



TEXAS

Health and Human Services

Texas Department of State
Health Services

National Electronic Disease Surveillance System (NEDSS) COVID-19 Data Entry Demonstration

**Emerging and Acute Infectious Disease Unit
Laboratory & Infectious Disease Services Division**

Objectives



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Objectives:

Perform data entry of COVID-19 cases in NEDSS,
including:

- Routine Case Investigations
- Vaccine Breakthrough Cases
- Reinfection Cases
- Variant Cases
- Lab Reports

NEDSS New User Training Webpage



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NEDSS COVID-19 New User Training Webpage:

<https://dshs.texas.gov/coronavirus/public-health.aspx>

Videos:

[NEDSS COVID-19 Data Entry Demonstration Video](#) (8/27/21)

Documents to follow along with the video:

[NEDSS COVID-19 Data Entry Demonstration Slides](#) (Pptx, 8/27/21)

[NEDSS COVID-19 Data Entry Guide \(DEG\)](#) (PDF, V.3.0, released 11/24/2020)

Data Entry Guide (DEG)



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| Case Info Tab | NBS Field Name | Description/Instructions |
|----------------------|--|--|
| ⇒ | Reporting Provider | Conduct search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new health care provider as needed.</i> |
| Clinical | | |
| ⇒ | Physician | Conduct search for physician if known. <i>Note: Physician is required for clinically diagnosed case. If not found, search by city, etc. and then enter new physician as needed.</i> |
| Epidemiologic | | |
| | Transmission Mode | Select most appropriate disease transmission mechanism by which disease or condition was acquired by the subject of the investigation. <i>Note: Most likely droplet-borne transmission. If so, select "other" and enter droplet-borne transmission.</i> |
| | Detection Method | Method by which the public health department was made aware of the case (i.e., patient self-referral, prenatal testing, prison entry screening, provider reported, routine physical, other). |
| → | Confirmation Method | Select method used to determine case status. Select laboratory confirmed, epi-linked, or clinical diagnosis. Laboratory confirmed – laboratory criteria required for case status (confirmed or probable) selected was met; enter lab information into COVID test table. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments. Clinical Diagnosis – Case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider. |
| | Confirmation Date | Date case met the epi-case criteria (i.e., confirmed, probable, suspect, not a case, unknown). |
| → | Case Status | Select Confirmed, Probable, Suspect, or Not a Case according to the (1) Case Classification section (p.1) or (2) more recent DSHS COVID-19 Epi Case Criteria Guide . |
| → | If probable, select reason for case classification | Select the following from dropdown list: Meets Clinical/Epi, No Lab Conf, Meets Presump Lab and Clinical or Epi, or Meets Vital Records, No Lab Confirm to indicate the basis for the probable case classification. |
| → | MMWR Week | Auto-populates based on data entry date (i.e., the MMWR Week in which the case should be counted). |

- The DEG lists each field in the NEDSS COVID-19 module.
- It includes a detailed explanation of each variable that can be used to complete each field.
- Required fields are marked in red.
- Example DEG page on left.
- [\(DEG can be found at NEDSS COVID-19 Data Entry Guide \(DEG\)\)](#)

COVID-19 Public Health Resource Page



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COVID-19 Public Health Resource Page:

<https://dshs.texas.gov/coronavirus/public-health.aspx>

Disease Reporting & Case Definition Resources:

- [DSHS COVID-19 Variant Case Guidance](#) (PDF, V.1.0, released 3/17/2021)
- [DSHS COVID-19 Vaccine Breakthrough Case Guidance](#) (PDF, V.2.0, released 6/10/2021)
- [DSHS COVID-19 Reinfection Guidance](#) (PDF, V.1.0, released 3/12/2021)
- [DSHS Suspect COVID-19 Case Reporting Guidance](#) (PDF, V.1.0, released 12/11/2020)
- [Determining Texas Residency for Immigrants, Refugees, and Detainees](#) (PDF, V.1.0, released 5/26/2020)
- [DSHS Case Definition and Investigation Prioritization Guidance](#) (PDF, V.2.0, released 11/01/2020)
- [DSHS Epi Case Criteria Guide](#) (PDF, V.2.0, released 11/01/2020)
- [DSHS NBS Data Entry Guide](#) (PDF, V.3.0, released 11/24/2020)

COVID-19 Investigation Data Entry Steps



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The following slides will outline these steps to input lab reports and case investigations:

- Step 1: Conduct patient record search
- Step 2: If no results are found, add new patient
- Step 3: Complete & submit patient demographics
- Step 4: Add new patient lab report if applicable
- Step 5: Add new case investigation
- Step 6: Close investigation
- Step 7: Submit notification

NEDSS Login Page



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- Enter Username and Password
- Click 'Submit'

[Change your Password?](#)

[Technical FAQ](#)

[NEDSS Help](#)

[Documentation](#)

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Please enter your username and password below. Once you have finished press submit to log onto the application.

Username:

Password:

NEDSS Homepage Dashboard



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This is the front page that will open.

