State of California—Health and Human Services Agency

California Department of Public Health Center for Infectious Diseases Division of Communicable Disease Control Infectious Diseases Branch Surveillance and Statistics Section MS 7306, P.O. Box 997377 Sacramento, CA 95899-7377

## Local ID Number \_

(Please use the same ID Number on the preliminary and final reports to allow linkage to the same case.)

Report Status (check one)

□Preliminary □Final

## TULAREMIA CASE REPORT

PATIENT INFORMATIO	N									
Last Name	First Name			Middle Name Suffix			Primary Language			
							□English			
Social Security Number (9 digi	its)		DOB (mm/da	//////////////////////////////////////	Age	е	□Years	□Spanish		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			□Months	□Other:		
							□Days	Ethnicity (check one)		
Address Number & Street - Re	sidence			Apartme	ent/Unit	Numbe	er	□Hispanic/Latino		
								□Non-Hispanic/Non-Latino		
City/Town				State		Zip C	Code			
								Race*	hanneles vara	descriptions on none 7
Census Tract	County of Rea	sidenc		Country	of Resi	idence				e descriptions on page 7)
		siacric			0111031	lucifice		□African-Ame		
		10						American Ir	idian or Alas	ska Native
Country of Birth		IT N	not U.S. Born - I	Date of A	rrivai in	U.S. (n	nm/aa/yyyy)	□Asian (check all that apply)		
								□ □Asian In		□Japanese
Home Telephone	Cellula	r Pho	ne/Pager	V	Vork/Scl	hool Te	lephone	□Cambod □Chinese		□Korean
										□Laotian
E-mail Address			Other Electronic Contact Information					□Filipino		□Thai
										□Vietnamese
Work/School Location			Work/School	Work/School Contact						
								□Pacific Islan	•	
Gender			1					_ □Native Hawaiian □Samoan □Guamanian		
	ther:							□Other:		
Pregnant?			If Yes, Est. Delivery Date (mm/dd/yyyy)							
□Yes □No □Unk			II Tes, Est. Denvery Date (IIIII/dd/yyyy)							
								□Other:		
Medical Record Number			Patient's Parent/Guardian Name					□Unk		
								*Comment: se	lf_identity o	r self-reporting
Occupation Setting (see list on page 7) Ot			Other Describe/Specify							should be based on the
										elf-reporting. Therefore,
Occupation (see list on page 7) O			Other Describe/Specify					more than on		d the option of selecting
										ignation.
CLINICAL INFORMATIC	ON		1							
Physician Name - Last Name				First Name				Telephone	e Number	
<u>1</u>										

SIGNS AND SYMPTOMS										
Symptomatic? □Yes □No □Unk	Onset	Date (n	nm/dd/y	ууу)	Date First Sought Medical Care (mm/dd/yyyy)					
Signs and Symptoms	Yes	No	Unk	If Yes, Specify as Noted						
Fever				Highest temperature (specify °F/°C)						
Cutaneous ulcer				Location						
Other skin lesion				Location						
Lymphadenopathy				Location						
Sepsis										
Pharyngitis										
Pleuropneumonia										
Cough										
Conjunctivitis										
Stomatitis										
Tonsilitis										
Abdominal pain										
Vomiting										
Diarrhea										
Other signs / symptoms (specify)										
PAST MEDICAL HISTO	PAST MEDICAL HISTORY									
Mucous membrane/skin cut or abrasion? □Yes □No □Unk				If Yes, specify location						
<i>Immunocompromised?</i> □Yes □No □Unk	nmunocompromised? If Yes, specify condtion									
Other (specify)			1							

