

Codebook for State Foodborne Illness Reporting Laws

Prepared by the Center for Public Health Law Research Staff

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State Foodborne Illness Reporting Laws

This codebook describes the variables in a dataset that examines variation in state laws regulating foodborne illness reporting laws. This dataset is cross-sectional, and has been updated through August 2014. The jurisdictions selected for measurement are the 50 states and the District of Columbia.

ID

An identification code generated by the LawAtlas Workbench.

FIPS CODE

The Federal Information Processing Standard (FIPS) codes are a standardized set of numeric codes issued by the National Institute of Standards and Technology to ensure uniform identification of geographic entities through all federal government agencies.

JURISDICTION

This is a dropdown selection in each coding form. It includes the jurisdictions coded in the dataset.

EFFECTIVE DATE

This date (MM/DD/YYYY) is the most recent effective date of the legal text captured for this place. The effective date represents the date the policy coded was put into effect.

VALID THROUGH DATE

This date (MM/DD/YYYY) is either the last date a law or policy was in effect prior to an amendment or the last date the researcher confirmed the law or policy was in effect during the research process.

LEGAL TEXT

This is a text box that captures all legal text relevant to the coding questions. This will not download into Microsoft Excel.

Questions	
Question 1:	Does the state include a list within the text of its laws that identifies foodborne illnesses (or related conditions and events) that are required to be reported to the state or local health officer?
Question Type:	Categorical Field
Variable Name 1:	RepDisList
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, the list of reportable diseases is incorporated into the state's law by reference
Question 2:	
Question 2:	Who must report foodborne illness within the state?
Question Type:	Multi-select Categorical Field
Variable Name 2:	reporters_Clinical Laboratories
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 3:	
Question 3:	Who must report foodborne illness within the state?
Question Type:	Multi-select Categorical Field
Variable Name 3:	reporters_Physicians
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 4:	
Question 4:	Who must report foodborne illness within the state?
Question Type:	Multi-select Categorical Field
Variable Name 4:	reporters_Hospitals
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 5:	
Question 5:	Who must report foodborne illness within the state?
Question Type:	Multi-select Categorical Field
Variable Name 5:	reporters_Nurses
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes

Question 6:	Who must report foodborne illness within the state?
Question Type:	Multi-select Categorical Field
Variable Name 6:	reporters_Physician Assistants
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 7:	Who must report foodborne illness within the state?
Question Type:	Multi-select Categorical Field
Variable Name 7:	reporters_Other healthcare providers (e.g., chiropractors, veterinarians, etc.)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 8:	Where do physicians report cases of foodborne illness?
Question Type:	Categorical Field
Variable Name 8:	Rep_StateLocal
Variable Values:	1, 2, 3, 4, 5
Value Label:	1 = State public health agency/officer only
Value Label:	2 = Local public health agency/officer only
Value Label:	3 = Either State or Local public health agency/officer
Value Label:	4 = Both State and Local public health agency/officer
Value Label:	5 = Unspecified
Question 9:	Where do clinical laboratories report cases of foodborne illness?
Question Type:	Categorical Field
Variable Name 9:	LabRep_StateLocal
Variable Values:	1, 2, 3, 4, 5
Value Label:	1 = State public health agency/officer only
Value Label:	2 = Local public health agency/officer only
Value Label:	3 = Either State or Local public health agency/officer
Value Label:	4 = Both State and Local public health agency/officer
Value Label:	5 = Unspecified
Question 10:	Are health authorities required to report unidentified food-related illnesses?
Question Type:	Categorical Field

Variable Name 10:	FBIRep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 11:	Are physicians required to report both suspected and diagnosed/confirmed cases of unidentified food-related illness?
Question Type:	Categorical Field
Variable Name 11:	FBIRepSusConf
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases must be reported
Question 12:	What is the timeframe for reporting cases of unidentified food-related illness?
Question Type:	Categorical Field
Variable Name 12:	FBIRepTime
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13
Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days
Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Unspecified
Question 13:	What is the main method(s) physicians use for reporting unidentified food-related illness?
Question Type:	Multi-select Categorical Field
Variable Name 13:	fbirepmethod_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes

Question 14:	What is the main method(s) physicians use for reporting unidentified food-related illness?
Question Type:	Multi-select Categorical Field
Variable Name 14:	fbirepmethod_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 15:	What is the main method(s) physicians use for reporting unidentified food-related illness?
Question Type:	Multi-select Categorical Field
Variable Name 15:	fbirepmethod_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 16:	What is the main method(s) physicians use for reporting unidentified food-related illness?
Question Type:	Multi-select Categorical Field
Variable Name 16:	fbirepmethod_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 17:	What is the main method(s) physicians use for reporting unidentified food-related illness?
Question Type:	Multi-select Categorical Field
Variable Name 17:	fbirepmethod_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 18:	What is the main method(s) physicians use for reporting unidentified food-related illness?
Question Type:	Multi-select Categorical Field
Variable Name 18:	fbirepmethod_State database
Variable Values:	0, 1
Value Label:	0 = No

