



TEXAS DEPARTMENT OF HEALTH

Division of Infectious Disease Epidemiology and Surveillance



TxEDSS

Data Entry Guide

TEXAS DEPARTMENT OF HEALTH

TxEDSS Data Entry Guide, 1st Edition

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Acknowledgements

The editors thank Dr. Susan Penfield, Dr. John Walker, Jeff Taylor, and the TxEDSS Workgroup members for their support of this project. We also thank Dr. Erik Svenkerud, Kaye Shields, Jin Young, Carl Ditzler, Doug Hamaker, Bryan Sultanik, and Nancy Bailey for their assistance.

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Phone 512.458.7676 • Fax 512.458.7616
Austin, Texas • May 2003
Publication No. E59-11748

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Introduction

The Texas Electronic Disease Surveillance System (TxEDSS) is a replacement for the National Electronic Telecommunications System for Surveillance (NETSS) notifiable condition database. TxEDSS is to be used until a suitable replacement is available. The system is written in MS Access 2000 and has password security for all customer users.

The TxEDSS Data Entry Guide, in its current version, was designed to familiarize the reader with the data entry forms (pages, screens, and fields) used by the TxEDSS program to collect epidemiological data. It is not a training manual for data entry. It was not created to substitute for data entry training.

Method

I C O N K E Y	
	Valuable Information
	Take Note
	Go To

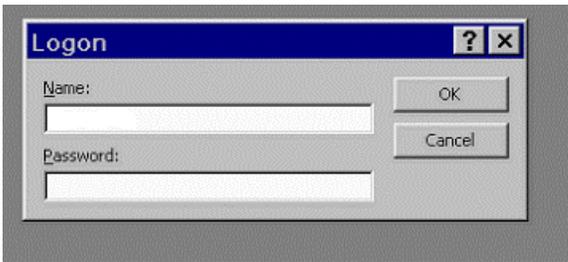
Screenshots with text comments are used to guide the reader through the data entry function of TxEDSS. Fictitious data are used in the screenshot examples. Most sections are organized such that a brief overview and features statements are placed first, then a screenshot, and last a list of fields and descriptions. Notes and helpful hints or tips are interspersed within the sections.

Logon



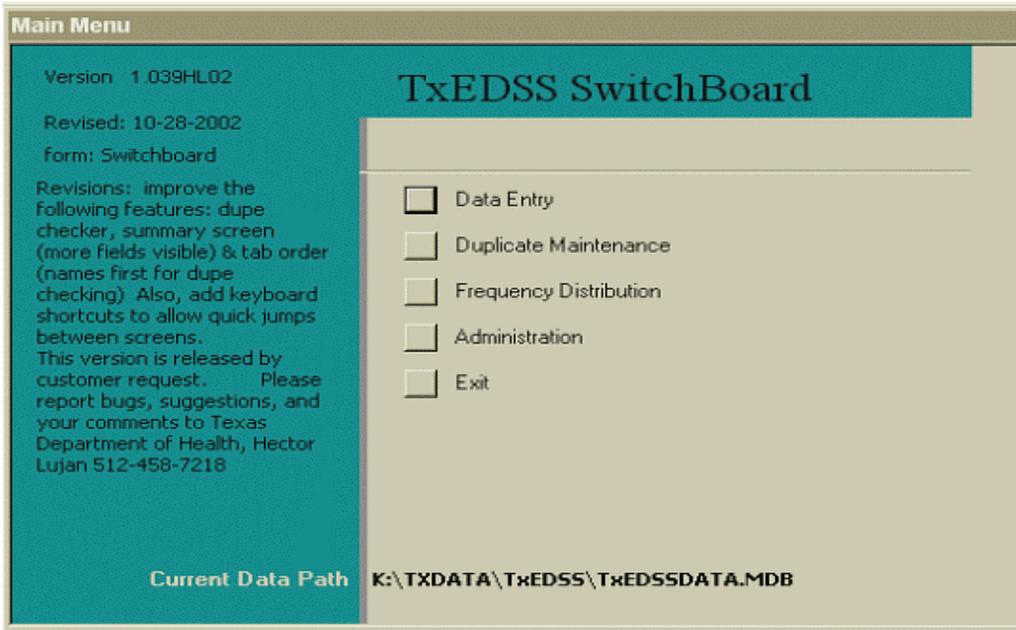
Log on with your user name and password to enter the TxEDSS system.