HOSPITALIZATION										
Did patient visit emerge □Yes □No □Unk	Was patient hospi □Yes □No □Un			If Yes, how many total hospital nights?						
If there were any ER or	hospital s	tays related to	this illness,	, specify details belo	W.					
HOSPITALIZATION	- DETAIL	.S								
Hospital Name 1			Admit Da	ate (mm/dd/yyyy)						
	City					Discharg	e / Transfer Date	(mm/dd/yy	vy)	
	State	Zip Code	Telepho	ne Number		Medical	Record Number	Dis	Discharge Diagnosis	
Hospital Name 2	Street A	ddress				Admit Da	ate (mm/dd/yyyy)	I		
	City					Discharg	e / Transfer Date	(mm/dd/yy	<i>(Y)</i>	
	State	Zip Code	Telephor	ne Number		Medical	Record Number	Dis	Discharge Diagnosis	
TREATMENT / MANAGEMENT										
Received treatment?       If Yes, specify the treatments below.         If Yes       In Yes										
TREATMENT / MAN	AGEMEI	NT DETAILS								
Treatment Type 1     Treatment Name       □Antibiotic     □Other				Date Started (i			(mm/dd/yyyy) Date B		Ended (mm/dd/yyyy)	
Treatment Type 2     Treatment Name       □Antibiotic     □Other				Date Started (mm/dd/yyyy)			ld/yyyy)	Date Er	nded (mm/dd/yyyy)	
OUTCOME										
Outcome?     If Survived,       □Survived □Died □Unk     Survived as of					(mm/dd/yyyy) Date of Death (mm/d				)eath (mm/dd/yyyy)	
LABORATORY INFORMATION										
LABORATORY RES	ULTS SL	IMMARY								
Specimen Type 1 Blood Biopsy or scraping of ulcer Swab of ulcer			<i>Type of Test</i> □Culture □ □Agglutination □		ELISA  Immunofluorescence antib DFA  Other:			Collection Date (mm/dd/yyyy)		
□Serum (acute) IgM □Serum (convalescent) IgM □Serum (acute) IgG □Serum (convalescent) IgG □Isolate□Other:			Result	Result Uni		.D. RNA	Interpretation  Positive Equivocal Negative			
If Serum (acute) is submitted, then Serum (convalescent) must also be submitted.				Laboratory Name Telephone Number					əphone Number	
Specimen Type 2	□Tissue			<i>Type of Test</i> □Culture □ □Agglutination □			mmunofluorescen Dther:	Collection Date y (mm/dd/yyyy)		
Serum (acute) IgM       Serum (convalescent) IgM         Serum (acute) IgG       Serum (convalescent) IgG         Isolate       Other:			) IgG	Result		Specify (if applicable) Result Unit: □Titer □O.D. Result Type: □DNA □mRNA			Interpretation	
If Serum (acute) is submitted, then Serum (convalescent) must also be submitted.				Laboratory Name         Telephone Number				ephone Number		

LABORATORY RESU	LTS S	UMMA	RY-C	OTHE	2						
Was the biotype identified □Yes □No □Unk		If Yes, specify biotype     Laboratory Name     Telephone Number       Type A Type B Other     Telephone Number     Telephone Number									
IMAGING SUMMARY											
Anatomic Site 1	□X-ray □CT □MRI □Other:										
	R	esult	It Interpretation Facility Name Telephone Number								
Anatomic Site 2	mic Site 2         Type of Imaging         Date (mm/dd/yyyy)           □X-ray         □CT         □MRI         □Other:										
	R	esult				Interpretation		Facility Name	Telephone Number		
EPIDEMIOLOGIC INFORMATION											
			I	NCUBA	ATION F	PERIOD: 3 WEEK	S PRIOR TO I	LLNESS ONSET			
FOOD HISTORY											
DIL	O THE P	PATIEN	T EAT	OR DF	RINK AN	IY OF THE FOLL	OWING ITEMS	S DURING THE INCUB	ATION PERIOD?		
Food Item	Yes	No	Unk	If Ye	If Yes, Specify as Noted						
Undercooked meat				Anin	Animal species and meat product						
Untreated water				Loca	Location						
Other (specify)		I	1								
OCCUPATIONAL / RE	CREA	TIONA	LEX	POSU	RE						
DID THE PAT	IENT E	XPERI	ENCE	ANY O	F THE F	OLLOWING EVE	ENTS OR OCC	UPATIONS DURING T	HE INCUBATION PERIOD?		
Event / Occupation			Yes	No	Unk	If Yes, Specify a	s Noted				
Known tick contact         Address where tick contact occurred											
Known deerfly contact						Address where	deerfly contact	occurred			
Contact with untreated water     Location											
Aicrobiology laboratory Laboratory name and location											
Veterinary medicine	ry medicine Animal species and location										
Farmer / livestock owner						Animal species and location					
Hunting / animal trapping	Hunting / animal trapping / fishing     Animal species and location										
Landscape / gardening						Location					
Hiking / camping						Location					
Other (specify)		·									