Value Label:	1 = Yes
Question 19:	What is the main method(s) physicians use for reporting unidentified food-related illness?
Question Type:	Multi-select Categorical Field
Variable Name 19:	fbirepmethod_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 20:	Must clinical laboratories submit a patient specimen/isolate for a case reported as unidentified food-related illness to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 20:	FBI_Isolate
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified
Question 21:	Does the law explicitly include “foodborne illness outbreak” as a distinct reportable condition?
Question Type:	Categorical Field
Variable Name 21:	FBDO_Rep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 22:	Are physicians required to report both suspected and confirmed foodborne illness outbreaks?
Question Type:	Categorical Field
Variable Name 22:	FBDO_RepSusConf
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only confirmed outbreaks must be reported
Question 23:	What is the timeframe for reporting foodborne illness outbreaks?
Question Type:	Categorical Field
Variable Name 23:	FBDO_RepTime
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15

Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days
Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days
Value Label:	15 = Unspecified
Question 24:	What is the primary method(s) physicians use for reporting foodborne illness outbreaks?
Question Type:	Multi-select Categorical Field
Variable Name 24:	fbdo-repmethod_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 25:	What is the primary method(s) physicians use for reporting foodborne illness outbreaks?
Question Type:	Multi-select Categorical Field
Variable Name 25:	fbdo-repmethod_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 26:	What is the primary method(s) physicians use for reporting foodborne illness outbreaks?
Question Type:	Multi-select Categorical Field
Variable Name 26:	fbdo-repmethod_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No

Value Label:	1 = Yes
Question 27:	What is the primary method(s) physicians use for reporting foodborne illness outbreaks?
Question Type:	Multi-select Categorical Field
Variable Name 27:	fbdo-repmethod_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 28:	What is the primary method(s) physicians use for reporting foodborne illness outbreaks?
Question Type:	Multi-select Categorical Field
Variable Name 28:	fbdo-repmethod_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 29:	What is the primary method(s) physicians use for reporting foodborne illness outbreaks?
Question Type:	Multi-select Categorical Field
Variable Name 29:	fbdo-repmethod_State database
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 30:	What is the primary method(s) physicians use for reporting foodborne illness outbreaks?
Question Type:	Multi-select Categorical Field
Variable Name 30:	fbdo-repmethod_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 31:	Must clinical laboratories submit patient specimens/isolates for cases identified as part of a foodborne illness outbreak to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 31:	FBDO_Isolate
Variable Values:	1, 2, 3

Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified
Question 32:	Does the law explicitly include the term “outbreak” as a distinct reportable condition?
Question Type:	Categorical Field
Variable Name 32:	OutbreakRep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 33:	Are physicians required to report both suspected and confirmed outbreaks?
Question Type:	Categorical Field
Variable Name 33:	Outbreak_SusConf
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only confirmed outbreaks
Question 34:	What is the timeframe for reporting outbreaks?
Question Type:	Categorical Field
Variable Name 34:	Outbreak_RepTime
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days
Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days

Value Label:	15 = Unspecified
Question 35:	What is the primary method(s) physicians use for reporting outbreaks?
Question Type:	Multi-select Categorical Field
Variable Name 35:	outbreak-repmethod_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 36:	What is the primary method(s) physicians use for reporting outbreaks?
Question Type:	Multi-select Categorical Field
Variable Name 36:	outbreak-repmethod_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 37:	What is the primary method(s) physicians use for reporting outbreaks?
Question Type:	Multi-select Categorical Field
Variable Name 37:	outbreak-repmethod_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 38:	What is the primary method(s) physicians use for reporting outbreaks?
Question Type:	Multi-select Categorical Field
Variable Name 38:	outbreak-repmethod_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 39:	What is the primary method(s) physicians use for reporting outbreaks?
Question Type:	Multi-select Categorical Field
Variable Name 39:	outbreak-repmethod_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes

Question 40:	What is the primary method(s) physicians use for reporting outbreaks?
Question Type:	Multi-select Categorical Field
Variable Name 40:	outbreak-repmethod_State database
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 41:	What is the primary method(s) physicians use for reporting outbreaks?
Question Type:	Multi-select Categorical Field
Variable Name 41:	outbreak-repmethod_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 42:	Must clinical laboratories submit patient specimens/isolates for cases identified as part of an outbreak to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 42:	Outbreak_Isolates
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified
Question 43:	Is campylobacteriosis a reportable condition?
Question Type:	Categorical Field
Variable Name 43:	CampRep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 44:	Are physicians required to report both suspected and diagnosed/confirmed cases of campylobacteriosis?
Question Type:	Categorical Field
Variable Name 44:	Camp_RepSusConf
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases

Question 45:	What is the timeframe for reporting cases of campylobacteriosis?
Question Type:	Categorical Field
Variable Name 45:	Camp_RepTime
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days
Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days
Value Label:	15 = Unspecified
Question 46:	What is the primary method(s) physicians use for reporting cases of campylobacteriosis?
Question Type:	Multi-select Categorical Field
Variable Name 46:	name-camp-repmethod_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 47:	What is the primary method(s) physicians use for reporting cases of campylobacteriosis?
Question Type:	Multi-select Categorical Field
Variable Name 47:	name-camp-repmethod_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 48:	What is the primary method(s) physicians use for reporting cases of campylobacteriosis?