Home | Data Entry | Merge Patients | Open Investigations | Reports | System Management

Release 6.0.9-GA Dashboard

Help | Logout

User : Pamela Stuart

Patient Search

Search Demographics
(By default, search uses 'Starts With'. To search using 'Contains', enter % at start of text or use Advanced Search)

Last Name:

First Name:

DOB:

Current Sex:

Search Identifiers

Event ID Type:

Patient ID(s):

(Separate IDs by commas, semicolons, or spaces)

[Advanced Search](#)

My Queues

- Open Investigations (957)
- Approval Queue for Initial Notifications (629)
- Updated Notifications Queue (150)
- Rejected Notifications Queue (127)
- Documents Requiring Security Assignment (35404)
- Documents Requiring Review (14266)

Notices

Monday, June 14, 2021
NEDSS was upgraded to 6.0.9. Please email NEDSS@dshs.texas.gov if you have any problems.

Cases created - Last 7 Days

| Day | # of Investigations |
|-----|---------------------|
| 1 | 167 |
| 2 | 147 |
| 3 | 159 |
| 4 | 143 |
| 5 | 44 |

My Reports

There are no private reports available.

Patient Search



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- Search for patient names or NEDSS unique identifiers such as Investigation ID or Lab ID
- The default search operator uses “starts with”. You can choose *Advanced Search* to change the operators.

Patient Search

Search Demographics
(By default, search uses 'Starts With'. To search using 'Contains', enter % at start of text or use Advanced Search)

Last Name:

First Name:

DOB:

Current Sex:

Search Identifiers

Event ID Type:

Patient ID(s):

(Separate IDs by commas, semicolons, or spaces)



Existing Patient Record

- If the patient is already in the system, their name will appear.
- Click 'Patient ID' hyperlink to open their account.

Home | Data Entry | Open Investigations | Reports | Help | Logout
Search Results User : Katherine Bourne

[New Search](#) | [Refine Search](#)
[Add New](#)

Your Search Criteria: Last Name Starts With 'ful', First Name Starts With 'dee', DOB Equal '08/22/1992', resulted in 1 possible matches. Would you like to [refine your search](#) or [add a new patient](#) ?

Results 1 to 1 of 1 | [Remove All Filters/Sorts](#)

| Patient ID | Name | Age/DOB/Sex | Address | Phone/Email | ID |
|------------|---------------------|-------------|--------------------|--------------------|----|
| | Legal [REDACTED] | [REDACTED] | Home [REDACTED] | Home [REDACTED] | |

Add New Patient



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- If your search results in '0 possible matches':
- Choose 'Add New' in lower right corner to add new patient

Home | Data Entry | Open Investigations | Reports | Help | Logout

Search Results User : Katherine Bourne

[New Search](#) | [Refine Search](#) [Add New](#)

Your Search Criteria: Last Name Starts With 'TestPatient', First Name Starts With 'TestPatient', DOB Equal '01/01/2001', Current Sex Equal 'Male', resulted in 0 possible matches. Would you like to [refine your search](#) or [add a new patient?](#)

[Remove All Filters/Sorts](#)

| Patient ID | Name | Age/DOB/Sex | Address | Phone/Email | ID |
|---------------------------|------|-------------|---------|-------------|----|
| Nothing found to display. | | | | | |

[Add New](#)

Patient Tab



Once the patient is in the system, the Patient Tab will be displayed.

- This tab contains fields to enter the patient's demographic information.

NEDSS Patient Tab

The screenshot displays the NEDSS Patient Tab form with the following sections and fields:

- Basic Demographic Data**
 - [Collapse Subsections](#)
 - General Information**
 - Information As of Date: 08/12/2021
 - Comments: [Text Area]
 - Name Information**
 - Last Name: DOE-SMITH
 - First Name: JOHN
 - Middle Name: [Text Field]
 - Suffix: [Dropdown Menu]
 - Other Personal Details**
 - DOB: 01/01/2001
 - Current Age: 20 Years
 - Current Sex: Male
 - Birth Sex: [Dropdown Menu]
 - Is the patient deceased?: [Dropdown Menu]
 - Date of Death: [Text Field]
 - Marital Status: [Dropdown Menu]
 - Address**
 - Street Address 1: [Text Field]
 - Street Address 2: [Text Field]
 - City: [Text Field]
 - State: Texas
 - Zip: [Text Field]
 - County: [Dropdown Menu]
 - Census Tract: [Text Field]
 - Country: United States
 - Telephone**
 - Home Phone: [Text Field]
 - Work Phone: [Text Field]
 - Work Phone Ext: [Text Field]
 - Cell Phone: [Text Field]
 - Email: [Text Field]

Patient Tab: Required Fields



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9/11/2021 NBS.Add Patient - Basic

Add Patient - Basic

Submit Cancel Add Extended Data

Basic Demographic Data

General Information

Information As of Date: 09/11/2021 *Date will auto-populate

Comments:

Name Information

Last Name: TestPatient
First Name: TestPatient
Middle Name:
Suffix:

Other Personal Details

DOB: 01/01/2001
Current Age: 20 Years
Current Sex: Male
Birth Sex:
Is the patient deceased?
Date of Death:
Marital Status:

Address

Street Address 1:
Street Address 2:
City:
State: Texas
Zip:
County:
Census Tract:
Country: United States

Telephone

Home Phone:
Work Phone:
Work Phone Ext:
Cell Phone:
Email:

Ethnicity and Race Information

Ethnicity:
Race:
 American Indian or Alaska Native
 Asian
 Black or African American

100.542.2.101:1001106#patientsearchresults1.00 / contextAction=Add 1/2

You can press the 'tab' key on your keyboard to move between fields if you prefer.

