State of California—Health and Human Services Agency

Local ID Number: _____

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

BRUCELLOSIS CASE REPORT

PATIENT INFORMATION

Last Name	*First Name*	*Middle Name*	*Suffix*

Social Security Number (9 digits)	*DOB (mm/dd/yyyy)*	*Age*	
			☐ Years ☐ Months ☐ Days

Address Number & Street – Residence	*Apartment / Unit Number*

City / Town	*State*	*Zip Code*

Census Tract	*County of Residence*	*Country of Residence*

Country of Birth	*If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)*

Home Telephone	*Cellular Phone / Pager*	*Work / School Telephone*

E-mail Address	*Other Electronic Contact Information*

Work / School Location	*Work / School Contact*

Gender
☐ Female ☐ Trans female / transwoman ☐ Genderqueer or non-binary ☐ Unknown
☐ Male ☐ Trans male/ transman ☐ Identity not listed ☐ Declined to answer

Pregnant? ☐ Yes ☐ No ☐ Unknown	*If Yes, Est. Delivery Date (mm/dd/yyyy)*

Medical Record Number	*Patient's Parent/Guardian Name*

Occupation Setting (see list on page 8)	*Other Describe/Specify*

Occupation (see list on page 8)	*Other Describe/Specify*

Primary Language
☐ English
☐ Spanish
☐ Other: _____

Ethnicity (check one)
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Unknown

Race(s)
(check all that apply, race descriptions on page 7)

The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

☐ American Indian or Alaska Native

☐ Asian *(check all that apply, see list on page 7)*
- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other: _____

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander *(check all that apply, see list on page 7)*
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Fijian
- ☐ Tongan
- ☐ Guamanian
- ☐ Other: _____

☐ White

☐ Other: _____

☐ Unknown

ADDITIONAL PATIENT DEMOGRAPHICS

Sex Assigned at Birth
☐ Female ☐ Unknown
☐ Male ☐ Declined to answer

Sexual Orientation
☐ Heterosexual or straight ☐ Questioning, unsure, or patient doesn't know ☐ Declined to answer
☐ Gay, lesbian, or same-gender loving ☐ Orientation not listed ☐ Unknown
☐ Bisexual

CLINICAL INFORMATION

Physician Name - Last Name	*First Name*	*Telephone Number*

First three letters of patient's last name: | | | |

SIGNS AND SYMPTOMS

Symptomatic? ☐ Yes ☐ No ☐ Unknown	*Onset Date (mm/dd/yyyy)*	*Date First Sought Medical Care (mm/dd/yyyy)*

Signs and Symptoms	Yes	No	Unk	If Yes, Specify as Noted	Signs / Symptoms	Yes	No	Unk	If Yes, Specify as Noted
Fever (>100.4 °F or 38 °C)				*Highest temperature (specify °F/°C)*	Splenomegaly				
Chills					Leukopenia				
Headache					Hepatomegaly				
Fatigue					Loss of appetite				
Arthritis				*Joint(s)*	Myalgia				
Arthralgia				*Joint(s)*	Spondylitis				
Weight loss					Meningitis				
Diarrhea					Encephalitis or Other neurologic abnormalities				
Night sweats									
Anemia					Discitis or Osteomyelitis				
Abdominal pain					Orchitis or Epididymitis				
Abscess				*Location(s)*	Endocarditis				

Other signs / symptoms (specify)

PAST MEDICAL HISTORY

Prior Brucella diagnosis? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify diagnosis date (mm/dd/yyyy)*
Immunocompromised? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify condition*

Other (specify)

HOSPITALIZATION

Did the patient visit the emergency room for illness? ☐ Yes ☐ No ☐ Unknown

Was the patient hospitalized? ☐ Yes ☐ No ☐ Unknown	*If Yes, how many total hospital nights?*	☐ *Still hospitalized as of* _____ *(mm/dd/yyyy)*

During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)? ☐ Yes ☐ No ☐ Unknown

If there were any ER visits or hospital stays related to this illness, specify details in the Hospitalization – Details section on page 3.

First three letters of patient's last name: | | | |

HOSPITALIZATION – DETAILS

Hospital Name 1	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis
Hospital Name 2	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis

TREATMENT / MANAGEMENT

Received treatment? ☐ Yes ☐ No ☐ Unknown	If Yes, specify the treatments below.