Your password should not be shared with others. The source of a problem can be found more easily if it can be linked to one customer. Your administrator will set up each person with his or her own user ID.



Main Menu

This is the first screen after you log on. You can use a program by selecting a button. Currently only the “Data Entry” program is supported and functioning.



Features

- The TxEDSS version number is in the top left corner. The distribution version may vary; the version covered in this guide is 1.039HL02.
- The current data path is important. On the bottom of the screen, you should see C:\TxEDSS\TxEDSSDATA.MDB or a different drive letter depending on your computer.
- If you are on a local area network (LAN) connection, the data path should point to a LAN location.

Main Menu Programs

“Data Entry” is the main system program.

“Duplicate Maintenance” is not yet supported.

“Frequency Distribution” is not yet supported.

“Administration” lets you customize your system, including the Local Use Page.

“Exit” takes you out of the system.



Click <Data Entry> to continue into the main program. The **Data Entry Form** will appear.

1. Data Entry Overview

Quick Guide

The TxEDSS data entry program has a **Data Entry Form** that is composed of the following sub-tabs (pages): **Patient** page, **Supplemental** page, and **Local Use** page. Some diseases (called Events) have an additional page, the **Event Specific** page. For most events, only the **Patient** page and the **Supplemental** page will be used to enter information. The **Local Use** page is not required for reporting to the Central Office.



This document uses page, form, and screen as equivalent words. That is, these words have similar meanings.

A field is a blank space where you can type data.

Many fields have drop-down lists (menus, pick lists, or boxes). These fields have a button with an arrowhead that you click to view the list. This document uses drop-down list, drop-down box, pick list, and menu as equivalent words.

When you type the appropriate answers in the blanks on the screen, you are entering data. The cursor will move from blank to blank.

A record is all the data entered about each person's event.

Screen example that includes an **Event Specific** tab (*E. coli* 0157:H7)

The screenshot shows a software interface with three tabs at the top: 'Supplemental', 'E COLI 0157:H7', and 'Local Use'. The 'Supplemental' tab is active. Below the tabs is a section titled 'Event Information'. In this section, there is a field labeled 'Event' with the value '11560' and a dropdown menu showing 'E COLI 0157:H7'.

For the most part, questions on the form or pages are self-explanatory, but more details are available in the following chapters of this document. Sequential steps for data entry follow.

1. Once you log on, the **Main Menu** screen will appear with the menu items. Click <Data Entry>.
2. The **Summary List** page will appear. Unless you wish to do a quick analysis of available reports, ignore this page and click the <Enter Records> button located at the right lower corner of the page.

ID	Last Name	First Name	Event Date	Event	Address	County	PHR
1268437035						POTTER	
1318008004						VICTORIA	
1666406672						VICTORIA	
413920837						WICHITA	
1172172703				HEPATITIS A		KERR	
856346004			5/30/2003			DALLAS	
485215610			4/19/2003			HARRIS	
1055256032			4/23/2003	HEPATITIS A		COMAL	

form: SummaryGEpi_10-02 added city, username, change sort order to updated descending, sort by lastname for each day -hec 10-10

Record: 1 of 14764 (Filtered)

Enter Records

3. The **Patient** data page will appear first and may have a patient's name on the tab and data on the fields. To enter a new record (Event data), click <Add New> and you will get a blank page.

Add New

Supplemental CHICKENPOX Local Use

form: frmGepi rev 10-17-2002 removed many tab stops for faster data entry - hec add buttons to go to supp screens and back 10-28: add username and TAG field (to see ELR records)

Event Information

Event **10030** CHICKENPOX Event Date

Event Type Year MMWRWK 0

Patient Details

Last Name	First Name	Birthdate	Age	Agetype
<input type="text"/>	<input type="text"/>	<input type="text"/>	0	Years
Address <input type="text"/>				
City	ZIP	County	PHR	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Face
				<input type="text"/>
				Ethnic
				<input type="text"/>

Phone Link

Other Data

Record Approved by

Add New Save Record Close

10-03, change tab order to enter name info first

Go to TxSup

- Click the Event field and type the first few letters of the disease or condition, or click on the drop-down box and choose the disease or condition. Make sure that you are selecting the appropriate event name and code for the condition you are entering. Several events (diseases and conditions) have more than one Event Code. For example Hepatitis B and C have at least 2 codes corresponding to the acute and chronic types of hepatitis.