ANIMAL EXPOSURES											
DID THE PATIE	NT H	AVE CO	NTACT V	VITH	ANY OF TH	E FOLLOW	ING	GANIMALS DURING THE INC	JBATION PERIOD?		
Animal Exposures	Yes	No	Unk	lf Yes	s, Specify as	Noted					
Wild rabbit				Species				Contact type(s) □Handling □Skinning □Bite □Other:			
Domestic rabbit				Breed				Contact type(s)			
Wild rodent				Species				Contact type(s) □Handling □Skinning □Bite □Other:			
Domestic rodent				Spec	ies			Contact type(s) □Handling □Skinning □Bit	e □Other:		
Other wild animal(s)				Spec	ies			Contact type(s) □Handling □Skinning □Bit	e □Other:		
Other domestic animal(s)				Spec	ies			Contact type(s) □Handling □Skinning □Bit	e □Other:		
TRAVEL HISTORY (INCUBA	TION	PERIC	D IS 7 I	DAY	S PRIOR T	O ILLNES	s o	DNSET)			
Did patient travel <b>outside county of residence</b> during the <b>incubation period</b> ? If Yes, specify all locations and dates below.							elow.				
TRAVEL HISTORY - DETAIL	s										
Location (city, county, state, coun	try)			D	Date Travel Started (mm/dd/yyyy)			yyy) Date Trave	Date Travel Ended (mm/dd/yyyy)		
ILL CONTACTS											
Any contacts with similar illness ( □Yes □No □Unk	includ	ling hous	ehold co	ntact	s)?	If Yes,	, sp	ecify details below.			
ILL CONTACTS - DETAILS											
Name 1	Ag	<i>je</i>	Gende	nder Telephone I		one Number		Type of Contact / Relationship	Date of Contact (mm/dd/yyyy)		
	St	Street Address					E	Exposure Event	Illness Onset Date (mm/dd/yyyy)		
	Ci	ty			State	Zip Code	D	Date First Reported to Public He	ealth (mm/dd/yyyy)		
Name 2	Ag	je	Gende	er	Telephone	e Number	T	Type of Contact / Relationship	Date of Contact (mm/dd/yyyy)		
	St	reet Add	ress		,		E	Exposure Event	Illness Onset Date (mm/dd/yyyy)		
	Ci	ty	/ State		State	Zip Code	D	Date First Reported to Public He	d to Public Health (mm/dd/yyyy)		