Question Type:	Multi-select Categorical Field
Variable Name 48:	name-camp-repmethod_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 49:	What is the primary method(s) physicians use for reporting cases of campylobacteriosis?
Question Type:	Multi-select Categorical Field
Variable Name 49:	name-camp-repmethod_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 50:	What is the primary method(s) physicians use for reporting cases of campylobacteriosis?
Question Type:	Multi-select Categorical Field
Variable Name 50:	name-camp-repmethod_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 51:	What is the primary method(s) physicians use for reporting cases of campylobacteriosis?
Question Type:	Multi-select Categorical Field
Variable Name 51:	name-camp-repmethod_State database
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 52:	What is the primary method(s) physicians use for reporting cases of campylobacteriosis?
Question Type:	Multi-select Categorical Field
Variable Name 52:	name-camp-repmethod_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes

Question 53:	Are clinical laboratories required to submit a patient specimen/isolate to the state public health laboratory for cases of campylobacteriosis?
Question Type:	Categorical Field
Variable Name 53:	Camp_Isolates
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified
Question 54:	Is botulism (<i>Clostridium botulinum</i>) a reportable condition?
Question Type:	Categorical Field
Variable Name 54:	BotRep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 55:	Are physicians required to report both suspected and diagnosed/confirmed cases of botulism?
Question Type:	Categorical Field
Variable Name 55:	Bot_RepSusConf
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases
Question 56:	What is the timeframe for reporting cases of botulism?
Question Type:	Categorical Field
Variable Name 56:	Bot_RepTime
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days

Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days
Value Label:	15 = Unspecified
Question 57:	What is the primary method(s) physicians use for reporting cases of botulism?
Question Type:	Multi-select Categorical Field
Variable Name 57:	bot-repmethod_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 58:	What is the primary method(s) physicians use for reporting cases of botulism?
Question Type:	Multi-select Categorical Field
Variable Name 58:	bot-repmethod_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 59:	What is the primary method(s) physicians use for reporting cases of botulism?
Question Type:	Multi-select Categorical Field
Variable Name 59:	bot-repmethod_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 60:	What is the primary method(s) physicians use for reporting cases of botulism?
Question Type:	Multi-select Categorical Field
Variable Name 60:	bot-repmethod_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 61:	What is the primary method(s) physicians use for reporting cases of botulism?
Question Type:	Multi-select Categorical Field
Variable Name 61:	bot-repmethod_Email

Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 62:	What is the primary method(s) physicians use for reporting cases of botulism?
Question Type:	Multi-select Categorical Field
Variable Name 62:	bot-repmethod_State database
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 63:	What is the primary method(s) physicians use for reporting cases of botulism?
Question Type:	Multi-select Categorical Field
Variable Name 63:	bot-repmethod_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 64:	Must clinical laboratories submit a patient specimen/isolate for cases of botulism to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 64:	Bot_Isolates
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified
Question 65:	Is Clostridium perfringes a reportable condition?
Question Type:	Categorical Field
Variable Name 65:	ClosPerf_Rep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 66:	Are physicians required to report both suspected and diagnosed/confirmed cases of Clostridium perfringes?
Question Type:	Categorical Field
Variable Name 66:	ClosPerf_SusConf

Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases
Question 67:	What is the timeframe for reporting cases of Clostridium perfringes?
Question Type:	Categorical Field
Variable Name 67:	ClosPerf_Time
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days
Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days
Value Label:	15 = Unspecified
Question 68:	What is the primary method(s) physicians use for reporting cases of Clostridium perfringes?
Question Type:	Multi-select Categorical Field
Variable Name 68:	closperf-method_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 69:	What is the primary method(s) physicians use for reporting cases of Clostridium perfringes?
Question Type:	Multi-select Categorical Field
Variable Name 69:	closperf-method_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No

Value Label:	1 = Yes
Question 70:	What is the primary method(s) physicians use for reporting cases of Clostridium perfringes?
Question Type:	Multi-select Categorical Field
Variable Name 70:	closperf-method_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 71:	What is the primary method(s) physicians use for reporting cases of Clostridium perfringes?
Question Type:	Multi-select Categorical Field
Variable Name 71:	closperf-method_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 72:	What is the primary method(s) physicians use for reporting cases of Clostridium perfringes?
Question Type:	Multi-select Categorical Field
Variable Name 72:	closperf-method_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 73:	What is the primary method(s) physicians use for reporting cases of Clostridium perfringes?
Question Type:	Multi-select Categorical Field
Variable Name 73:	closperf-method_State database
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 74:	What is the primary method(s) physicians use for reporting cases of Clostridium perfringes?
Question Type:	Multi-select Categorical Field
Variable Name 74:	closperf-method_Unspecified
Variable Values:	0, 1