Event Information

Event **0**

- After you have completed data entry on the **Patient** page, click the next tab labeled **Supplemental** or <Go to TxSup>.

Supplemental Local Use

- The **Supplemental** page will appear. It has 3 sub-tabs (screens): **Laboratory and Other Patient Information**, **Submitter Information**, and **Miscellaneous Information**. Complete the **Laboratory and Patient Information** page first by answering the questions.

Supplemental Local Use

Lab and Other Patient Information Submitter Information Misc. Information

7. After you have completed the **Lab and Other Patient Information** page, click the **Submitter Information** tab. On this page you will enter data about the facility (laboratory, hospital, clinic) or person (physician or other provider) who is reporting the case.

Supplemental Local Use

Lab and Other Patient Information Submitter Information Misc. Information

8. If a lab is reporting, click in the Lab field and type the first few letters of the lab name (the entire name will appear) or click on the drop-down list and choose (click) the lab name. Complete the page and check for accuracy.

Supplemental CHICKENPOX Local Use

Lab and Other Patient Information Submitter Information Misc. Information

Laboratory/Hospital, Clinic or Other Reporter

Lab

Hospital, Clinic, or Other Provider

Submitter ID, Clinic ID, CLIA #

Physician or Other Provider

Lastname, Firstname

Address (City)

Phone

9. If a hospital, clinic, or other provider is reporting, click in the hospital, clinic, or other provider field and type the first few letters of the hospital, or click on the drop-down list to choose the name.
10. If the name of the facility reporting is not found on the drop-down list, you can add it by double clicking in the hospital or laboratory field. This will bring up the

Lab Setup or **Hospital Setup** page. Ignore the first field named “Look Up Labs” or “Look Up Hospital” and go to the “Lab Name” or “Hospital Name” and enter the new data.

- Use these same set-up pages to correct or update lab, hospital, clinic, or other submitter information. Click <Add Record> when you finish entering information on this page, then click <Close>. The **Submitter** page should reappear.

- Ignore the **Miscellaneous** page (**Misc.** tab). Do not select this tab or you may be forced to quit the system. The **Misc.** screen contains the space-holder fields for NETSS source codes.

- Ignore the **Local Use** page. This page is not currently used to report to the Texas Department of Health Central Office or the Centers for Disease Control and Prevention.
- If the disease or event you are entering data for has an **Event Specific page** (a tab with an event name such as *E. coli* 0157:H7), click on this tab to continue data entry. Complete the **Event Specific** pages as instructed in Chapter 4 of this guide. If the **Event Specific** page is not present, go to the next step.

15. Return to the **Patient** page by clicking <Go to Gepi> at the bottom of the page.



16. Click <Save Record> to add the record. You have finished data entry for this record.



17. If you want to enter more reports on the same or different persons, click the <Add New> button to get a blank page and proceed as outlined above.
18. Save the record each time for each record by returning to the **Patient** page and clicking the <Save Record> button.
19. To exit the **Data Entry Form**, click on the <X> button on the right top corner of the form or click <Exit> on the **Main Menu** screen.



For more detailed instructions please refer to the appropriate chapters in this guide.

2. Summary List

This program function can be used to analyze your information. It allows you to filter for specific diseases or cities of interest by date range. You can then send the data to an Excel worksheet for further analysis.



The green Excel icon in the toolbar above the data can be used to export data to Excel.

The summary list is filtered to show the most recent records from the current year; it also excludes duplicates and deleted records. The summary list shows a small selection of fields. However, the Excel worksheet that is created when you select the green X icon will show more of the database fields. The worksheet file will automatically go into your C drive default folder, usually the “My Documents” folder.

