabetes Chronic kidney disease Chronic lung disease Liver disease Cardiovascular disease Are immunocompromised Cancer patients Receiving chemotherapy Patients on immunosuppressant drugs Have other Risks Extreme Obesity On Dialysis	If the contact has household members at risk with any of the available underlying conditions

ID	Object Name (Tab)	Section	Data Element Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
						Have received a transplant Are pregnant	
2.7	Contact Case	Symptoms	**Automated Monitoring Bypass**	N	Checkbox		If contact does not want to receive automated SMS messages to monitor their symptoms (manual monitoring). If this field is checked the contact case will need to be manually closed as well.
2.8	Person Account	Details	**Birthdate***	N	Calendar		Date of Birth
2.9	Contact Case	Clinical Information	**Case Hospitalized**	N	Dropdown	Yes No Unknown	If the contact has been hospitalized from COVID-19
2.10	Contact Case	System Information	**Case Origin**	N/A	Dropdown	Email Phone Web Web-flow Test Result EpiTrax	The origin of the contact's case and is prepopulated by EpiTrax
2.11	Contact Case	System Information	**Case Owner**	N/A	Read Only		Displays the name of the contact case owner
2.12	Contact Case	EpiTrax Attributes	**Case Record Number***	N/A	Read Only		This field is used to search back within EpiTrax for information about the case record
2.13	Contact Case	Case Information	**Case Record Type**	N/A	Read Only		Contact cases will always be the Contact Outreach record type and this is a back-end field.
2.14	Contact Case	Symptoms	**Chest Pain**	N	Dropdown	Yes No Unknown	Symptom if contact has chest pain
2.15	Contact Case	Symptoms	**Chills**	N	Dropdown	Yes No Unknown	Symptom if contact has chills

ID	Object Name (Tab)	Section	Data Element Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
2.16	Contact Case	Case Information	**Closed Reason**	Y	Dropdown	Contact diagnosed with COVID-19 Declined Died Lost to Follow Up Other Quarantine Completed Referred to other provider Was never reached	Reason why the case can be closed
2.17	Contact Case	Case Information	**Closed Reason, If Other Please Specify**	N	Text Field		If Other was selected for Closed Reason, specify the reason
2.18	Contact Case	System Information	**Contact Name**	N/A	Read Only		Name of the contact in the MO ACTS system
2.19	Contact Case / Person Account	EpiTrax Attributes	**Contact Record Number***	N/A	Read Only		This field is used to search back within EpiTrax for information about the contact record
2.20	Contact Case	Case Information	**Contact Type***	N	Dropdown	Adult Household Animal Child by case mother Child by other mother First Responder Healthcare/Healthcare Worker High Risk Household Infant Laboratory Worker Low Risk Medium Risk Non-household Family Non-spouse sexual contact Other School/Daycare Sexual Social (e.g. friend, church, extracurricular) STD-A1 STD-A2 STD-A3 STD-Marginal Cluster	Type of contact that the person is, including household roles

ID	Object Name (Tab)	Section	Data Element Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
						STD-Marginal Contact STD-P1 STD-P2 STD-P3 STD-S1 STD-S2 STD-S3 Work	
2.21	Contact Case	Symptoms	**Cough**	N	Dropdown	Yes No Unknown	Symptom if contact has a cough
2.22	Contact Case	Case Information	**County**	N	Dropdown	All State of Missouri Counties	County
2.23	Person Account	Details	**County**	N	Dropdown	All State of Missouri Counties	County
2.24	Contact Case	System Information	**Created By**	N/A	Read Only		The integration user who created the case
2.25	Contact Case	Case Information	**Date of Death**	N	Calendar		Date of person's death
2.26	Contact Case	Case Information	**Date/Time Closed**	N/A	Read Only		The date and time the case was closed
2.27	Contact Case	Case Information	**Date/Time Opened**	N/A	Read Only		The date and time the case was opened
2.28	Contact Case	System Information	**Description**	N	Text Field		System information description
2.29	Contact Case	Symptoms	**Diarrhea**	N	Dropdown	Yes No Unknown	Symptom if contact has diarrhea
2.30	Contact Case	Symptoms	**Difficulty Breathing**	N	Dropdown	Yes No Unknown	Symptom if contact has difficulty breathing