TREATMENT / MANAGEMENT DETAILS

Treatment Type 1 ☐ Antibiotic ☐ Other	Treatment Name	Date Started (mm/dd/yyyy)	Date Ended (mm/dd/yyyy)
Treatment Type 2 ☐ Antibiotic ☐ Other	Treatment Name	Date Started (mm/dd/yyyy)	Date Ended (mm/dd/yyyy)
Treatment Type 3 ☐ Antibiotic ☐ Other	Treatment Name	Date Started (mm/dd/yyyy)	Date Ended (mm/dd/yyyy)
Treatment Type 4 ☐ Antibiotic ☐ Other	Treatment Name	Date Started (mm/dd/yyyy)	Date Ended (mm/dd/yyyy)

OUTCOME

Outcome? ☐ Survived ☐ Died ☐ Unknown	If Survived, Survived as of _____ (mm/dd/yyyy)		
	If Died, Date of Death (mm/dd/yyyy)	Was brucellosis listed as a cause of death on the death certificate? ☐ Yes ☐ No ☐ Unknown	If No, what was the primary cause of death?

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY

Specimen Type ☐ Blood	Type of Test	Interpretation ☐ Positive ☐ Negative	Collection Date (mm/dd/yyyy)
	Brucella Species ☐ *Brucella abortus* ☐ *Brucella melitensis* ☐ *Brucella* species other:_____ ☐ *Brucella canis* ☐ *Brucella suis* ☐ *Brucella* species unknown		
	Laboratory Name		Telephone Number
Specimen Type ☐ Clinical specimen (specify):_____	Type of Test ☐ Culture ☐ IFA ☐ PCR ☐ Other:_____	Interpretation ☐ Positive ☐ Negative ☐ Equivocal	
	Brucella Species ☐ *Brucella abortus* ☐ *Brucella melitensis* ☐ *Brucella* species other:_____ ☐ *Brucella canis* ☐ *Brucella suis* ☐ *Brucella* species unknown		Collection Date (mm/dd/yyyy)
	Laboratory Name		Telephone Number

(continued on page 4)

LABORATORY RESULTS SUMMARY (continued)

Specimen Type: ***IgM*** ☐ Serum (acute)	*Type of Test (Brucella IgM)* ☐ ELISA ☐ CF ☐ IFA ☐ Other: _____ ☐ Agglutination	*If Agglutination, specify type of agglutination test* ☐ Serum tube agglutination test (SAT) ☐ Microagglutination test (MAT) ☐ Other agglutination test: _____	
	Interpretation ☐ Positive ☐ Negative ☐ Equivocal	*Collection Date (mm/dd/yyyy)*	
	Results ☐ Titer ☐ O.D.	*Laboratory Name*	*Telephone Number*
Specimen Type: ***IgG*** ☐ Serum (acute)	*Type of Test (Brucella IgG)* ☐ ELISA ☐ CF ☐ IFA ☐ Other: _____ ☐ Agglutination	*If Agglutination, specify type of agglutination test* ☐ Serum tube agglutination test (SAT) ☐ Microagglutination test (MAT) ☐ Other agglutination test: _____	
	Interpretation ☐ Positive ☐ Negative ☐ Equivocal	*Collection Date (mm/dd/yyyy)*	
	Results ☐ Titer ☐ O.D.	*Laboratory Name*	*Telephone Number*
Specimen Type: ***IgM*** ☐ Serum (convalescent)	*Type of Test (Brucella IgM)* ☐ ELISA ☐ CF ☐ IFA ☐ Other: _____ ☐ Agglutination	*If Agglutination, specify type of agglutination test* ☐ Serum tube agglutination test (SAT) ☐ Microagglutination test (MAT) ☐ Other agglutination test: _____	
	Interpretation ☐ Positive ☐ Negative ☐ Equivocal	*Collection Date (mm/dd/yyyy)*	
	Results ☐ Titer ☐ O.D.	*Laboratory Name*	*Telephone Number*
Specimen Type: ***IgG*** ☐ Serum (convalescent)	*Type of Test (Brucella IgG)* ☐ ELISA ☐ CF ☐ IFA ☐ Other: _____ ☐ Agglutination	*If Agglutination, specify type of agglutination test* ☐ Serum tube agglutination test (SAT) ☐ Microagglutination test (MAT) ☐ Other agglutination test: _____	
	Interpretation ☐ Positive ☐ Negative ☐ Equivocal	*Collection Date (mm/dd/yyyy)*	
	Results ☐ Titer ☐ O.D.	*Laboratory Name*	*Telephone Number*

EPIDEMIOLOGIC INFORMATION

INCUBATION PERIOD IS THE 6 MONTHS PRIOR TO ILLNESS ONSET

EXPOSURES / RISK FACTORS - MILK, OTHER DAIRY PRODUCTS, AND MEAT

DID THE PATIENT EAT OR DRINK ANY OF THE FOLLOWING ITEMS DURING THE INCUBATION PERIOD?