Value Label:	0 = No
Value Label:	1 = Yes
Question 75:	Must clinical laboratories submit a patient specimen/isolate for cases of Clostridium perfringes to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 75:	ClosPerf_Isolate
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified
Question 76:	Is cryptosporidiosis a reportable condition?
Question Type:	Categorical Field
Variable Name 76:	Crypto_Rep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 77:	Are physicians required to report both suspected and diagnosed/confirmed cases of cryptosporidiosis?
Question Type:	Categorical Field
Variable Name 77:	Crypto_SusConf
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases
Question 78:	What is the timeframe for reporting cases of cryptosporidiosis?
Question Type:	Categorical Field
Variable Name 78:	Crypto_Time
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days

Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days
Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days
Value Label:	15 = Unspecified
Question 79:	What is the primary method(s) physicians use for reporting cases of cryptosporidiosis?
Question Type:	Multi-select Categorical Field
Variable Name 79:	crypto-method_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 80:	What is the primary method(s) physicians use for reporting cases of cryptosporidiosis?
Question Type:	Multi-select Categorical Field
Variable Name 80:	crypto-method_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 81:	What is the primary method(s) physicians use for reporting cases of cryptosporidiosis?
Question Type:	Multi-select Categorical Field
Variable Name 81:	crypto-method_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 82:	What is the primary method(s) physicians use for reporting cases of cryptosporidiosis?
Question Type:	Multi-select Categorical Field
Variable Name 82:	crypto-method_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No

Value Label:	1 = Yes
Question 83: What is the primary method(s) physicians use for reporting cases of cryptosporidiosis?	
Question Type:	Multi-select Categorical Field
Variable Name 83:	crypto-method_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 84: What is the primary method(s) physicians use for reporting cases of cryptosporidiosis?	
Question Type:	Multi-select Categorical Field
Variable Name 84:	crypto-method_State database
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 85: What is the primary method(s) physicians use for reporting cases of cryptosporidiosis?	
Question Type:	Multi-select Categorical Field
Variable Name 85:	crypto-method_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 86: Must clinical laboratories submit a patient specimen/isolate for cases of cryptosporidiosis to the state public health laboratory?	
Question Type:	Categorical Field
Variable Name 86:	Crypto_Isolate
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified
Question 87: Is cyclosporiasis a reportable condition?	
Question Type:	Categorical Field
Variable Name 87:	Cyclo_Rep
Variable Values:	1, 2

Value Label:	1 = Yes
Value Label:	2 = No
Question 88:	Are physicians required to report both suspected and diagnosed/confirmed cases of cyclosporiasis?
Question Type:	Categorical Field
Variable Name 88:	Cyclo_SusConf
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases must be reported
Question 89:	What is the timeframe for reporting cases of cyclosporiasis?
Question Type:	Categorical Field
Variable Name 89:	Cyclo_Time
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days
Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days
Value Label:	15 = Unspecified
Question 90:	What is the primary method(s) physicians use for reporting cases of cyclosporiasis?
Question Type:	Multi-select Categorical Field
Variable Name 90:	cyclo-method_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes

Question 91:	What is the primary method(s) physicians use for reporting cases of cyclosporiasis?
Question Type:	Multi-select Categorical Field
Variable Name 91:	cyclo-method_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 92:	What is the primary method(s) physicians use for reporting cases of cyclosporiasis?
Question Type:	Multi-select Categorical Field
Variable Name 92:	cyclo-method_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 93:	What is the primary method(s) physicians use for reporting cases of cyclosporiasis?
Question Type:	Multi-select Categorical Field
Variable Name 93:	cyclo-method_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 94:	What is the primary method(s) physicians use for reporting cases of cyclosporiasis?
Question Type:	Multi-select Categorical Field
Variable Name 94:	cyclo-method_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 95:	What is the primary method(s) physicians use for reporting cases of cyclosporiasis?
Question Type:	Multi-select Categorical Field
Variable Name 95:	cyclo-method_State database
Variable Values:	0, 1
Value Label:	0 = No

Value Label:	1 = Yes
Question 96:	What is the primary method(s) physicians use for reporting cases of cyclosporiasis?
Question Type:	Multi-select Categorical Field
Variable Name 96:	cyclo-method_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 97:	Must clinical laboratories submit a patient specimen/isolate for cases of cyclosporiasis to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 97:	Cyclo_Isolate
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified
Question 98:	Is hepatitis A a reportable condition?
Question Type:	Categorical Field
Variable Name 98:	HepA_Rep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 99:	Are physicians required to report both suspected and diagnosed/confirmed cases of hepatitis A?
Question Type:	Categorical Field
Variable Name 99:	HepA_SusConf
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases
Question 100:	What is the timeframe for reporting cases of hepatitis A?
Question Type:	Categorical Field
Variable Name 100:	HepA_Time
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15

Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days
Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days
Value Label:	15 = Unspecified
Question 101:	What is the primary method(s) physicians use for reporting cases of hepatitis A?
Question Type:	Multi-select Categorical Field
Variable Name 101:	hepa-method_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 102:	What is the primary method(s) physicians use for reporting cases of hepatitis A?
Question Type:	Multi-select Categorical Field
Variable Name 102:	hepa-method_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 103:	What is the primary method(s) physicians use for reporting cases of hepatitis A?
Question Type:	Multi-select Categorical Field
Variable Name 103:	hepa-method_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes

Question 104:	What is the primary method(s) physicians use for reporting cases of hepatitis A?
Question Type:	Multi-select Categorical Field
Variable Name 104:	hepa-method_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 105:	What is the primary method(s) physicians use for reporting cases of hepatitis A?
Question Type:	Multi-select Categorical Field
Variable Name 105:	hepa-method_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 106:	What is the primary method(s) physicians use for reporting cases of hepatitis A?
Question Type:	Multi-select Categorical Field
Variable Name 106:	hepa-method_State database
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 107:	What is the primary method(s) physicians use for reporting cases of hepatitis A?
Question Type:	Multi-select Categorical Field
Variable Name 107:	hepa-method_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 108:	Must clinical laboratories submit a patient specimen/isolate for cases of hepatitis A to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 108:	HepA_Isolate
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified

Question 109:	Is listeriosis a reportable condition?
Question Type:	Categorical Field
Variable Name 109:	List_Rep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 110:	Are physicians required to report both suspected and diagnosed/confirmed cases of listeriosis?
Question Type:	Categorical Field
Variable Name 110:	List_SusConf
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases
Question 111:	What is the timeframe for reporting cases of listeriosis?
Question Type:	Categorical Field
Variable Name 111:	List_Time
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days
Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days
Value Label:	15 = Unspecified
Question 112:	What is the primary method(s) physicians use for reporting cases of listeriosis?
Question Type:	Multi-select Categorical Field

Variable Name 112:	list-method_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 113:	What is the primary method(s) physicians use for reporting cases of listeriosis?
Question Type:	Multi-select Categorical Field
Variable Name 113:	list-method_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 114:	What is the primary method(s) physicians use for reporting cases of listeriosis?
Question Type:	Multi-select Categorical Field
Variable Name 114:	list-method_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 115:	What is the primary method(s) physicians use for reporting cases of listeriosis?
Question Type:	Multi-select Categorical Field
Variable Name 115:	list-method_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 116:	What is the primary method(s) physicians use for reporting cases of listeriosis?
Question Type:	Multi-select Categorical Field
Variable Name 116:	list-method_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 117:	What is the primary method(s) physicians use for reporting cases of listeriosis?
Question Type:	Multi-select Categorical Field
Variable Name 117:	list-method_State database
Variable Values:	0, 1

Value Label:	0 = No
Value Label:	1 = Yes
Question 118:	What is the primary method(s) physicians use for reporting cases of listeriosis?
Question Type:	Multi-select Categorical Field
Variable Name 118:	list-method_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 119:	Must clinical laboratories submit a patient specimen/isolate for cases of listeriosis to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 119:	List_Isolate
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified
Question 120:	Is norovirus a reportable condition?
Question Type:	Categorical Field
Variable Name 120:	Noro_Rep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 121:	Are physicians required to report both suspected and diagnosed/confirmed cases of norovirus?
Question Type:	Categorical Field
Variable Name 121:	Noro_SusConf
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases
Question 122:	What is the timeframe for reporting cases of norovirus?
Question Type:	Categorical Field
Variable Name 122:	Noro_Time
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15

Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days
Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days
Value Label:	15 = Unspecified
Question 123:	What is the primary method(s) physicians use for reporting cases of norovirus?
Question Type:	Multi-select Categorical Field
Variable Name 123:	nor-method_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 124:	What is the primary method(s) physicians use for reporting cases of norovirus?
Question Type:	Multi-select Categorical Field
Variable Name 124:	nor-method_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 125:	What is the primary method(s) physicians use for reporting cases of norovirus?
Question Type:	Multi-select Categorical Field
Variable Name 125:	nor-method_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes

Question 126:	What is the primary method(s) physicians use for reporting cases of norovirus?
Question Type:	Multi-select Categorical Field
Variable Name 126:	noro-method_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 127:	What is the primary method(s) physicians use for reporting cases of norovirus?
Question Type:	Multi-select Categorical Field
Variable Name 127:	noro-method_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 128:	What is the primary method(s) physicians use for reporting cases of norovirus?
Question Type:	Multi-select Categorical Field
Variable Name 128:	noro-method_State database
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 129:	What is the primary method(s) physicians use for reporting cases of norovirus?
Question Type:	Multi-select Categorical Field
Variable Name 129:	noro-method_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 130:	Must clinical laboratories submit a patient specimen/isolate for cases of norovirus to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 130:	Noro_Isolate
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified

Question 131:	Is salmonellosis a reportable condition?
Question Type:	Categorical Field
Variable Name 131:	Sal_Rep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 132:	Are physicians required to report both suspected and diagnosed/confirmed cases of salmonellosis?
Question Type:	Categorical Field
Variable Name 132:	Sal_SusConf
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases
Question 133:	What is the timeframe for reporting cases of salmonellosis?
Question Type:	Categorical Field
Variable Name 133:	Sal_Time
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days
Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days
Value Label:	15 = Unspecified
Question 134:	What is the primary method(s) physicians use for reporting cases of salmonellosis?
Question Type:	Multi-select Categorical Field

Variable Name 134:	sal-method_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 135:	What is the primary method(s) physicians use for reporting cases of salmonellosis?
Question Type:	Multi-select Categorical Field
Variable Name 135:	sal-method_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 136:	What is the primary method(s) physicians use for reporting cases of salmonellosis?
Question Type:	Multi-select Categorical Field
Variable Name 136:	sal-method_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 137:	What is the primary method(s) physicians use for reporting cases of salmonellosis?
Question Type:	Multi-select Categorical Field
Variable Name 137:	sal-method_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 138:	What is the primary method(s) physicians use for reporting cases of salmonellosis?
Question Type:	Multi-select Categorical Field
Variable Name 138:	sal-method_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 139:	What is the primary method(s) physicians use for reporting cases of salmonellosis?
Question Type:	Multi-select Categorical Field
Variable Name 139:	sal-method_State database
Variable Values:	0, 1

Value Label:	0 = No
Value Label:	1 = Yes
Question 140:	What is the primary method(s) physicians use for reporting cases of salmonellosis?
Question Type:	Multi-select Categorical Field
Variable Name 140:	sal-method_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 141:	Must clinical laboratories submit a patient specimen/isolate for cases of salmonellosis to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 141:	Sal_Isolate
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified
Question 142:	Is E.coli (STEC) O157 a reportable condition?
Question Type:	Categorical Field
Variable Name 142:	STECO157_Rep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 143:	Are physicians required to report both suspected and diagnosed/confirmed cases of E.coli (STEC) O157?
Question Type:	Categorical Field
Variable Name 143:	STECO157_SusConf
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases
Question 144:	What is the timeframe for reporting cases of E.coli (STEC) O157?
Question Type:	Categorical Field
Variable Name 144:	STECO157_Time
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15

Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days
Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days
Value Label:	15 = Unspecified
Question 145:	What is the primary method(s) physicians use for reporting cases of E.coli (STEC) O157?
Question Type:	Multi-select Categorical Field
Variable Name 145:	steco157-method_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 146:	What is the primary method(s) physicians use for reporting cases of E.coli (STEC) O157?
Question Type:	Multi-select Categorical Field
Variable Name 146:	steco157-method_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 147:	What is the primary method(s) physicians use for reporting cases of E.coli (STEC) O157?
Question Type:	Multi-select Categorical Field
Variable Name 147:	steco157-method_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No

Value Label:	1 = Yes
Question 148:	What is the primary method(s) physicians use for reporting cases of E.coli (STEC) O157?
Question Type:	Multi-select Categorical Field
Variable Name 148:	steco157-method_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 149:	What is the primary method(s) physicians use for reporting cases of E.coli (STEC) O157?
Question Type:	Multi-select Categorical Field
Variable Name 149:	steco157-method_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 150:	What is the primary method(s) physicians use for reporting cases of E.coli (STEC) O157?
Question Type:	Multi-select Categorical Field
Variable Name 150:	steco157-method_State database
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 151:	What is the primary method(s) physicians use for reporting cases of E.coli (STEC) O157?
Question Type:	Multi-select Categorical Field
Variable Name 151:	steco157-method_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 152:	Must clinical laboratories submit a patient specimen/isolate for cases of E.coli (STEC) O157 to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 152:	STECO157_Isolate
Variable Values:	1, 2, 3

Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified
Question 153:	Is E.coli (STEC) non-O157 a reportable condition?
Question Type:	Categorical Field
Variable Name 153:	STEC_Rep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 154:	Are physicians required to report both suspected and diagnosed/confirmed cases of E.coli (STEC) non-O157?
Question Type:	Categorical Field
Variable Name 154:	STEC_SusConf
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases
Question 155:	What is the timeframe for reporting cases of E.coli (STEC) non-O157?
Question Type:	Categorical Field
Variable Name 155:	STEC_Time
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days
Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days

Value Label:	15 = Unspecified
Question 156:	What is the primary method(s) physicians use for reporting cases of E.coli (STEC non-O157?)
Question Type:	Multi-select Categorical Field
Variable Name 156:	stec-method_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 157:	What is the primary method(s) physicians use for reporting cases of E.coli (STEC non-O157?)
Question Type:	Multi-select Categorical Field
Variable Name 157:	stec-method_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 158:	What is the primary method(s) physicians use for reporting cases of E.coli (STEC non-O157?)
Question Type:	Multi-select Categorical Field
Variable Name 158:	stec-method_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 159:	What is the primary method(s) physicians use for reporting cases of E.coli (STEC non-O157?)
Question Type:	Multi-select Categorical Field
Variable Name 159:	stec-method_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 160:	What is the primary method(s) physicians use for reporting cases of E.coli (STEC non-O157?)
Question Type:	Multi-select Categorical Field
Variable Name 160:	stec-method_Email
Variable Values:	0, 1