REPORTING AGENCY         Investigator Name       Local Health Jurisdiction       Telephone Number       Date (mm/dd/yyyy)         First Reported By       Clinician       Elaboratory       Other (specify):										
Investigator Name Local Health Jurisdiction Telephone Number Date (mm/dd/yyyy)   First Reported By   Clincian Laboratory Other (specify):   EPIJEMIOLOGICAL LINKAGE   Epi-Inived to known case? Contact Name / Case Number   Contact Name / Case Number   BisSase CASE CLASS/FICATION   Case classification (see case definition below)   Confirmed Orophaphygeal   Output:   O'THERAK   Part of known outbreak?   Yes No   Output: One CA jurisdiction   O'THERAK   Part of Insum outbreak?   Yes No   Output: Other   Part of Insum outbreak?   Yes No   Output: Other Case Institution   Output:   Part of Insum outbreak? Yes, extent of outbreak   Yes No   Output: Other Cajurisdiction   Mode of Transmission Pattern 1 ID number   Pattern 2 ID number Pattern 2 ID number   State Case Classification Confirmed Probable Onto a case Need additional information    CASE DEFINITION An Inse scharacterized by several utilisting the following: • Output: • Output:<										
First Reported By   Clinician   Laboratory   Other (specify):   Epi-Inited to known case?   Contact Name / Case Number   Press   No   Unservice   Outpace   Contact Name / Case Number   DSEASE CASE CLASSIFICATION   Case Classification (see case definition below) Confirmed Probable Suspect   Desease Type   Ulderoglandular   OUTBREAK   Pres   Pres   Outpace   Pres   Pres   Outpace   Pres   Pres   Confirmed   Probable   Not a case   Need additional information   Case Classification Confirmed information forma, including the following: • Outpace • Outpace • Description information • Des	REPORTING AGENCY									
Clinician Classrory Other (specify):	Investigator Name	Local Health Jurisdiction	Telephone Number	Date (mm/dd/yyy)	/)					
Definition of known cases Classification (see case definition below)     Confirmed      Probable     Disease Classification (see case definition below)     Confirmed     Probable     Disease Type     Ulceroglandular     Oculoglandular     Oculoglandular     Orpharyngeal     Intestinal     Orpharyngeal: stornattis or pharyngits or tonsillits and cervical lymphadenopathy     Oculoglandular     Olangandular     Starte Classification     Confirmed     Probable     Not a case     Interview     Int										
Image: Image	EPIDEMIOLOGICAL LINKAGE									
Case Classification (see case definition below)  Confirmed Probable Suspect  Disease Type  Ulceroglandular Glandular Ocouloglandular Oropharyngeal Intestinal Pneumonic Typhoidal Other:  OUTBREAK  Part of known outbreak?  If Yes, extent of outbreak  Point source Person-to-person Unk Other: Vehicle of Outbreak  State Outbreak  State Case Classification  Confirmed Probable Not a case Need additional information  CASE DEFINITION  An illness characterized by several distinct forms, including the following:  Ucanoglandular: conjunctivities with presurcular tymphadenopathy  Outoglandular: conjunctivities with presurcular tymphadenopathy  Outoglandular: conjunctivities with presurcular tymphadenopathy  Outoglandular: conjunctivities with presurcular tymphadenopathy  Otopharyngeal: stomatties or thorsylites and cervical tymphadenopathy  Otopharyngeal: stomatties without early localizing signs and symptoms Clinical diagnosis is supported by evidence or history of a tick or deerfly bite, exposure to tissues of a mammalian host of Francisella tularensis, or exposure  Clinical diagnosis is supported by evidence or history of a tick or deerfly bite, exposure to tissues of a mammalian host of Francisella tularensis, or exposure		Contact Name / Case Number								
Confirmed Probable Suspect   Disease Type Ulceroglandular Colloglandular Colloglandular Outpersent Part of outpreak Confirmed Probable Probable Outpersent Part of outpreak <td>DISEASE CASE CLASSIFICATIO</td> <td colspan="9">DISEASE CASE CLASSIFICATION</td>	DISEASE CASE CLASSIFICATIO	DISEASE CASE CLASSIFICATION								
Ulceroglandular Glandular Glonopharyngeal Intestinal Pneumonic Typhoidal Other:		,								
Part of known outbreak? // Yes, extent of outbreak   Part of known outbreak? One CA jurisdiction IMultiple CA jurisdictions IMultistate International IUnk IOther (specify):   Mode of Transmission Vehicle of Outbreak   Pattern 1 ID number Pattern 2 ID number   State USE ONLY   State Case Classification   Confirmed IProbable INot a case INeed additional information   CASE DEFINITION   TULAREMIA (2010)   Clinical DESCRIPTION   An illness characterized by several distinct forms, including the following:   • Uleoroglandular: cogional lymphadenopathy   • Confirmed Improved to the same   • Oropharyngeal: stomatitis or pharyngitis or tonsillitis and cervical lymphadenopathy   • Oropharyngeal: stomatitis or pharyngitis or tonsillitis and cervical lymphadenopathy   • Oropharyngeal: stomatitis or pharyngitis or tonsillitis and cervical lymphadenopathy   • Intestinal intestinal pain, vomiting, and diarrhea   • Preumonic: primary pleuropulmonary disease   • Typhoidal: febrile illness without early localizing signs and symptoms   Clinical diagnosis is supported by evidence or history of a tick or deerfly bite, exposure to tissues of a mammalian host of <i>Francisella tularensis</i> , or exposure to ptentially contaminated water.		oculoglandular ⊡Oropharyngeal ⊑	]Intestinal □Pneumonic □Typhoi	dal □Other:						
Pres No One CA jurisdiction Multiple CA jurisdictions Multistate International Other (specify):	OUTBREAK									
Mode of Transmission       Vehicle of Outbreak       Pattern 1 ID number       Pattern 2 ID number         Point source       Person-to-person       Unk       Other:       Other       Pattern 2 ID number       Pattern 2 ID number         State Use ONLY       State Case Classification       State Class Classification       State C			ions □Multistate □International	□Unk □Other (spe	cify):					