COVID-19 Required fields:

- Last Name
- First Name
- DOB
- Current Sex
- Is the patient deceased?
- Date of Death
- Street Address
- City
- State
- Zip
- County
- Cell Phone
- Ethnicity
- Race

Patient Tab: Submit



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- Although only certain fields are required for data entry, DSHS recommends entering all patient data that is available.
- Once you have completed entering the data, click **Submit** at the bottom of the page.

The screenshot displays a web form for patient data entry. It includes sections for 'Ethnicity and Race Information' with radio button options, and 'Identification' with a table and input fields. The 'Submit' button is highlighted in yellow, and a red arrow points to it from below.

Ethnicity and Race Information

Native Hawaiian or Other Pacific Islander
 White
 Other
 Refused to answer
 Not Asked
 Unknown

Identification

| Type | Assigning Authority | ID Value |
|---------------------------|---------------------|----------|
| No Data has been entered. | | |

Type:
Assigning Authority:
ID Value:

Patient File: Add New Event



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- Patient File will open
- Click on 'Events' tab to add a new event.

The screenshot shows a web application interface for a patient file. At the top, there is a navigation bar with links for 'Home | Data Entry | Open Investigations | Reports |' and 'Help | Logout'. The user is identified as 'User : Katherine Bourne'. Below this, the patient's name 'TestPatient TestPatient' is displayed along with 'Male' and '01/01/2001 (20 Years)'. The 'Patient ID: 78114962' is also visible. A tabbed interface at the top of the main content area shows 'Summary', 'Events', and 'Demographics' tabs. The 'Events' tab is highlighted in green, and a red arrow points to it. Below the tabs, there is a 'Patient Summary' section with a 'Go to:' menu containing 'Patient Summary', 'Open Investigations', and 'Documents Requiring Review'. The 'Patient Summary' section displays patient details: 'Address (Home)' (55 Main St., Austin, Texas 78758, Travis County), 'Cell' (555-555-5555), 'No ID Info Available', 'Race' (Native Hawaiian or Other Pacific Islander), and 'Ethnicity' (Not Hispanic or Latino). Below this, there are sections for 'Open Investigations (0)' and 'Documents Requiring Review (0)', both with 'Back To Top' links. At the bottom of the main content area, there are 'Previous' and 'Next' navigation links. A secondary tabbed interface at the very bottom shows 'Summary', 'Events', and 'Demographics' tabs, with 'Events' also highlighted.

Events Tab



The screenshot shows a web application interface for a patient file. At the top, there is a navigation bar with links for Home, Data Entry, Open Investigations, and Reports. The user is identified as Katherine Bourne. The patient's name is Bob TestPatient, a male born on 01/01/2001 (20 Years old), with Patient ID 78463008. The interface has tabs for Summary, Events, and Demographics. Below the tabs, there is a 'Patient Events History' section with a list of event categories: Investigations (0), Lab Reports (0), Morbidity Reports (0), Vaccinations (0), Treatments (0), Documents (0), and Contact Records (0). Each category has an 'Add New' button and a 'Back To Top' link. There are also 'Expand All' and 'Collapse All' links. At the bottom, there are 'Previous' and 'Next' navigation links.

In the Events Tab, the following records can be added by selecting **Add New**:

- Investigation
- Lab report
- Morbidity report
- Vaccinations
- Treatments
- Documents
- Contact records


Add New Lab Report



If an Electronic Lab Report is not already present in the Patient File, you can add one manually:

- Select a condition
- Choose 'Novel Coronavirus 2019' from the drop-down menu
- Click **Submit** key

Home | Data Entry | Open Investigations | Reports | Help | Logout

Select Condition User: Katherine Bourne 

Please select a condition:

Novel Coronavirus 2019

Add New Lab Report Continued



Add Lab Report

Bob TestPatient | Male | 01/01/2001 (20 Years) Patient ID: 78463008
 Address: 1100 W 49th St, Austin, TX 78758 SSN: * Indicates a Required Field

Order Information

Facility and Provider Information

* Reporting Facility: Search - OR - Quick Code Lookup
 Reporting Facility Selected:
 Ordering Facility: Search - OR - Quick Code Lookup
 Ordering Facility Selected:
 Same as Reporting Facility:
 Ordering Provider: Search - OR - Quick Code Lookup
 Ordering Provider Selected:

Order Details

* Program Area:
 * Jurisdiction: Austin HHS Division (City of)
 Shared Indicator:
 Lab Report Date:
 * Date Received by Public Health: 08/18/2021
 Pregnancy Status:
 Weeks:

Test Results

Ordered Test

Ordered Test: Search Clear
 Accession Number:
 Specimen Source:
 Specimen Site:
 Specimen Collection Date/Time:
 Patient Status at Specimen Collection:

Resulted Test

| Resulted Test | Coded Result / Organism Name | Numeric Result | Units | Text Result | Ref Range From | Ref Range To | Status | Result Comments |
|---------------------------|------------------------------|----------------|-------|-------------|----------------|--------------|--------|-----------------|
| No Data has been entered. | | | | | | | | |