ID	Last Name	First Name	Event Date	Event	Address	County	PHR
-1268437035						POTTER	
1318008004						VICTORIA	
1666406672						VICTORIA	
-413920837						WICHITA	
-1172172703				HEPATITIS A		KERR	
-856346004			5/30/2003			DALLAS	
485215610			4/19/2003			HARRIS	
1055256032			4/23/2003	HEPATITIS A		COMAL	

form: SummaryGEpi_10-02 added city, username, change sort order to updated descending, sort by lastname for each day -hec 10-10

Record: of 14764 (Filtered)

Enter Records Close

should say: Open Detail Form

Features

- You can sort and select records, such as *Salmonella* for a given county, by using the <Down> arrow buttons, which are above most of the columns. When you select a county or disease, you are creating a data filter.
- Your filter stays active on the **Data Entry Form** until you click <Add Record> and begin entering new data. In other words, your filter information can be reviewed on the data entry forms until you actually begin entering data.
- You can also create a filter by using standard Access methods. Right click on a column and set your filter.



You cannot mix both methods (the column buttons & right click) at the same time.



Click <Enter Records> at bottom of the **Summary List** to go to the **Data Entry Form**.

3. Data Entry Form

The TxEDSS data entry program has a **Data Entry Form** with the following sub-tabs (pages):

- The **Patient** page is for disease and patient information (demographic information).
- The **Supplemental** page has three sub-tabs that allow data entry for laboratory, submitter, and miscellaneous information.
- The **Event Specific** page is not always present for reporting some diseases/health events. These forms have specific fields (questions) for specific diseases/health events.
- The **Local Use** page is for regional information; you can customize this page to add data (variables) that you are collecting locally and that are not reportable to TDH.

Screen example that includes an **Event Specific** tab (Chickenpox).

The screenshot displays the TxEDSS data entry form for Chickenpox. The form is divided into several sections:

- Supplemental** (selected tab), **CHICKENPOX**, and **Local Use** sub-tabs.
- Event Information**: Includes fields for Event (10030), Event Type (CHICKENPOX), Event Date, Year, and MMWRWK (0).
- Patient Details**: Includes fields for Last Name, First Name, Birthdate, Age (0), Age type (Years), Address, City, ZIP, County, PHR, Sex, Race, and Ethnic.
- Phone** and **Other Data** fields.
- Record Approved by** dropdown menu.
- Buttons**: Add New, Save Record, Close, and Go to IxSup.
- Navigation**: A set of arrows for navigating between records.
- Footnote**: 10-03, change tab order to enter name info first.

Features

- Fields are organized to read horizontally from left to right unless they are in a vertical grouping or skips are present.
- Your data is filtered for you at startup. The records shown in the data entry screen are for current year, minus any records marked as duplicates or deleted.
- All records are sorted by ID number automatically.
- The recommended order for data entry is built into the system because some fields depend on others. However, you can enter most fields whenever you wish by clicking on them.
- Many fields have drop-down lists (menus or boxes). These fields will have a button with an arrowhead that you click to view the list.
- You cannot enter the status field until after you have entered the disease because some status codes do not fit with some diseases.
- The system computes the patient's age at the time of entry, after you enter the event date and the patient's birth date.
- All date fields use the “**mm/dd/yyyy**” format.
- Use the horizontal arrows in the **Patient** page/tab to move back and forth among record screens.
- Select the page tabs to go back and forth among pages.
- The tabs and returns sometimes work differently for different pages. Usually you can use the tab key to go from field to field.
- To enter new data, click <Add New> and get a blank page.
- After you have entered/completed all the appropriate pages for an event and are done, click <Save Record>.
- If you want to enter several other events on the same or different persons, click <Add Record> and proceed to fill in the appropriate pages. **Save each record.**

Patient Page

This **Patient** page has disease information (event information) and the details such as name, age, and address. Notice the tabs next to the patient name: Supplemental, Chickenpox (Event Specific), and Local Use. Click these tabs for access to pages available for data entry.



To enter new data, click <Add New> and get a blank page. Whether you are entering data for one event or many, the process is the same. After you have entered/completed all the appropriate pages for one event and are done, click <Save Record>.

Supplemental CHICKENPOX Local Use

form: frmGepi rev 10-17-2002 removed many tab stops for faster data entry - hec add buttons to go to supp screens and back 10-28: add username and TAG field (to see ELR records)

Event Information

Event: 10030 CHICKENPOX Event Date:

Event Type: Year: MMWRWK: 0

Patient Details

Last Name: First Name: Birthdate: Age: 0 Agetype: Years

Address:

City: ZIP: County: PHR: Sex: Race: Ethnic:

Phone: Link:

Other Data:

Record Approved by:

Add New Save Record Close

10-03, change tab order to enter name info first

Go to TxSup



Use the horizontal arrows to move back and forth among record screens. Use the page tabs to go back and forth among the available pages.