State Case Classification         Confirmed       Probable       INot a case       INeed additional information    CASE DEFINITION CLINICAL DESCRIPTION An illness characterized by several distinct forms, including the following: <ul> <li>Ulceroglandular: cutaneous ulcer with regional lymphadenopathy</li> <li>Glandular: regional lymphadenopathy with no ulcer</li> <li>Occuloglandular: conjunctivitis with preauricular lymphadenopathy</li> <li>Oropharyngeal: stomatitis or pharyngitis or tonsillitis and cervical lymphadenopathy</li> <li>Intestinal: intestinal pain, vomiting, and diarrhea</li> <li>Pneumonic: primary pleuropulmonary disease</li> <li>Typhoidal: febrile illness without early localizing signs and symptoms</li> <li>Clinical diagnosis is supported by evidence or history of a tick or deerfly bite, exposure to tissues of a mammalian host of <i>Francisella tularensis</i>, or exposure to transmitian the store of the previous of a mammalian host of <i>Francisella tularensis</i>, or exposure to transmitian the store of the previous of a mammalian host of <i>Francisella tularensis</i>, or exposure to transmitian the store of the previous of a mammalian host of <i>Francisella tularensis</i>, or exposure to transmitian the store of the previous of a mammalian host of <i>Francisella tularensis</i>, or exposure to the previous of a mammalian host of <i>Francisella tularensis</i>, or exposure to the previous of a mammalian host of <i>Francisella tularensis</i>, or exposure to the previous of a mammalian host of <i>Francisella tularensis</i>, or exposure to the previous of a mammalian host of <i>Francisella tularensis</i>, or exposure to the previous of a tick or deerfly bite, exposure to tissues of a mammalian host of <i>Francisella tularensis</i>, or exposure to the previous of the previous</li></ul>	Mode of Transmission									
Confirmed       Probable       Not a case       Need additional information         CASE DEFINITION       Image: Confirmed	STATE USE ONLY									
TULAREMIA (2010)         CLINICAL DESCRIPTION         An illness characterized by several distinct forms, including the following:         • Ulceroglandular: cutaneous ulcer with regional lymphadenopathy         • Glandular: regional lymphadenopathy with no ulcer         • Oculoglandular: conjunctivitis with preauricular lymphadenopathy         • Oropharyngeal: stomatitis or pharyngitis or tonsilitis and cervical lymphadenopathy         • Intestinal: intestinal pain, vomiting, and diarrhea         • Pneumonic: primary pleuropulmonary disease         • Typhoidal: febrile illness without early localizing signs and symptoms         Clinical diagnosis is supported by evidence or history of a tick or deerfly bite, exposure to tissues of a mammalian host of <i>Francisella tularensis</i> , or exposure to potentially contaminated water.		se DNeed additional information								
CLINICAL DESCRIPTION An illness characterized by several distinct forms, including the following:     Ulceroglandular: cutaneous ulcer with regional lymphadenopathy     Glandular: regional lymphadenopathy with no ulcer     Oculoglandular: conjunctivitis with preauricular lymphadenopathy     Oropharyngeal: stomatitis or pharyngitis or tonsillitis and cervical lymphadenopathy     Intestinal: intestinal pain, vomiting, and diarrhea     Pneumonic: primary pleuropulmonary disease     Typhoidal: febrile illness without early localizing signs and symptoms Clinical diagnosis is supported by evidence or history of a tick or deerfly bite, exposure to tissues of a mammalian host of <i>Francisella tularensis</i> , or exposure to potentially contaminated water.	CASE DEFINITION									
An illness characterized by several distinct forms, including the following: • Ulceroglandular: cutaneous ulcer with regional lymphadenopathy • Glandular: regional lymphadenopathy with no ulcer • Oculoglandular: conjunctivitis with preauricular lymphadenopathy • Oropharyngeal: stomatitis or pharyngitis or tonsillitis and cervical lymphadenopathy • Intestinal: intestinal pain, vomiting, and diarrhea • Pneumonic: primary pleuropulmonary disease • Typhoidal: febrile illness without early localizing signs and symptoms Clinical diagnosis is supported by evidence or history of a tick or deerfly bite, exposure to tissues of a mammalian host of <i>Francisella tularensis</i> , or exposure to potentially contaminated water.	TULAREMIA (2010)									
<ul> <li>Ulceroglandular: cutaneous ulcer with regional lymphadenopathy</li> <li>Glandular: regional lymphadenopathy with no ulcer</li> <li>Oculoglandular: conjunctivitis with preauricular lymphadenopathy</li> <li>Oropharyngeal: stomatitis or pharyngitis or tonsillitis and cervical lymphadenopathy</li> <li>Intestinal: intestinal pain, vomiting, and diarrhea</li> <li>Pneumonic: primary pleuropulmonary disease</li> <li>Typhoidal: febrile illness without early localizing signs and symptoms</li> </ul> Clinical diagnosis is supported by evidence or history of a tick or deerfly bite, exposure to tissues of a mammalian host of <i>Francisella tularensis</i> , or exposure to potentially contaminated water.	CLINICAL DESCRIPTION									
to potentially contaminated water.	<ul> <li>Ulceroglandular: cutaneous ulcer wi</li> <li>Glandular: regional lymphadenopath</li> <li>Oculoglandular: conjunctivitis with p</li> <li>Oropharyngeal: stomatitis or pharyn</li> <li>Intestinal: intestinal pain, vomiting, a</li> <li>Pneumonic: primary pleuropulmona</li> </ul>	ith regional lymphadenopathy hy with no ulcer preauricular lymphadenopathy ngitis or tonsillitis and cervical lympha and diarrhea ary disease	denopathy							
LABORATORY CRITERIA FOR DIAGNOSIS	Clinical diagnosis is supported by evide to potentially contaminated water.	ence or history of a tick or deerfly bite	, exposure to tissues of a mammalia	n host of <i>Francisella tu</i>	larensis, or exposure					
	LABORATORY CRITERIA FOR DIAG	NOSIS								
<ul> <li>Presumptive: Elevated serum antibody titer(s) to <i>F. tularensis</i> antigen (without documented fourfold or greater change) in a patient with no history of tularemia vaccination or detection of <i>F. tularensis</i> in a clinical specimen by fluorescent assay</li> <li>Confirmatory: Isolation of <i>F. tularensis</i> in a clinical specimen or fourfold or greater change in serum antibody titer to <i>F. tularensis</i> antigen</li> </ul>										
CASE CLASSIFICATION	CASE CLASSIFICATION									
<ul> <li>Confirmed: a clinically compatible case with confirmatory laboratory results</li> <li>Probable: a clinically compatible case with laboratory results indicative of presumptive infection</li> </ul>										