ID	Object Name (Tab)	Section	Data Element Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
2.31	Contact Case	Clinical Information	**Does Contact have a Provider**	N	Dropdown	Yes No Unknown	If person has a medical provider
2.32	Contact Case	Clinical Information	**Does contact know about their exposure?**	N	Dropdown	Yes No Unknown	If the contact is aware of their exposure already
2.33	Person Account	Details	**Email***	N	Text Field		Email of contact
2.34	Account	Personal Details	**Employer Address**	N	Text Field		Address of employer
2.35	Account	Personal Details	**Employer City**	N	Text Field		City of employer
2.36	Account	Personal Details	**Employer Name**	N	Text Field		Name of employer
2.37	Account	Personal Details	**Employer Phone**	N	Text Field		Phone number of employer
2.38	Account	Personal Details	**Employer State**	N	Dropdown	All US States American Samoa District of Columbia Federated Micronesia Northern Mariana Islands Out of Country Palau Puerto Rico Unknown	State of employer
2.39	Contact Case	EpiTrax Attributes	**EpiTrax Case CMR***	N/A	Read Only		This field is the Confidential Morbidity Report (CMR) for the contact's parent patient in EpiTrax and links the case record back to the original positive case and groups households together in MO ACTS
2.40	Contact Case	EpiTrax Attributes	**EpiTrax Contact CMR***	N/A	Read Only		This field is what links together EpiTrax and MO ACTS cases. The EpiTrax identifier (record

ID	Object Name (Tab)	Section	Data Element Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
							number) for the morbidity event. CMR numbers are auto generated IDs in EpiTrax.
2.41	Contact Case	Symptoms	**Fatigue**	N	Dropdown	Yes No Unknown	Symptom if contact has fatigue
2.42	Contact Case	Symptoms	**Fever**	N	Dropdown	Yes No Unknown	Symptom if contact has a fever
2.43	Contact Case	Symptoms	**Fever Temperature**	N	Dropdown	Yes No Unknown	The contact's temperature
2.44	Contact Case	Symptoms	**Feverish**	N	Dropdown	Yes No Unknown	Symptom if the contact is feverish
2.45	Person Account	Details	**First Name***	N	Text Field		Full legal first name
2.46	Account	Personal Details	**Gender***	N	Dropdown	Female Male Other UNKNOWN Refused to Answer Transgender FTM Transgender MTF Additional gender identity	The contact's gender identity
2.47	Contact Case	Testing Information	**Have you already been tested?**	N	Checkbox		If the contact has already been tested for COVID-19
2.48	Contact Case	Symptoms	**Headache**	N	Dropdown	Yes No Unknown	Symptom if contact has a headache
2.49	Account	Personal Details	**Hispanic***	N	Dropdown	None Hispanic or Latino Not Hispanic or Latino Refused to Answer	Ethnicity of contact

ID	Object Name (Tab)	Section	Data Element Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
						Unknown Other	
2.50	Person Account	Details	**Home Phone***	N	Text Field		Home Phone number
2.51	Contact Case	Case Information	**Interview Complete**	N	Checkbox		If the person has successfully been interviewed by a contact tracer
2.52	Contact Case	Case Information	**Interview Completed Date**	N	Calendar		The date the interview was completed
2.53	Contact Case	Case Information	**Investigating Agency***	N/A	Read Only		Agency that conducts investigation of the probable or confirmed COVID-19 case
2.54	Contact Case	Case Information	**Is Healthcare Worker?**	N	Dropdown	Yes No Unknown	If contact is a healthcare worker
2.55	Account	Personal Details	**Is in congregate setting**	N	Checkbox		If the contact is in a congregate setting
2.56	Contact Case	Case Information	**Is My Team**	N/A	Read Only		This is a back-end system field that determines logic for assigning the contact to a primary jurisdiction
2.57	Person Account	Personal Details	**Language***	N	Dropdown	English Amharic Arabic Armenian Chinese French German Haitian Creole Hindi Italian Japanese Korean Nepali Pashto	The contact's primary language

ID	Object Name (Tab)	Section	Data Element Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
						Polish Portuguese Russian Serbo-Croatian Spanish Swahili Tagalog Thai Vietnamese Unknown Cambodian Chamorro Chuukese Farsi Gujarati Hmong Lao Native American Samoan Somali Tongan Rohingya Burmese K'iche	
2.58	Contact Case	Case Information	**Last Exposure Date***	N	Calendar		The most recent date of exposure
2.59	Contact Case	System Information	**Last Modified By**	N/A	Read Only		The last MO ACTS user who modified the case record
2.60	Person Account	Details	**Last Name***	Y	Text Field		Full legal last name
2.61	Contact Case	Symptoms	**Loss Of Smell**	N	Dropdown	Yes No Unknown	Symptom if contact has loss of smell
2.62	Person Account	Details	**Mailing Address***	N	Text Field		Address
2.63	Person Account	Details	**Mailing City***	N	Text Field		City
2.64	Person Account	Details	**Mailing Country***	N	Dropdown	United States	Country of Residence