Patient Fields

Updated The default is today's date which is automatically entered.

Reported Date In your version of TxEDSS, the default date may be today's date. Change the date to match the report date. Type an 8-digit date. Tab to the next field.

Reported by The name of the person who logged into the system automatically is inserted here.

Status This field may become available after several fields are completed. Select from the drop-down list which contains the following choices: Confirmed, Probable, Suspect, Dropped, Chronic, Reserved future, Duplicate record, Deleted record, and Unknown.

Event At the Event field (disease name or health event), the system will try to guess what you are typing. Click the Event field and type the first few letters of the disease or condition or click on the drop-down list and choose the disease or condition. Make sure that you are selecting the appropriate event name and code for the condition you are

entering. Several events (diseases or conditions) have more than one Event Code. For example Hepatitis B and C have at least 2 codes corresponding to the acute and chronic types of hepatitis.

Event date Enter an 8-digit date with no slashes.

Event Type This field contains the following choices: Unknown, Onset, Diagnosis, Specimen collection, Reported to county, Reported to state, Date of death, and Other. The system will try to guess what you are typing, so enter a couple of letters or use the drop-down list to select one. Please check for accuracy.

Year and MMWRWK These fields are not available to you; they are entered automatically.

Last Name, First Name Duplicate checking occurs at these fields. Entry accuracy is important. Respectively, each field has space for 20 and 16 characters.

Birth Date Enter an 8-digit date with no slashes. For example, 08082002 will show as 8/8/2002.

Age and Age Type The age will be automatically calculated and placed. Age type drop-down list contains years (default), months, weeks, days, and census coded as choices.

Address Enter as written. This space can contain up to 50 characters.

City Select from the drop-down list or type in. If this field is entered with a city on the list, the county and public health region (PHR) is automatically entered. If the city is not on the list, you may have to enter the additional information in other fields.

Zip Enter the 5 or 9 digits.

County Check for accuracy and correct the county name as necessary.

PHR Choices are 1-11; usually this number will be automatically entered when the city name is entered.

Sex Select from Female, Male, and Unknown.

Race Select from the menu.

Ethnicity Type H (Hispanic), N (Not Hispanic) or U (Unknown).

Phone Type in the numbers only.

Link This field contains a drop-down list of outbreak events. If this case was identified via an outbreak investigation (is related to or linked to), select for entry the appropriate name of the outbreak event.

Comments (Other Data) This field contains space for 25 text characters. Any relevant data can be entered here. For example, the name of the drug that the bacteria are resistant to for event 11720 may go here.



Use the horizontal arrows in the **Patient** tab to move back and forth among the record screens. Use the page tabs to go back and forth among the available data entry pages.



Once you have finished entering data in this page, click the **Supplemental** tab or press <Tab> key to continue.

Supplemental Page

This page has 3 sub-tabs (screens): **Laboratory and Other Patient Information**, **Submitter Information**, and **Miscellaneous (Misc.) Information**. For the most part the questions are self-explanatory. (Some fields are hidden and will appear depending on the answers entered.) The instructions are written in sequential order starting with the **Lab and Other Patient Information**, followed by **Submitter Information** and then the **Misc. Information**.

(1) Lab and Other Patient Information

Data regarding specimen, organism (pathogen), patient status, and occupation are entered in this page.

Features

- The DX field is for specific types; use the drop-down list to select the type.
- Other fields are free text; type what is on the report.
- The check boxes at the bottom let you click them on and off; some may open up another field or page when activated.

The screenshot shows a software interface for recording CHICKENPOX cases. At the top, there are tabs for 'Supplemental', 'CHICKENPOX', and 'Local Use'. Below these are sub-tabs for 'Lab and Other Patient Information', 'Submitter Information', and 'Misc. Information'. The 'Lab and Other Patient Information' sub-tab is active, showing several input fields:

- Specimen Information:**
 - DX (Diagnosis):** A drop-down menu.
 - Specimen Source:** A text input field.
 - Notes:** A text input field.
 - Obs Request:** A text input field.
 - Obs Result:** A text input field.
- Organism:**
 - Genus:** A text input field.
 - Species:** A text input field.
 - Strain:** A text input field.
- Other Patient Information:**
 - Pregnant?
 - Hospitalized?
 - Died?
- At Risk Occupations:**
 - Child or Employee Working in a Daycare
 - Healthcare Worker
 - Food Handler

At the bottom center is a button labeled 'Go to Gepi'. On the right side, there is a note: 'as for eens and R records)'.