RACE DESCRIPTIONS							
Race	Description						
American Indian or Alaska Native	Patient has origins in any of th	e original peoples of North and South America (including Central America).					
Asian		e original peoples of the Far East, Southeast Asia, or the Indian subcontinent mbodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan,					
Black or African American	Patient has origins in any of th	e black racial groups of Africa.					
Native Hawaiian or Other Pacific Islander	Patient has origins in any of th	e original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.					
White	Patient has origins in any of th	e original peoples of Europe, the Middle East, or North Africa.					
OCCUPATION SETTING							
Childcare/Preschool		Homeless Shelter					
Correctional Facility		Laboratory					
Drug Treatment Center		Military Facility					
Food Service		Other Residential Facility					
Health Care - Acute Care Facility		Place of Worship					
Health Care - Long Term Care Facility		School					
Health Care - Other		• Other					
OCCUPATION							
Adult film actor/actress		Medical - medical assistant					
Agriculture - farmworker or laborer (crop, nu	rsery, or greenhouse)	Medical - pharmacist					
Agriculture - field worker		<ul> <li>Medical - physician assistant or nurse practitioner</li> </ul>					
Agriculture - migratory/seasonal worker		Medical - physician or surgeon					
Agriculture - other/unknown		Medical - nurse					
Animal - animal control worker		Medical - other/unknown					
Animal - farm worker or laborer (farm or rand	ch animals)	• Military					
Animal - veterinarian or other animal health	oractitioner	Police officer					
Animal - other/unknown		<ul> <li>Professional, technical, or related profession</li> </ul>					
<ul> <li>Clerical, office, or sales worker</li> </ul>		Retired					
Correctional facility - employee		Sex worker					
<ul> <li>Correctional facility - inmate</li> </ul>		Stay at home parent/guardian					
Craftsman, foreman, or operative		Student - preschool or kindergarten					
Daycare or child care attendee		<ul> <li>Student - elementary or middle school</li> </ul>					
Daycare or child care worker		Student - high school					
Dentist or other dental health worker		Student - college or university					
Drug dealer		Student - other/unknown					
Fire fighting or prevention worker		<ul> <li>Teacher/employee - preschool or kindergarten</li> </ul>					
Flight attendant		<ul> <li>Teacher/employee - elementary or middle school</li> </ul>					
<ul> <li>Food service - cook or food preparation work</li> </ul>	ker	Teacher/employee - high school					
Food service - host or hostess		Teacher/instructor/employee - college or university					
Food service - server		Teacher/instructor/employee - other/unknown					
Food service - other/unknown		Unemployed - seeking employment					
• Homemaker		Unemployed - not seeking employment					
<ul> <li>Laboratory technologist or technician</li> </ul>		Unemployed - other/unknown					
Laborer - private household or unskilled wor	ker	Volunteer					
Manager, official, or proprietor		Other					
Manicurist or pedicurist		Refused					
Medical - emergency medical technician or	paramedic	• Unknown					
Medical - health care worker							