* Resulted Test: Search Clear
 Coded Result:
 Numeric Result:
 Units:
 Text Result:

- Please refer to the COVID-19 Data Entry Guide (DEG) for further description of each variable, found: [DSHS NBS Data Entry Guide](#)
- **COVID-19 Required fields:**
 - Reporting Facility
 - Program Area
 - Jurisdiction
 - Date Received by Public Health
 - Pregnancy Status if female
 - Specimen Source
 - Specimen Collection Date/Time
 - Resulted Test
 - Test Result




Add New Investigation

To add a new COVID-19 case investigation:

- Select a condition
- Choose 'Novel Coronavirus 2019' from the drop-down menu
- Click **Submit** key

Home | Data Entry | Open Investigations | Reports | Help | Logout

Select Condition User: Katherine Bourne 

Please select a condition:

Novel Coronavirus 2019

New Investigation – Case Info Tab



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A patient file will open to enter the new investigation:

- The first page is the Patient Tab with the patient's demographic information that we completed earlier.
- You can edit this tab if needed.
- Click to open the second tab, 'Case Info'.

The screenshot displays the NEDSS COVID-19 Data Entry interface. At the top, there is a navigation bar with links for Home, Data Entry, Open Investigations, and Reports. The current page is titled 'Add Investigation: Novel Coronavirus 2019'. The user is identified as Katherine Bourne. The patient information is displayed as 'TestPatient TestPatient | Male | 01/01/2001 (20 Years)' with a Patient ID of 78114962. The 'Case Info' tab is selected and highlighted with a red arrow. The form contains several sections: 'Patient Information' (with expand/collapse options), 'Name Information' (First Name: TestPatient, Middle Name, Last Name: TestPatient, Suffix), 'Other Personal Details' (Date of Birth: 01/01/2001, Reported Age: 20, Reported Age Units: Years, Country of Birth, Current Sex: Male, Is the patient deceased?: No, Deceased Date, Marital Status), and 'Reporting Address for Case Counting' (Street Address 1: 55 Main St., Street Address 2, City: Austin, State: Texas). A 'Back to top' link is visible in the top right corner of the form area.

New Investigation - Case Info Tab



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Add Investigation: Novel Coronavirus 2019

TestPatient TestPatient | Male | 01/01/2001 (20 Years) Patient ID: 78114962
* Indicates a Required Field

Investigation Information

Investigation Details

* Jurisdiction: Austin HHS Division (City of)
THT Jurisdiction:
THT Source Type:
Record Source:
* Program Area: COVID-19
Investigation Start Date: 08/11/2021
* Investigation Status: Open *Note: You will change this to 'Closed' after the case is finished.
* Shared Indicator:
State Case ID:
THT Case ID:
Call Status:
Reason:

Investigator

Investigator: Search - OR - Quick Code Lookup
Investigator Selected:
Date Assigned to Investigation:

Reporting Information

Key Report Dates

Date of Report:
Earliest Date Reported to County:
Earliest Date Reported to State:

Reporting Organization

Reporting Source Type:
Reporting Organization: Search - OR - Quick Code Lookup
Reporting Organization Selected:

Reporting Provider

Reporting Provider: Search - OR - Quick Code Lookup
Reporting Provider Selected:

Reporting County

Clinical

Physician

Physician: Search - OR - Quick Code Lookup
Physician Selected:

Epidemiologic

Case Status

- Please refer to the COVID-19 Data Entry Guide (DEG) for further description of each variable, found: [DSHS NBS Data Entry Guide](#)

COVID-19 Required fields:

- Jurisdiction
- Investigation Start Date
- Investigation Status
- Date of Report
- Earliest Date Reported to County
- Earliest Date Reported to State
- Reporting Source Type

New Investigation – Case Info Tab Continued



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[Case Status](#)

Transmission Mode:

Detection Method:

(Use Ctrl to select more than one)

Confirmation Method:

Confirmation Date:

Case Status:

If probable, select reason for case classification:

MMWR Week: 32 *This will auto-populate.

MMWR Year: 2021 *This will auto-populate.

General Comments

[General Comments](#)

General Comments:

Place Of Residence

[Place of Residence](#)

Is the patient a U.S. resident?:

Country of Usual Residence:

Which would best describe where the patient was staying at the time of illness onset?:

Residence Description:

Occupation Information

[Occupation Details](#)

Current Occupation:

Unemployed:

Student:

Name of School:

Is this person associated with a day care facility?:

Is this person a food handler?:

Contact Exposure Information

[Epi-Link](#)

Required fields (Continued):

- Confirmation Method
- Case Status
- If probable, select reason for case classification
- MMWR Week **will auto-populate*
- MMWR Year **will auto-populate*

New Investigation – Exposures Tab



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[Epi-Link](#)
 During the 14 days prior to onset (or diagnosis if asymptomatic), did the patient have close contact with another COVID-19 case (probable or confirmed)?

Were they ill at the time of contact?

Is the contact a U.S. case?

Is the contact an international case?

In which country was the contact diagnosed for this illness?

Is the patient a suspected community transmission case?

Is the patient a health care worker?

Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor)?

Did this person care for a COVID-19 patient?

Is the patient in a cluster of severe acute respiratory illness in which nCoV is being evaluated?