Value Label:	0 = No
Value Label:	1 = Yes
Question 161:	What is the primary method(s) physicians use for reporting cases of E.coli (STEC) non-O157?
Question Type:	Multi-select Categorical Field
Variable Name 161:	stec-method_State database
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 162:	What is the primary method(s) physicians use for reporting cases of E.coli (STEC) non-O157?
Question Type:	Multi-select Categorical Field
Variable Name 162:	stec-method_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 163:	Must clinical laboratories submit a patient specimen/isolate for cases of E.coli (STEC) non- O157to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 163:	STEC_Isolate
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified
Question 164:	Is shigellosis a reportable condition?
Question Type:	Categorical Field
Variable Name 164:	Shig_Rep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 165:	Are physicians required to report both suspected and diagnosed/confirmed cases of shigellosis?
Question Type:	Categorical Field
Variable Name 165:	Shig_SusConf

Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases
Question 166:	What is the timeframe for reporting cases of shigellosis?
Question Type:	Categorical Field
Variable Name 166:	Shig_Time
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days
Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days
Value Label:	15 = Unspecified
Question 167:	What is the primary method(s) physicians use for reporting cases of shigellosis?
Question Type:	Multi-select Categorical Field
Variable Name 167:	shig-method_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 168:	What is the primary method(s) physicians use for reporting cases of shigellosis?
Question Type:	Multi-select Categorical Field
Variable Name 168:	shig-method_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes

Question 169:	What is the primary method(s) physicians use for reporting cases of shigellosis?
Question Type:	Multi-select Categorical Field
Variable Name 169:	shig-method_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 170:	What is the primary method(s) physicians use for reporting cases of shigellosis?
Question Type:	Multi-select Categorical Field
Variable Name 170:	shig-method_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 171:	What is the primary method(s) physicians use for reporting cases of shigellosis?
Question Type:	Multi-select Categorical Field
Variable Name 171:	shig-method_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 172:	What is the primary method(s) physicians use for reporting cases of shigellosis?
Question Type:	Multi-select Categorical Field
Variable Name 172:	shig-method_State database
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 173:	What is the primary method(s) physicians use for reporting cases of shigellosis?
Question Type:	Multi-select Categorical Field
Variable Name 173:	shig-method_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes

Question 174:	Must clinical laboratories submit a patient specimen/isolate for cases of shigellosis to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 174:	Shig_Isolate
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified
Question 175:	Is toxoplasmosis a reportable condition?
Question Type:	Categorical Field
Variable Name 175:	Tox_Rep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 176:	Are physicians required to report both suspected and diagnosed/confirmed cases of toxoplasmosis?
Question Type:	Categorical Field
Variable Name 176:	Tox_SusConf
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases
Question 177:	What is the timeframe for reporting cases of toxoplasmosis?
Question Type:	Categorical Field
Variable Name 177:	Tox_Time
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days

Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days
Value Label:	15 = Unspecified
Question 178:	What is the primary method(s) physicians use for reporting cases of toxoplasmosis?
Question Type:	Multi-select Categorical Field
Variable Name 178:	tox-method_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 179:	What is the primary method(s) physicians use for reporting cases of toxoplasmosis?
Question Type:	Multi-select Categorical Field
Variable Name 179:	tox-method_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 180:	What is the primary method(s) physicians use for reporting cases of toxoplasmosis?
Question Type:	Multi-select Categorical Field
Variable Name 180:	tox-method_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 181:	What is the primary method(s) physicians use for reporting cases of toxoplasmosis?
Question Type:	Multi-select Categorical Field
Variable Name 181:	tox-method_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes

Question 182:	What is the primary method(s) physicians use for reporting cases of toxoplasmosis?
Question Type:	Multi-select Categorical Field
Variable Name 182:	tox-method_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 183:	What is the primary method(s) physicians use for reporting cases of toxoplasmosis?
Question Type:	Multi-select Categorical Field
Variable Name 183:	tox-method_State database
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 184:	What is the primary method(s) physicians use for reporting cases of toxoplasmosis?
Question Type:	Multi-select Categorical Field
Variable Name 184:	tox-method_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 185:	Must clinical laboratories submit a patient specimen/isolate for cases of toxoplasmosis to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 185:	Tox_Isolate
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified
Question 186:	Is vibriosis a reportable condition?
Question Type:	Categorical Field
Variable Name 186:	Vib_Rep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No