ID	Object Name (Tab)	Section	Data Element Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
2.65	Person Account	Details	**Mailing State/Providence***	N	Dropdown	All US States American Samoa District of Columbia Federated Micronesia Northern Mariana Islands Out of Country Palau Puerto Rico Unknown	State/providence
2.66	Person Account	Details	**Mailing Street***	N	Text Field		Street Name
2.67	Person Account	Details	**Mailing Zip/Postal Code***	N	Text Field		Five-digit zip Code
2.68	Person Account	Details	**Middle Name***	N	Text Field		Full legal middle name
2.69	Person Account	Details	**Mobile***	N	Text Field		Mobile phone number
2.7	Contact Case	Symptoms	**Muscle Aches & Pains**	N	Dropdown	Yes No Unknown	Symptom if contact has muscle aches and pains
2.71	Person Account	Personal Details	**Next of Kin Name***	N	Text Field		The contact's closest living relative
2.72	Person Account	Personal Details	**Next of Kin Notes**	N	Text Field		Notes on the contact's next of kin
2.73	Person Account	Personal Details	**Next of Kin Phone Number**	N	Text Field		The phone number of the contact's next of kin
2.68	Person Account	Details	**Middle Name***	N	Text Field		Full legal middle name
2.69	Person Account	Details	**Mobile***	N	Text Field		Mobile phone number
2.70	Contact Case	Symptoms	**Muscle Aches & Pains**	N	Dropdown	Yes No Unknown	Symptom if contact has muscle aches and pains
2.71	Person Account	Personal Details	**Next of Kin Name***	N	Text Field		The contact's closest living relative

ID	Object Name (Tab)	Section	Data Element Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
2.72	Person Account	Personal Details	**Next of Kin Notes**	N	Text Field		Notes on the contact's next of kin
2.73	Person Account	Personal Details	**Next of Kin Phone Number**	N	Text Field		The phone number of the contact's next of kin
2.74	Contact Case	Home Assessment	**No Referral Required**	N	Checkbox		If contact did not need a referral for resource coordination
2.75	Contact Case	Clinical Information	**Notified by Name**	N	Text Field		Who notified the contact of their exposure (if applicable)
2.76	Contact Case	Case Information	**Number of Quarantine Days**	N	Text Field		Number of quarantine days recommended for the contact to self-isolate
2.77	Account	Details	**Occupation***	N	Text Field		Occupation of the contact
2.78	Account	Details	**Other Occupation**	N	Text Field		Secondary occupation of the contact
2.79	Person Account	Details	**Other Phone***	N	Text Field		Other Phone number
2.80	Contact Case	Case Information	**Outreach Outcome**	N	Dropdown	Completed Partially completed Referred to LBOH Couldn't be reached Refused to interview Contact diagnosed with COVID-19	The outcome of the most recent outreach to the contact
2.81	Contact Case	Case Information	**Outreach Underway Date**	N/A	Read Only		The date that the case status progressed to Outreach Underway
2.82	Person Account	EpiTrax Attributes	**Person ID***	N/A	Read Only		Individually assigned identifier in EpiTrax for the person (contact)
2.83	Person Account	Details	**Person is a Minor**	N	Checkbox		If the contact is 18 years old or younger
2.84	Person Account	Details	**Primary Household**	N	Lookup		This field is the primary residence and is populated from EpiTrax.

ID	Object Name (Tab)	Section	Data Element Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
							Contact Tracers should avoid editing this field
2.85	Contact Case	System Information	**Priority**	N	Dropdown	Low Medium High	This field is the priority for the case which then defaults to medium.
2.86	Contact Case	Testing Information	**Probable or Confirmed Case**	N	Dropdown	Yes No Unknown	Does the contact have the clinical symptoms of COVID-19
2.87	Contact Case	Case Information	**Provided Quarantine Instructions**	N	Checkbox		If person was provided quarantine instructions
2.88	Contact Case	Clinical Information	**Provider Name**	N	Text Field		Name of the medical provider
2.89	Contact Case	Case Information	**Quarantine End Date**	N/A	Read Only		The end date for the contact's quarantine period
2.90	Account	Personal Details	**Race***	N	Picklist	White Other Race Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American UNKNOWN Refused to Answer	Race of contact
2.91	Contact Case	Testing Information	**Referred for Test**	N	Checkbox		If contact was referred for a COVID-19 test
2.92	Contact Case	Clinical Information	**Referred to a Provider**	N	Checkbox		If person was referred to a Provider
2.93	Contact Case	Home Assessment	**Referred to Resource Coordinator**	N	Checkbox		If contact needs a referral for resource coordination
2.94	Contact Case	Home Assessment	**Referred to Resource Coordinator Reason**	N	Picklist	Food Support for Chronic Medical Conditions Lack of Mobility or Support for ADLs Specific Household Items	Reason(s) if contact was referred to a resource coordinator