Is this case part of an outbreak?

Outbreak Name: "If 'yes' above"

Outbreak Name 2: "If applicable"

THT Outbreak Name:

Exposure Information

[Travel Exposure](#)
 In the 14 days prior to illness onset, did the patient have any of the following exposures:

International Travel:

Domestic travel (outside normal state of residence):

[Travel History](#)

| Travel City | Travel State | Travel Country | Date Arrived | Date Left |
|---------------------------|--------------|----------------|--------------|-----------|
| No Data has been entered. | | | | |

Travel City:

Travel State:

Travel Country:

Date Arrived:

Date Left:

[Additional Travel Information](#)

Additional Travel Information:

[Travel Details](#)

DGMQID:

Cruise ship or vessel travel as passenger or crew member:

Specify Name of Ship or Vessel:

[Disease Acquisition](#)

Where was the disease acquired?

Imported Country:

Click on the next tab to open *Exposures* tab.

Required fields:

- During the 14 days prior to onset, did the patient have close contact with another COVID-19 case?
- Is the patient a health care worker?
- Is this case part of an outbreak?
- Outbreak Name (if applicable)
- Outbreak Name 2 (if applicable)
- International Travel
- Domestic Travel

New Investigation – Clinical Tab



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[Disease Acquisition](#)

Imported State:
Imported City:
Imported County:

[Binational Reporting](#)

(Use Ctrl to select more than one)

Binational Reporting Criteria:
Exposure to suspected product from Canada or Mexico
Has case contacts in or from Mexico or Canada
Other situations that may require binational notification or coordination of response
Potentially exposed by a resident of Mexico or Canada
Potentially exposed while in Mexico or Canada
Resident of Canada or Mexico
Selected Values:

[Signs And Symptoms](#)

[COVID-19 Case Details](#)

Date of first positive specimen collection:
Diagnosis Date:
Earliest Date Suspected:
Date of Symptom Onset:
Date of Symptom Resolution:
Illness Duration:
Illness Duration Units:
Age at Onset: *This will auto-populate.
Age at Onset Units:
Long COVID Indicator:
Symptoms present during course of illness:

[Symptoms](#)

Fever >100.4F (38C):
Highest Measured Temperature:
Subjective fever (felt feverish):
Cough (new onset or worsening of chronic cough):
Sore Throat:
Shortness of Breath (dyspnea):
Chills:
Headache:
Muscle aches (myalgia):
Vomiting:
Abdominal Pain or Tenderness:
Diarrhea (=3 loose/looser than normal stools/24hr period):
New Olfactory and Taste Disorder:
Loss of appetite:
Fatigue or malaise:

Click on the next tab
to open *Clinical* tab.

Required fields:

- Date of the positive specimen collection
- Diagnosis Date
- Earliest Date Suspected
- Date of Symptom Onset
- Age at Onset
- Symptoms present during course of illness

New Investigation – Clinical Tab Continued



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Symptoms

Runny nose (rhinorrhea):

Wheezing:

Chest Pain:

Other Symptoms:

Symptom Notes

Symptom Notes:

Medical History

Pre-Existing Conditions

Does the patient have any underlying health conditions? If yes, please select status of each of the following?:

Medical History

Is the patient pregnant?:

Diabetes Mellitus: *Fill out the medical conditions as applicable.

Cardiovascular disease:

Hypertension:

Chronic Pulmonary Disease:

Chronic Kidney disease:

Chronic Liver disease:

Immunosuppressive Condition:

Asthma:

Hemoglobin disorders (e.g. sickle cell disease, thalassemia):

Severe Obesity (BMI >=40):

Specify Other Underlying Condition or Risk Behavior:

Hospitalization Information

Hospital

Was the patient hospitalized for this illness?:

Hospital: Search -OR- Quick Code Lookup

Hospital Selected:

Admission Date:

Click on the next tab to open
Clinical tab.

Required fields:

- Does the patient have any underlying health conditions?
- If yes, please select status of each of the following?
- Is the patient pregnant?
 - (If male will not populate)
- Was the patient hospitalized for this illness?
- Hospital (if applicable)
- Admission Date (if applicable)

New Investigation – Clinical Tab (Continued) & Vaccination Information



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Hospital

Discharge Date:

Total Duration of Stay in the Hospital (in days):

Was the patient admitted to an ICU?:

ICU Admission Date:

Clinical Information

Treatment

Intubation:

Did the patient receive ECMO?:

Did the patient receive mechanical ventilation?:

Total days with Mechanical Ventilation:

Clinical Findings

Was the patient diagnosed with pneumonia (clinical or radiologic)?:

Was the patient diagnosed with acute respiratory distress syndrome?:

Was the patient diagnosed with severe acute respiratory syndrome?:

Did the patient have an abnormal chest X-ray?:

Did the patient have an abnormal EKG?:

Did the patient die from this illness?:

Did the patient have another diagnosis/etiology for their illness?:

Specify Other Diagnosis:

Is the patient isolated at home?:

COVID-19 Reinfection Information

Reinfection Indicator:

COVID-19 Vaccination Information

Vaccine Interpretive Questions

Did subject ever receive a disease-containing vaccine?:

Vaccination Doses Prior to Onset:

Date of Last Dose Prior to Illness Onset:

Vaccinated per ACIP Recommendations:

Reason Not Vaccinated Per ACIP Recommendations:

Vaccine History Comments:

Suggested new variables:
1) Subject's Vaccination Status:
Fully vaccinated, Partially vaccinated, Unvaccinated

2) Vaccine Manufacturer Received:
Pfizer-BioNTech, Moderna, Johnson & Johnson, Other

Vaccine Breakthrough Questions

Were there any SARS-CoV-2 RNA or Ag positive tests >14 days after completing primary vaccine series?:

Were there any SARS-CoV-2 RNA or antigen positive tests with collection dates <45 days before the:
Vaccine Breakthrough Case?:

Required fields:

If patient was hospitalized:

- Discharge Date
- Was the patient admitted to an ICU?
- Intubation
- Did the patient receive ECMO?
- Did the patient receive mechanical ventilation?

- Was the patient diagnosed with pneumonia?
- Was the patient diagnosed with acute respiratory distress syndrome?
- Was the patient diagnosed with severe acute respiratory syndrome?
- Did the patient die from this illness?
- Reinfection Indicator

Click on the next tab to open **COVID-19 Vaccination Information** tab.

- Did subject ever receive a disease-containing vaccine?
- Vaccination Doses Prior to Onset
- Vaccine Breakthrough Case

New Investigation - Lab Results Tab



Respiratory Diagnostic Testing

Laboratory Information

(Use Ctrl to select more than one)

Positive non-COVID respiratory tests: Adenovirus, Chlamydia Pneumoniae, Coronavirus (OC43, 229E, HKU1, NL63), Enterovirus, Human metapneumovirus(hMPV), Influenza A, B, C, D

Other Positive non-COVID respiratory tests:

Negative respiratory tests: Adenovirus, Chlamydia Pneumoniae, Coronavirus (OC43, 229E, HKU1, NL63), Enterovirus, Human metapneumovirus(hMPV), Influenza A, B, C, D

Other Negative respiratory tests:

COVID-19 Variant Information

COVID-19 Variant:

Other COVID-19 Variant:

Reason for Sequencing: Diagnostic Target Failure, Epi-Linkage to a Known Variant of Concern Case, Epi-Linkage to an Outbreak, General Surveillance, Monoclonal Antibody Treatment Failure, Unlabeled, Other

COVID-19 Laboratory Findings

COVID-19 Testing

| Performing Lab Type | Test Result | Test Type | Other Test Type | Specimen Source | Other Specimen Source | Postmortem Source | Specimen ID | Specimen Collection Date | Date Resulted | Lab | Commercial Lab |
|------------------------------|-------------|-----------|-----------------|-----------------|-----------------------|-------------------|-------------|--------------------------|---------------|-----|----------------|
| No Data has been entered. | | | | | | | | | | | |
| Performing Lab Type: | | | | | | | | | | | |
| COVID Test Result: | | | | | | | | | | | |
| COVID Test Type: | | | | | | | | | | | |
| Other COVID Test Type: | | | | | | | | | | | |
| COVID Specimen Source: | | | | | | | | | | | |
| Other COVID Specimen Source: | | | | | | | | | | | |
| COVID Specimen ID: | | | | | | | | | | | |
| Specimen Collection Date: | | | | | | | | | | | |
| COVID Date Resulted: | | | | | | | | | | | |
| COVID Lab: | | | | | | | | | | | |
| COVID Commercial Lab Name: | | | | | | | | | | | |
| Add | | | | | | | | | | | |

Required Variant fields if applicable:

- COVID-19 Variant
- Other COVID-19 Variant (if variant is not listed in drop-down box)
- Reason for Sequencing

COVID-19 Required fields:

- COVID Test Result
- COVID Test Type
- Specimen Collection Date
- COVID Date Resulted
- COVID Lab
- COVID Commercial Lab Name

New Investigation - Supplemental Tabs



Test Result Comments

Test Result Comments:

Contact Investigation

Risk Assessment

Contact Investigation Priority:

Infectious Period From:

Infectious Period To:

Administrative Information

Contact Investigation Status:

Contact Investigation Comments:

Interviews

Interview

The following interviews are associated with TestPatient TestPatient's investigation:

| Date of Interview | Interviewer | Interviewee | Role | Type | Location | Interview Status |
|---------------------------|-------------|-------------|------|------|----------|------------------|
| Nothing found to display. | | | | | | |

Contact Records

Contacts Named By Patient

The following contacts were named within TestPatient TestPatient's investigation:

| Date Named | Contact Record ID | Name | Priority | Disposition | Investigation ID |
|---------------------------|-------------------|------|----------|-------------|------------------|
| Nothing found to display. | | | | | |

Patient Named By Contacts

The following contacts named TestPatient TestPatient within their investigation and have been associated to TestPatient TestPatient's investigation:

| Date Named | Contact Record ID | Named By | Priority | Disposition | Investigation ID |
|---------------------------|-------------------|----------|----------|-------------|------------------|
| Nothing found to display. | | | | | |

Associations

Notes And Attachments

Notes

| Date Added | Added By | Note | Private |
|---------------------------|----------|------|---------|
| Nothing found to display. | | | |

Attachments

| Date Added | Added By | File Name | Description |
|---------------------------|----------|-----------|-------------|
| Nothing found to display. | | | |

Tabs optional/Not currently used:

- Contact Investigation
- Interviews
- Contact Records

Submit Finished Investigation



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When you are finished entering the investigation, click *Submit* in lower right-hand corner.