Question 187:	Are physicians required to report both suspected and diagnosed/confirmed cases of vibriosis?
Question Type:	Categorical Field
Variable Name 187:	Vib _SusConf
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases
Question 188:	What is the timeframe for reporting cases of vibriosis?
Question Type:	Categorical Field
Variable Name 188:	Vib _Time
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
Value Label:	3 = Within 1 business day
Value Label:	4 = Within 48 hours/2 calendar days
Value Label:	5 = Within 2 business days
Value Label:	6 = Within 72 hours/3 calendar days
Value Label:	7 = Within 3 business days
Value Label:	8 = Within 4 calendar days
Value Label:	9 = Within 4 business days
Value Label:	10 = Within 5 calendar days
Value Label:	11 = Within 5 business days
Value Label:	12 = Within 1 week/7 calendar days
Value Label:	13 = Within 7 business days
Value Label:	14 = More than 1 week/7 calendar days
Value Label:	15 = Unspecified
Question 189:	What is the primary method(s) physicians use for reporting cases of vibriosis?
Question Type:	Multi-select Categorical Field
Variable Name 189:	vib-method_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 190:	What is the primary method(s) physicians use for reporting cases of vibriosis?

Question Type:	Multi-select Categorical Field
Variable Name 190:	vib-method_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 191:	What is the primary method(s) physicians use for reporting cases of vibriosis?
Question Type:	Multi-select Categorical Field
Variable Name 191:	vib-method_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 192:	What is the primary method(s) physicians use for reporting cases of vibriosis?
Question Type:	Multi-select Categorical Field
Variable Name 192:	vib-method_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 193:	What is the primary method(s) physicians use for reporting cases of vibriosis?
Question Type:	Multi-select Categorical Field
Variable Name 193:	vib-method_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 194:	What is the primary method(s) physicians use for reporting cases of vibriosis?
Question Type:	Multi-select Categorical Field
Variable Name 194:	vib-method_State database
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 195:	What is the primary method(s) physicians use for reporting cases of vibriosis?
Question Type:	Multi-select Categorical Field
Variable Name 195:	vib-method_Unspecified

Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 196:	Must clinical laboratories submit a patient specimen/isolate for cases of vibriosis to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 196:	Vib_Isolate
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified
Question 197:	Is yersiniosis a reportable condition?
Question Type:	Categorical Field
Variable Name 197:	Yer_Rep
Variable Values:	1, 2
Value Label:	1 = Yes
Value Label:	2 = No
Question 198:	Are physicians required to report both suspected and diagnosed/confirmed cases of yersiniosis?
Question Type:	Categorical Field
Variable Name 198:	Yer_SusConf
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No, only diagnosed/confirmed cases
Value Label:	3 = Unspecified
Question 199:	What is the timeframe for reporting cases of yersiniosis?
Question Type:	Categorical Field
Variable Name 199:	Yer_Time
Variable Values:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Value Label:	1 = Immediate
Value Label:	2 = Within 24 hours/1 calendar day
	3 = Within 1 business day
	4 = Within 48 hours/2 calendar days
	5 = Within 2 business days

	6 = Within 72 hours/3 calendar days
	7 = Within 3 business days
	8 = Within 4 calendar days
	9 = Within 4 business days
	10 = Within 5 calendar days
	11 = Within 5 business days
	12 = Within 1 week/7 calendar days
	13 = Within 7 business days
	14 = More than 1 week/7 calendar days
	15 = Unspecified
Question 200:	What is the primary method(s) physicians use for reporting cases of yersiniosis?
Question Type:	Multi-select Categorical Field
Variable Name 200:	yer-method_Mail
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 201:	What is the primary method(s) physicians use for reporting cases of yersiniosis?
Question Type:	Multi-select Categorical Field
Variable Name 201:	yer-method_Written report (unspecified submission method)
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 202:	What is the primary method(s) physicians use for reporting cases of yersiniosis?
Question Type:	Multi-select Categorical Field
Variable Name 202:	yer-method_Telephone or fax
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 203:	What is the primary method(s) physicians use for reporting cases of yersiniosis?
Question Type:	Multi-select Categorical Field
Variable Name 203:	yer-method_Electronic submission (unspecified means)
Variable Values:	0, 1
Value Label:	0 = No

Value Label:	1 = Yes
Question 204:	What is the primary method(s) physicians use for reporting cases of yersiniosis?
Question Type:	Multi-select Categorical Field
Variable Name 204:	yer-method_Email
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 205:	What is the primary method(s) physicians use for reporting cases of yersiniosis?
Question Type:	Multi-select Categorical Field
Variable Name 205:	yer-method_State database
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 206:	What is the primary method(s) physicians use for reporting cases of yersiniosis?
Question Type:	Multi-select Categorical Field
Variable Name 206:	yer-method_Unspecified
Variable Values:	0, 1
Value Label:	0 = No
Value Label:	1 = Yes
Question 207:	Must clinical laboratories submit a patient specimen/isolate for cases of yersiniosis to the state public health laboratory?
Question Type:	Categorical Field
Variable Name 207:	Yer_Isolate
Variable Values:	1, 2, 3
Value Label:	1 = Yes
Value Label:	2 = No
Value Label:	3 = Unspecified