Lab and Other Patient Information Fields

DX Select from the drop-down list or type in the first two letters. This field contains the following choices: Clinical serology, Culture, PCR, Biopsy/smear, and Other.

Specimen Source Enter the information as written. This field has space for 30 characters.

Notes Enter any notes available; there is space for 30 characters.

Obs Request This field is used for entering the name of the laboratory test or other test reported (Observation Request) when the event you are recording does not have an **Event Specific** page. Thus, this space can be used to enter the name of the test.

Obs Result Test results (values) of the above named test are entered here.

Pregnant Choose Yes, No, or Unknown. (Some versions may not have all these choices.)

Hospitalized Choose Yes, No, or Unknown. (Some versions may not have all these choices.)

Died Choose Yes, No, or Unknown. (Some versions may not have all these choices.) When you check Yes, a date field appears. Enter the date digits if available.

Genus Enter the first name, as written, of the bacteria, virus, or parasite causing the infection. This field space holds 50 characters. Example, for *Streptococcus pneumoniae* the *Streptococcus* would be entered here.

Species Enter the second name, as written, of the bacteria, virus, or parasite causing the infection. This field space holds 50 characters. Example, for *Enterococcus faecium* the *faecium* would be entered here. For *Salmonella*, the serotype (example, *typhimurium*) is entered here.

Strain If molecular typing was done (PFGE methods results available), the strain name is entered in this field as written. This field space holds 15 characters.

Child or Employee Working in a Daycare Choose Yes, No, or Unknown. (Some versions may not have all these choices.)

Healthcare Worker Choose Yes, No, or Unknown. (Some versions may not have all these choices.)

Food Handler Choose Yes, No, or Unknown. (Some versions may not have all these choices.)



Click the **Submitter Information** tab to continue.

(2) Submitter Information

This page is used to enter physician, laboratory, or hospital information. There is one set of information: hospital or lab. You can select from the respective drop-down lists, or type a few characters into the box to find the hospital or lab you want. If the name is not there, you cannot enter it directly on these fields. You have to add it to the list.



You can easily add hospitals, laboratories, provider, or clinic data to the drop-down list by double clicking in the lab or hospital field. Consider adding the names of doctors, clinics, or others who regularly report to you. If you want to add a new hospital or lab to the list of submitters, double click in the Hospital or Lab fields to open the screens that allow you to make changes. (See the Hospital Setup and LabSetup sections.)

Submitter Information Fields

Lab If applicable, select from the drop-down list or type a few characters into the box to find the lab name you want.

Hospital If applicable, select from the drop-down lists or type a few characters into the box to find the hospital name you want.

Submitter ID Enter the number if you have it, if not leave blank.

Physician Last Name, First Name Enter the name as written. There is space for 50 characters.

Physician Address Enter the address as written. There is space for 50 characters.

Physician Phone Enter the numbers as written, digits only; the field is preformatted.



To continue data entry, click the **Event Specific** tab.

If you want to add a new hospital or lab to the list of submitters, double click in the Hospital or Lab fields in the **(2) Submitter** tab. The screen shown below will open.

Hospital or Lab Setup

This screen is used to add new hospital, clinic, or lab information. Make sure to double-check your information when entering a new hospital or lab.

The image shows two separate windows. The top window is titled "Hospital Setup" and contains a dropdown menu labeled "Look Up Hospital" and a text input field labeled "HospitalName". The bottom window is titled "Lab Setup" and contains a dropdown menu labeled "Look up Labs", a text input field labeled "Lab Name", and a text input field labeled "CLIA".

This screenshot shows the "Hospital Setup" window with the "Look Up Hospital" dropdown menu open, displaying "Palestine Regional Rehabilitation Hospital". An arrow points to the dropdown arrow. Below the dropdown are text input fields for "HospitalName", "Federal Hospital ID", "County" (with a dropdown arrow), "Address", "City", "State", "ZIP", and "Phone". At the bottom right are "Add Record" and "Close" buttons. At the bottom left is a record navigation bar showing "Record: 714 of 714".