The screenshot displays a data entry form for COVID-19 investigations. The form includes several input fields: COVID Test Result (dropdown), COVID Test Type (dropdown), Other COVID Test Type (text), COVID Specimen Source (dropdown), Other COVID Specimen Source (text), COVID Specimen ID (text), Specimen Collection Date (calendar), COVID Date Resulted (calendar), COVID Lab (dropdown), and COVID Commercial Lab Name (text). Below these fields is a section for Test Result Comments, which is currently collapsed. At the bottom of the form, there is a navigation bar with tabs for Patient, Case Info, Exposures, Clinical, Lab Results, Contact Tracing, Contact Records, and Supplemental Info. In the bottom right corner, there are two buttons: 'Submit' and 'Cancel'. A red arrow points to the 'Submit' button.

Close Investigation



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To close the investigation:

- After submitting, click **Edit** to go back to edit mode
- Go back to the **Case Info** tab
- Select the drop-down menu under **Investigation Status**
- Select **Closed** to close the investigation

TestPatient TestPatient | Male | 01/01/2001 (20 Years) Patient ID: 78114962

* Indicates a Required Field

| | | | | | | | |
|---------|-----------|-----------|----------|-------------|-----------------|-----------------|-------------------|
| Patient | Case Info | Exposures | Clinical | Lab Results | Contact Tracing | Contact Records | Supplemental Info |
|---------|-----------|-----------|----------|-------------|-----------------|-----------------|-------------------|

Go to: [Investigation Information](#) | [Reporting Information](#) | [Clinical](#) | [Epidemiologic](#) | [General Comments](#)

[Collapse Sections](#)

Investigation Information [Back to top](#)

[Collapse Subsections](#)

Investigation Details

* Jurisdiction: Austin HHS Division (City of)

THT Jurisdiction:

THT Source Type:

Record Source:

* Program Area: COVID-19

Investigation Start Date: 08/11/2021

* Investigation Status: Open

* Shared Indicator:

State Case ID:

THT Case ID:

Call Status:

Reason:

Create Notification



- Click **Create Notification** key in upper left corner

Home | Data Entry | Open Investigations | Reports | Help | Logout

View Investigation: Novel Coronavirus 2019 User : Katherine Bourne

[Return To File: Events](#)

Manage Associations | **Create Notifications** | Share Document | Transfer Ownership Edit Print

Investigation has been successfully saved in the system.

| | | |
|--|--------------------------|----------------------|
| testpatient testpatient --- --- Patient ID: 78114963 | | |
| Investigation ID: CAS484115000TX01 | Created: 08/11/2021 | By: Katherine Bourne |
| Investigation Status: Open | Last Updated: 08/11/2021 | By: Katherine Bourne |
| Investigator: | Case Status: | Notification Status: |

* Indicates a Required Field

Patient | Case Info | Exposures | Clinical | Lab Results | Contact Tracing | Contact Records | Supplemental Info

Go to: [Investigation Information](#) | [Reporting Information](#) | [Clinical](#) | [Epidemiologic](#) | [General Comments](#)

[Collapse Sections](#)

Investigation Information [Back to top](#)

[Collapse Subsections](#)

Investigation Details

* Jurisdiction: Abilene-Taylor CO Health Dept
THT Jurisdiction:
THT Source Type:
Record Source:

Submit Notification



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- Enter **Notification Comments**
- Click **Submit**

Create Notification: Notification Comments

Submit Cancel

Create Notification

Notification Comments:

Submit Cancel

Special Case Types

The following slides specify how to enter these different types of cases:

- **Vaccine Breakthrough cases**
- **Reinfection cases**
- **Variant cases**



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Special Case Types Vaccine Breakthrough Cases



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Data Entry for Vaccine Breakthrough

Same as regular investigations:

- Step 1: Conduct patient record search
- Step 2: If no results are found, add new patient
- Step 3: Complete patient tab
- Step 4: Add new investigation

Step 5: Additional fields to complete:

Bottom of Clinical Tab:

- 'Did subject ever receive a disease-containing vaccine' choose 'Yes'
- 'Vaccination Doses Prior to Onset' enter '1' or '2'
- 'Vaccine Breakthrough Case' choose 'Yes'
- Step 6: Submit, close investigation, create notification

Hospital

Discharge Date:

Total Duration of Stay in the Hospital (in days):

Was the patient admitted to an ICU?:

ICU Admission Date:

Clinical Information

Treatment

Intubation:

Did the patient receive ECMO?:

Did the patient receive mechanical ventilation?:

Total days with Mechanical Ventilation:

Clinical Findings

Was the patient diagnosed with pneumonia (clinical or radiologic)?:

Was the patient diagnosed with acute respiratory distress syndrome?:

Was the patient diagnosed with severe acute respiratory syndrome?:

Did the patient have an abnormal chest X-ray?:

Did the patient have an abnormal EKG?:

Did the patient die from this illness?:

Did the patient have another diagnosis/etiology for their illness?:

Specify Other Diagnosis:

Is the patient isolated at home?:

COVID-19 Reinfection Information

Reinfection Indicator:

COVID-19 Vaccination Information

Vaccine Interpretive Questions

Did subject ever receive a disease-containing vaccine?:

Vaccination Doses Prior to Onset:

Date of Last Dose Prior to Illness Onset:

Vaccinated per ACIP Recommendations:

Reason Not Vaccinated Per ACIP Recommendations:

Vaccine History Comments:

Suggested new variables:
1) Subject's Vaccination Status:
Fully vaccinated, Partially vaccinated, Unvaccinated
2) Vaccine Manufacturer Received:
Pfizer-BioNTech, Moderna, Johnson & Johnson, Other

Vaccine Breakthrough Questions

Were there any SARS-CoV-2 RNA or Ag positive tests >14 days after completing primary vaccine series?:

Were there any SARS-CoV-2 RNA or antigen positive tests with collection dates <45 days before the:

Vaccine Breakthrough Case:

Special Case Types Reinfections



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Data Entry for Reinfection

Same as regular investigations:

- Step 1: Conduct patient record search
- Step 2: If no results are found, add new patient
- Step 3: Complete patient tab
- Step 4: Add new investigation

Step 5: Additional fields to complete:

Bottom of Clinical Tab:

- Reinfection Indicator: Select **Yes**

- Step 6: Submit, close investigation, create notification

Hospital

Discharge Date:

Total Duration of Stay in the Hospital (in days):

Was the patient admitted to an ICU?:

ICU Admission Date:

Clinical Information

Treatment

Intubation:

Did the patient receive ECMO?:

Did the patient receive mechanical ventilation?:

Total days with Mechanical Ventilation:

Clinical Findings

Was the patient diagnosed with pneumonia (clinical or radiologic)?:

Was the patient diagnosed with acute respiratory distress syndrome?:

Was the patient diagnosed with severe acute respiratory syndrome?:

Did the patient have an abnormal chest X-ray?:

Did the patient have an abnormal EKG?:

Did the patient die from this illness?:

Did the patient have another diagnosis/etiology for their illness?:

Specify Other Diagnosis:

Is the patient isolated at home?:

COVID-19 Reinfection Information

Reinfection Indicator: ←

COVID-19 Vaccination Information

Vaccine Interpretive Questions

Did subject ever receive a disease-containing vaccine?:

Vaccination Doses Prior to Onset:

Date of Last Dose Prior to Illness Onset:

Vaccinated per ACIP Recommendations:

Reason Not Vaccinated Per ACIP Recommendations:

Vaccine History Comments:

Suggested new variables:
1) Subject's Vaccination Status:
Fully vaccinated, Partially vaccinated, Unvaccinated
2) Vaccine Manufacturer Received:
Pfizer-BioNTech, Moderna, Johnson & Johnson, Other

Vaccine Breakthrough Questions

Were there any SARS-CoV-2 RNA or Aq positive tests >14 days after completing primary vaccine series?:

Were there any SARS-CoV-2 RNA or antigen positive tests with collection dates <45 days before the:

Vaccine Breakthrough Case:

Special Case Types Variant Cases



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Respiratory Diagnostic Testing

Laboratory Information

(Use Ctrl to select more than one)

Positive non-COVID respiratory tests:

Other Positive non-COVID respiratory tests:

Negative respiratory tests:

Other Negative respiratory tests:

COVID-19 Variant Information

COVID-19 Variant: ←

Other COVID-19 Variant:

Reason for Sequencing: ←

(Use Ctrl to select more than one)

Diagnostic Target Failure
Epi-Linkage to a Known Variant of Concern Case
Epi-Linkage to an Outbreak
General Surveillance
Monoclonal Antibody Treatment Failure
Diagnostic Failure

Selected Values:

COVID-19 Laboratory Findings

COVID-19 Testing

| Performing Lab Type | Test Result | Test Type | Other Test Type | Specimen Source | Other Specimen Source | Postmortem Source | Specimen ID | Specimen Collection Date | Date Resulted | Lab | Commercial Lab |
|---------------------------|-------------|-----------|-----------------|-----------------|-----------------------|-------------------|-------------|--------------------------|---------------|-----|----------------|
| No Data has been entered. | | | | | | | | | | | |

Performing Lab Type:

COVID Test Result:

COVID Test Type:

Other COVID Test Type:

COVID Specimen Source:

Other COVID Specimen Source:

COVID Specimen ID:

Specimen Collection Date:

COVID Date Resulted:

COVID Lab:

COVID Commercial Lab Name:

Add

Data Entry for Variant Case

Same as regular investigations:

- Step 1: Conduct patient record search
- Step 2: If no results are found, add new patient
- Step 3: Complete patient tab
- Step 4: Add new investigation

Step 5: Additional fields to complete:

In Lab Testing tab:

- 'COVID-19 Variant' field: Select the applicable variant
- 'Reason for Sequencing' field: Select a value
- Step 6: Submit, close investigation, create notification

Contact Info



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For questions or concerns regarding
NEDSS, please contact:

NEDSS@DSHS.Texas.Gov

For questions or concerns regarding
COVID-19, please contact:

EAIDU-coronavirus@dshs.texas.gov