ID	Object Name (Tab)	Section	Data Element Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
						Social Network Connection Housing Medication Other	
2.95	Contact Case	Home Assessment	**Referred to Resource Coordinator, Other**	N	Text Field		Reason(s) if contact was referred to a resource coordinator if choice option not available from picklist.
2.96	Contact Case	Home Assessment	**Resource Coordination Notes**	N	Text Field		This field is for the Resource Coordinator to take notes
2.97	Contact Case	Home Assessment	**Resource Coordination Status**	N	Dropdown	Awaiting Outreach Outreach Underway Complete	This field is for the Resource Coordinator to keep track of the distribution of resources to the contact
2.98	Contact Case	Symptoms	**Rigors**	N	Dropdown	Yes No Unknown	Symptom if contact has rigors
2.99	Contact Case	Symptoms	**Runny Nose**	N	Dropdown	Yes No Unknown	Symptom if contact has runny nose
2.100	Person Account	Details	**Salutation**	N	Dropdown	Mr. Ms. Mrs. Dr. Prof.	The contact's title or honorific
2.101	Person Account	Details	**Secondary Household**	N	Lookup		This field is the secondary residence and is populated from EpiTrax. Contact Tracers should avoid editing this field
2.102	Contact Case	Testing Information	**Self-Reported Test Date**	N	Calendar		The contact's self-reported testing date
2.103	Contact Case	Testing Information	**Self-Reported Test Outcome**	N	Dropdown	Positive Negative Unknown	The contact's self-reported testing outcome

ID	Object Name (Tab)	Section	Data Element Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
2.104	Contact Case	Testing Information	**Self-Reported Testing Facility**	N	Text Field		The contact's self-reported testing facility name
2.105	Contact Case	Symptoms	**Sore Throat**	N	Dropdown	Yes No Unknown	Symptom if contact has sore throat
2.106	Contact Case	Case Information	**Speaking with Household Member**	N	Checkbox		If the contact is a member of the household
2.107	Contact Case	Case Information	**Status**	Y	Dropdown	Closed Awaiting Outreach Outreach Underway Monitoring and Support	Case status
2.108	Contact Case	Case Information	**Subject**	N	Text Field		This field is prepopulated with "Possible Contact: Month & Day"
2.109	Person Account	Details	**Suffix**	N	Text Field		The contact's suffix after their full name
2.110	Contact Case	Symptoms	**Symptom Onset Date**	N	Calendar		The date of symptom onset for contact
2.111	Contact Case	Symptoms	**Symptom Resolution Date**	N	Calendar		The date of symptom resolution for contact
2.112	Contact Case	Testing Information	**Testing Plan**	N	Dropdown	Already tested - pending results Already tested - negative results Already tested - positive results (referred to case investigation team Plan to get tested through own provider Plan to get tested - referral provided No testing planned	The contact's testing plan and outcome if applicable
2.113	Contact Case	Clinical Information	**Underlying Conditions**	N	Picklist	Diabetes High Blood Pressure (Hypertension) Severe Obesity (BMI >= 40) Cardiovascular Disease Chronic Kidney (Renal) Disease Chronic Liver Disease Chronic Lung Disease (asthma, emphysema, COPD)	Clinical information if person has underlying conditions

ID	Object Name (Tab)	Section	Data Element Name	Required? (Y/N)	Data Type	Choice Options (if Applicable)	Description
						Immunosuppressive Condition Autoimmune Disease Current Smoker Former Smoker Substance Abuse or Misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) if yes, please specify Psychological/psychiatric condition (if yes, please specify) None Other	
2.114	Person Account	Details	Unit Number	N	Text Field		Unit or Apartment Number of the contact's address
2.115	Contact Case	Symptoms	Vomiting	N	Dropdown	Yes No Unknown	Symptom if contact has vomiting
2.116	Contact Case	System Information	Web Email	N	Text Field		This is a standard Salesforce field that is not currently being used. MO ACTS is powered by Salesforce
2.117	Contact Case	Symptoms	Wheezing	N	Dropdown	Yes No Unknown	Symptom if contact has wheezing
2.118	Person Account	Details	Work Phone*	N	Text Field		Work Phone number

EpiTrax and MO ACTS Data Mapping

The following describes the data mapping between the EpiTrax and MO ACTS systems at a functional level. This table is intended to provide users with an understanding of the intersection of data between the two systems.