Food Item	Yes	No	Unk	If Yes, Specify as Noted
Milk				*Milk Source* ☐ Cow ☐ Goat ☐ Other:_____ ☐ Unknown
				Process Type ☐ Pasteurized ☐ Unpasteurized (raw) ☐ Other:_____ ☐ Unknown
				Source ☐ Dairy/ranch/farm ☐ Retail store ☐ Other:_____ ☐ Unknown
				Source Name / *Source Address*

(continued on page 5)

Food Item	Yes	No	Unk	If Yes, Specify as Noted
Other dairy products				*Dairy Product Type* ☐ Soft cheese ☐ Queso fresco ☐ Crema ☐ Other:_____
				Dairy Product Source ☐ Cow ☐ Goat ☐ Other:_____ ☐ Unknown
				Process Type ☐ Pasteurized ☐ Unpasteurized (raw) ☐ Other:_____ ☐ Unknown
				Source ☐ Dairy / ranch / farm ☐ Retail store ☐ Street vendor ☐ Swap meet ☐ Other:_____
				Source Location ☐ California ☐ Other U.S. State ☐ Outside U.S. — *If outside California, specify location*
				Consumed in U.S. and produced outside of U.S.? ☐ Yes ☐ No ☐ Unknown — *Source Name* — *Source Address*
Meat (not from a store or restaurant)				*Animal Species* — *Meat Product*
Other food / drink exposure (specify)				

EXPOSURES / RISK FACTORS - OCCUPATIONAL / OTHER CONTACT

WAS THE PATIENT EMPLOYED IN (OR SPEND SIGNIFICANT TIME IN) ANY OF THE FOLLOWING ACTIVITIES DURING THE INCUBATION PERIOD?

Activity	Yes	No	Unk	If Yes, Specify as Noted
Animal farm or dairy				*Livestock Species* ☐ Cow ☐ Goat ☐ Pig ☐ Other: _____ — *Location*
Slaughterhouse or meat processing plant				*Meat Product* ☐ Beef ☐ Goat ☐ Pork ☐ Other: _____ — *Location*
Microbiology laboratory				*Laboratory Name* — *Location* *Did patient have unprotected exposure to Brucella culture or isolate?* ☐ Yes ☐ No ☐ Unknown *Details of Exposure* — *Exposure Date (mm/dd/yyyy)*

DID THE PATIENT HAVE CONTACT WITH ANY OF THE FOLLOWING DURING THE INCUBATION PERIOD?

Type of Contact	Yes	No	Unk	If Yes, Specify as Noted
Known brucellosis infected herd				*Livestock Species* ☐ Cow ☐ Goat ☐ Pig ☐ Other: _____ — *Location*
Aborting animal or birthing products				*Livestock Species* ☐ Cow ☐ Goat ☐ Pig ☐ Other: _____ — *Location*
Brucella vaccine				*Vaccine Name* — *Animal Species* — *Exposure Date (mm/dd/yyyy)*
Household member works at animal farm or dairy				*Livestock Species* ☐ Cow ☐ Goat ☐ Pig ☐ Other: _____ — *Location*
Animal diagnosed with *Brucella* infection or its body fluids				*Animal Species* — *Nature of Contact*
Body fluids or tissues of confirmed human case of brucellosis				*Nature of Contact*
Other contact / exposure (specify)				

First three letters of patient's last name: | | | |

TRAVEL HISTORY (INCUBATION PERIOD IS THE 6 MONTHS PRIOR TO ILLNESS ONSET)

Did patient arrive into California during the incubation period? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify origin location (city, county, state, country)*	*Arrival Date (mm/dd/yyyy)*
Did patient travel outside of county of residence during the incubation period? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify all locations and dates below.*	

TRAVEL HISTORY – DETAILS

Travel Type	State	Country	Other location details (city, resort, etc.)	Date Travel Started *(mm/dd/yyyy)*	Date Travel Ended *(mm/dd/yyyy)*
☐ Domestic ☐ Unknown ☐ International					
☐ Domestic ☐ Unknown ☐ International					
☐ Domestic ☐ Unknown ☐ International					