The minimum information that should be entered in these screens is name, city, and address. A phone number of the hospital, clinic, or lab facility can be entered in place of an address. Preferably all fields would be entered.



There is a drop-down list for facilities. Ignore it if you are entering a new facility record. Use this drop-down list if you are changing one or several fields in a facility already listed.

Hospital or Laboratory Setup Fields

Hospital or Lab Name Type full name of facility, do not use abbreviations.

Federal Hospital or Lab ID Enter if you have it, if not leave blank.

County Enter and please check for accuracy.

Address Must enter if the phone number for this facility is unknown. Enter full address.

City Must enter. Please check for accuracy.

State Must enter.

Zip Enter and please check for accuracy.

Phone Must enter if address is not available. Please check for accuracy.



After you have completed entering the fields, click <Add Record> to create a new hospital or lab record. Click <Close> when you are done entering the information. This will get you back to the **(2) Submitter** screen.



To continue data entry, click the **Event Specific** tab. The **Local Use** and the **Misc. Information** tabs can be ignored.

To exit the **Data Entry Form**, click on the <X> button on the right top corner of the form or click <Exit> on the **Main Menu** screen.

(3) Miscellaneous (Misc.) Information



Ignore this page if your version has it. Do not select this tab or you may be forced to quit the system. This page contains the space-holder fields for NETSS source codes. The screenshot is shown below.

Supplemental | CHICKENPOX | Local Use

Lab and Other Patient Information | Submitter Information | Misc. Information

Comments: This is a free form text area for notes and history

Source Information for NETSS location codes, not used in TxEDSS 10-11-02

SOURCE0	<input type="text"/>	DATE	<input type="text"/>	SOURCE1	<input type="text"/>	DATE01	<input type="text"/>
SOURCE2	<input type="text"/>	DATE02	<input type="text"/>	SOURCE3	<input type="text"/>	DATE03	<input type="text"/>
SOURCE4	<input type="text"/>	DATE04	<input type="text"/>	SOURCE5	<input type="text"/>	DATE05	<input type="text"/>
SOURCE6	<input type="text"/>	SOURCE7	<input type="text"/>	SOURCE8	<input type="text"/>	SOURCE9	<input type="text"/>



If the **Data Entry Form** does not have an **Event Specific**, click the **Patient** tab, then the <Save Record> button to add the record. You have finished data entry.

To exit the **Data Entry Form**, click on the <X> button on the right top corner of the form or click <Exit> on the **Main Menu** screen.

Event Specific Pages

These pages (screens) have specific fields (questions) for specific diseases/events. Some diseases or health events will not have this page. The screens often contain questions equivalent to the hard copy report or investigation forms. Refer to the completed hard copy forms when entering into these screens. The fields are different for each disease/health event. Please refer to Chapter 4 for detailed data entry instructions for the specified events.

Local Use Page



This page is for local health department use only. Ignore this page if your department is not a local health department. This screen allows addition of special fields for custom data. The various fields allow 15, 30, or more characters.

If the **Administrative** program in the **Main Menu** page is functioning and you are a local health department, you can customize the **Local Use** screen to suit your needs. (See screenshot in the **Main Menu** page.) That is you can add data that you collect. The instructions for this program will not be discussed in this guide.



If you want to enter several other event records on the same or different persons, return to the **Patient** tab and click <Save Record>. Then click the <Add New> button and proceed to fill in the appropriate pages. To exit the **Data Entry Form**, click on the <X> button on the right top corner of the form or click <Exit> on the **Main Menu** screen.

4. Event Specific Pages



These pages have specific fields (questions) for specific diseases/events. Some diseases or health events will not have this page.

The screens often contain questions equivalent to the hard copy case report or investigation forms. Refer to the completed hard copy forms when entering into these screens.

The fields are different for each disease/health event. Some of the fields are hidden and will appear depending on the choices that are made or how the question is answered.

Some versions of TxEDSS may have nonfunctional fields or drop-down menus.

Some versions of TxEDSS may have drop-down menus that do not have all the choices discussed in this guide.

All date fields use the “**mm/dd/yyyy**” format.