EpiTrax			MO ACTS		
Field Name	**Object Name**	**Field Type**	**Field Name**	**Object Name**	**Field Type**
Contact CMR	Autogenerated; not visible on page layout	Fixed	**EpiTrax Contact CMR**	Case	Fixed
Case CMR	Autogenerated; not visible on page layout	Fixed	**EpiTrax Case CMR**	Case	Fixed
Contact Record Number	Administration Tab (banner)	Fixed	**Contact Record Number**	Case/Account	Fixed
Case Record Number	Administration Tab (banner)	Fixed	**Case Record Number**	Case	Fixed
Person ID	People: Searchable field: Search for name: ID on leftmost column	Fixed	**Person ID**	Contact	Free Text
First Name	Contact: Demographic Tab	Free Text	**First Name**	Account	Free Text
Middle Name	Contact: Demographic Tab	Free Text	**Middle Name**	Account	Free Text
Last Name	Contact: Demographic Tab	Free Text	**Last Name**	Account	Free Text
Date of Birth	Contact: Demographic Tab	Dropdown	**Birthdate**	Contact	Free Text
Ethnicity	Contact: Demographic Tab	Dropdown	**Hispanic**	Account	Dropdown
Occupation		Free Text	**Occupation**	Account	Free Text
Race	Contact: Demographic Tab	Dropdown	**Race**	Account	Picklist
Email Address	Contact: Demographic Tab	Free Text	**Email**	Contact	Free Text
Telephone Type1	Contact: Demographic Tab	Free Text	**Phone 1 Type**	Contact	Free Text
Country Code	Contact: Demographic Tab	Free Text	**Phone number**	Contact	Free Text
Area Code	Contact: Demographic Tab	Free Text	**Area Code 1**	Account/Case	Free Text
Phone Number	Contact: Demographic Tab	Free Text	**Phone 1**	Account/Case	Free Text
Extension	Contact: Demographic Tab	Free Text	**Extension 1**	Contact	Free Text
Telephone Type 2	Contact: Demographic Tab	Free Text	**Phone 2 Type**	Contact	Free Text

EpiTrax			MO ACTS		
Field Name	**Object Name**	**Field Type**	**Field Name**	**Object Name**	**Field Type**
Country Code	Contact: Demographic Tab	Free Text	**Phone number**	Contact	Free Text
Area Code	Contact: Demographic Tab	Free Text	**Area Code 2**	Account	Free Text
Phone Number	Contact: Demographic Tab	Free Text	**Phone 2**	Account	Free Text
Extension	Contact: Demographic Tab	Free Text	**Extension 2**	Contact	Free Text
Telephone Type 3	Contact: Demographic Tab	Free Text	**Phone 3 Type**	Contact	Free Text
Country Code	Contact: Demographic Tab	Free Text	**Phone number**	Contact/Case	Free Text
Area Code	Contact: Demographic Tab	Free Text	**Area Code 3**	Account	Free Text
Phone Number	Contact: Demographic Tab	Free Text	**Phone 3**	Account/Case	Free Text
Extension	Contact: Demographic Tab	Free Text	**Extension 3**	Account	Free Text
Birth Sex & Current Gender	Contact: Demographic Tab	Dropdown	**Gender**	Account	Dropdown
Primary Language	Contact: Demographic Tab	Dropdown	**Language**	Contact	Dropdown
Contact Type	Contact: Demographic Tab	Dropdown	**Contact Type**	Case	Dropdown
Parent/Guardian	Contact: Demographic Tab	Free Text	**Parent/Guardian/ Next of Kin Name**	Contact	Free Text
Contact Disposition Date	Contact: Demographic Tab	Calendar	**Last Exposure date**	Case	Calendar
Street	Contact: Demographic Tab	Free Text	**Mailing Street (House / Bldg #, Street Name)**	Account	Free Text
Unit Number	Contact: Demographic Tab	Free Text	**Unit Number**	Account	Free Text
County	Contact: Demographic Tab	Provided via Geocode. Editable via Dropdown	**County**	Contact/Case	Dropdown
City	Contact: Demographic Tab	Free Text	**Mailing City**	Account	Free Text
State	Contact: Demographic Tab	Dropdown	**Mailing State, State**	Account	Dropdown
Zip Code	Contact: Demographic Tab	Free Text	**Mailing Zip Code**	Account	Free Text
Investigating Agency	Contact: Clinical Tab	Dropdown	**Investigating Agency**	Case	Free Text