CONTACTS / OTHER ILL PERSONS

Any contacts with similar illness? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify details on page 6.*

ILL CONTACTS - DETAILS

Name 1	*Age*	*Gender*	*Telephone Number*	*Type of Contact / Relationship*	*Date of Contact (mm/dd/yyyy)*
	Street Address			*Exposure Event*	*Illness Onset Date (mm/dd/yyyy)*
	City	*State*	*Zip Code*	*Date First Reported to Public Health (mm/dd/yyyy)*	
	Is ill contact a lab-confirmed brucellosis case? ☐ Yes ☐ No ☐ Unknown		*Exposures Shared between Patient and Ill Contact* ☐ Consumption of dairy products ☐ Consumption or handling tissues of animal with known or suspected brucellosis ☐ Slaughter / butcher animal possibly infected with *Brucella* ☐ Other (specify): _____		
	CalREDIE ID				

Name 2	*Age*	*Gender*	*Telephone Number*	*Type of Contact / Relationship*	*Date of Contact (mm/dd/yyyy)*
	Street Address			*Exposure Event*	*Illness Onset Date (mm/dd/yyyy)*
	City	*State*	*Zip Code*	*Date First Reported to Public Health (mm/dd/yyyy)*	
	Is ill contact a lab-confirmed brucellosis case? ☐ Yes ☐ No ☐ Unknown		*Exposures Shared between Patient and Ill Contact* ☐ Consumption of dairy products ☐ Consumption or handling tissues of animal with known or suspected brucellosis ☐ Slaughter / butcher animal possibly infected with *Brucella* ☐ Other (specify): _____		
	CalREDIE ID				

NOTES / REMARKS

REPORTING AGENCY

Investigator Name	*Local Health Jurisdiction*	*Telephone Number*	*Date (mm/dd/yyyy)*

First Reported By

☐ Clinician ☐ Laboratory ☐ Other (specify):_____

First three letters of patient's last name: | | | |

EPIDEMIOLOGICAL LINKAGE

Epi-linked to known case? ☐ Yes ☐ No ☐ Unknown	*Contact Name / Case Number*

DISEASE CASE CLASSIFICATION

Case Classification (see case definition below)

☐ Confirmed ☐ Probable ☐ Suspect

Brucella Species

☐ *B. abortus* ☐ *B. melitensis* ☐ *B. suis* ☐ Other *Brucella* species:_____

OUTBREAK

Part of known outbreak? ☐ Yes ☐ No ☐ Unknown	*If Yes, extent of outbreak* ☐ One CA jurisdiction ☐ Multiple CA jurisdictions ☐ Multistate ☐ International ☐ Unknown ☐ Other (specify):_____

Mode of Transmission ☐ Point source ☐ Person-to-person ☐ Unknown ☐ Other:_____	*Vehicle of Outbreak*	*Pattern 1 ID number*	*Pattern 2 ID number*

STATE USE ONLY

State Case Classification

☐ Confirmed ☐ Probable ☐ Not a case ☐ Need additional information

CASE DEFINITION

BRUCELLOSIS (2025)

CLINICAL CRITERIA

- An illness characterized by acute or insidious onset of fever, **AND**
- Two or more of the following signs and symptoms:
  - Night sweats
  - Arthralgia
  - Headache
  - Fatigue
  - Anorexia
  - Myalgia
  - Weight loss
  - Arthritis
  - Spondylitis
  - Meningitis, encephalitis, or other neurologic abnormalities
  - Discitis or osteomyelitis
  - Abscesses
  - Focal organ involvement (including, but not limited to: endocarditis, orchitis/epididymitis, hepatomegaly, splenomegaly).

LABORATORY CRITERIA FOR DIAGNOSIS

Confirmatory Laboratory Evidence*, **

- Category 1:
  - Identification of a *Brucella* isolate as a brucellosis-causing *Brucella* species (BBS) by methods specific for BBS (i.e., PCR assay with documented specificity for BBS and/or biochemical tests and/or whole genome sequencing of *Brucella* isolate).
- Category 2:
  - Evidence of fourfold or greater rise in *Brucella* antibody titer between acute and convalescent serum specimens obtained at least 2 weeks apart.***

Presumptive Laboratory Evidence

- *Brucella* total antibody titer ≥1:160 by standard tube agglutination (SAT) or *Brucella* microagglutination test in one or more serum samples obtained after onset of symptoms.

Supportive Laboratory Evidence

- Detection of *Brucella* IgG antibodies by ELISA in a sample collected at least 2 weeks after onset of symptoms.

** Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.*

*** See CSTE Position Statement for Brucellosis (24-ID-03) Appendix A for additional information regarding brucellosis laboratory criteria.*

**** To ensure consistency with laboratory methodologies, it is recommended that paired sera testing for the purposes of confirmatory classification be conducted within the same laboratory.*

(continued on page 8)

CASE DEFINITION (continued)

EPIDEMIOLOGIC LINKAGE CRITERIA

- Direct contact with body fluids or tissue from a confirmed human case of brucellosis, **OR**
- Veterinary occupational exposure to *Brucella* vaccine (i.e., needle stick, mucous membrane exposure), **OR**
- Laboratory exposure to Brucellosis-causing *Brucella* species (BBS), **OR**
- Direct contact to an animal diagnosed with a *Brucella* infection (or their fluids), as determined by a state or federal animal health official, including potential aerosol exposure, **OR**
- Shared one of the following exposures with a confirmed human case of brucellosis:
  - Consumption of dairy products from a common source that were unpasteurized or of unknown pasteurization, particularly from countries lacking domestic animal health programs, **OR**
  - Consumption or handling of undercooked meat or carcass of an animal from a herd or of a species with a known or suspected history of *Brucella*, **OR**
  - Slaughtering, dressing, butchering, or having other direct contact with animals or animal tissues possibly infected with *Brucella*.

VITAL RECORDS CRITERIA

- Death certificate lists brucellosis as a cause of death or a significant condition contributing to death.

CRITERIA TO DISTINGUISH A NEW CASE OF BRUCELLOSIS FROM REPORTS OR NOTIFICATIONS WHICH SHOULD NOT BE ENUMERATED AS A NEW CASE FOR SURVEILLANCE

Public health authorities should enumerate new cases of brucellosis in the following instances:

- A person should be enumerated as a case if not previously enumerated as a case, **OR**
- A person who was previously enumerated as a confirmed or probable case that meets confirmatory laboratory evidence category 1, **AND** has an event date at least twelve months after completion of adequate antimicrobial therapy, **AND** has new or ongoing risk factors for brucellosis exposure, **OR**
- A person who was previously enumerated as a confirmed or probable case that meets confirmatory laboratory evidence category 1 **AND** determined to be infected with a different Brucellosis-causing *Brucella* species (BBS) or strain than prior infection.

A person should not be enumerated as a new case if previously enumerated as a case AND there is evidence the new report is due to one of the following: brucellosis relapse, chronic infection, or delayed convalescence. *See CSTE Position Statement for Brucellosis (24-ID-03) Appendix B for additional information on determination of new case of brucellosis.*

CASE CLASSIFICATION

Confirmed

- Meets confirmatory laboratory evidence category 1, **OR**
- Meets clinical criteria AND confirmatory laboratory evidence category 2.

Probable

- Meets clinical criteria AND presumptive laboratory evidence, **OR**
- Meets clinical criteria AND meets epidemiologic linkage criteria.

Suspect:

- Meets confirmatory laboratory evidence category 2, **OR**
- Meets presumptive laboratory evidence, **OR**
- Meets supportive laboratory evidence, **OR**
- Meets vital records criteria.

First three letters of patient's last name: | | | |

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

ASIAN GROUPS

- Bangladeshi
- Bhutanese
- Burmese
- Cambodian
- Chinese
- Filipino
- Hmong
- Indian
- Indonesian
- Iwo Jiman
- Japanese
- Korean
- Laotian
- Madagascar
- Malaysian
- Maldivian
- Nepalese
- Okinawan
- Pakistani
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Vietnamese

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS

- Carolinian
- Chamorro
- Chuukese
- Fijian
- Guamanian
- Kiribati
- Kosraean
- Mariana Islander
- Marshallese
- Melanesian
- Micronesian
- Native Hawaiian
- New Hebrides
- Palauan
- Papua New Guinean
- Pohnpeian
- Polynesian
- Saipanese
- Samoan
- Solomon Islander
- Tahitian
- Tokelauan
- Tongan
- Yapese

First three letters of patient's last name: | | | |

OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - waiter or waitress
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - registered nurse
- Medical - other/unknown
- Military - officer
- Military - recruit or trainee
- Protective service - police officer
- Protective service - other
- Professional, technical, or related profession
- Retired
- Sex worker
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high (secondary) school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high (secondary) school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Other
- Refused
- Unknown