The sample screenshots in this section will show all of the fields on the screen.

Make sure that you are selecting the appropriate event name and code for the condition you are entering. Several events (diseases or conditions) have more than one Event Code. For example Hepatitis B and C have at least 2 codes corresponding to the acute and chronic types of hepatitis.

Case criteria, definitions, and reference material are available at the Texas Department of Health and the Centers for Disease Control and Prevention websites, www.tdhideas.org and www.cdc.gov respectively. A table listing the Event Codes and corresponding Event Names is found in the Appendix.

Please refer to the following detailed data entry instructions for these diseases/events.

Bacterial or Other Meningitis (Event 10650)

On the **Patient** screen, if you select Bacterial/Other Meningitis as the event, a specific **Bact/Other Mening** tab will appear. The **Bacterial/Other Meningitis** page has 4 sub-tabs: **Medical**, **Lab Data and Treatment**, **Exposure**, and **Comments**. The following four screenshot shows the data entry fields for this condition. These screens are the equivalent of the hard copy form, "IDEAS Form 4, 04/96." Refer to the hard copy form to enter into these screens.

The screenshot shows a software interface for data entry. At the top, there are tabs for 'Supplemental', 'BACT/OTHER MENING', and 'Local Use'. Below these, there are sub-tabs for 'Medical', 'Lab Data And Treatment', 'Exposure', and 'Comments'. The 'Medical' tab is active. The form contains the following fields:

- Date of onset: [Text input field]
- 1. Was the patient hospitalized? [Drop-down menu with 'U' selected]
- TYPE OF INFECTION CAUSED BY THE ORGANISM**
 - Primary Bacterium [checkbox]
 - Septic Arthritis [checkbox]
 - Osteomyelitis [checkbox]
 - Otitis Media [checkbox]
 - Meningitis [checkbox]
 - Pericarditis [checkbox]
 - Cellulitis [checkbox]
 - Peritonitis [checkbox]
 - Epiglottitis [checkbox]
 - Pneumonia [checkbox]
 - Conjunctivitis [checkbox]
 - Other: [Text input field]

Medical Fields

Date of onset Enter an 8-digit date (mm/dd/yyyy).

Was the patient hospitalized Choose from the drop-down menu: Yes, No, or Unknown. If Yes, enter the answers to the following questions.

Admit Date (mm/dd/yyyy)

Which Hospital Choose the name from the drop-down menu.

Died Choose Yes, No, or Unknown from the drop-down menu. If yes, then enter

Date of Death Use an 8-digit number (mm/dd/yyyy).

Discharge Date (mm/dd/yyyy).

TYPE OF INFECTION CAUSED BY THE ORGANISM (Check boxes that apply.)

Primary Bacterium	Meningitis	Epiglottitis
Septic Arthritis	Pericarditis	Pneumonia
Osteomyelitis	Cellulitis	Conjunctivitis
Otitis Media	Peritonitis	Other (free text)

Lab Data and Treatment Fields

The screenshot shows a software window with the following details:

- ID: 1351074688
- UPDATED: 4/11/2003
- Reported: 4/11/2003
- Status: UNASSIGNED
- Supplemental: BACT/OTHER MENING
- Local Use: [checked]
- Medical: [checked]
- Lab Data And Treatment: [checked]
- Exposure: [checked]
- Comments: [checked]

Lab Data

Was Positive Culture taken?

1. Date when first positive culture obtained:

2. Specimen in which organism was isolated:

3. Bacterial species isolated from any normally sterile site: What Serogroup?

Resistant to **SULFA** ?

Resistant to ?

Treatment

Vaccine Type	Date Vaccinated	Lot Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Form View

Was Positive Culture taken Choose from the drop-down menu: Yes, No, or Unknown. If Yes,

Date when first positive culture obtained (mm/dd/yyyy).

Specimen in which organism was isolated Choose from the drop-down menu: Blood, CSF, Pleural Fluid, Peritoneal Fluid, Pericardial Fluid, Joint, Placenta, Amniotic Fluid, Other.

Bacterial species isolated from any normally sterile site Choose from the drop-down list: Neisseria Meningitidis, Group A Streptococcus, Streptococcus Pneumoniae, Group B Streptococcus, Listeria Monocytogenes, Echerichia Coli, Staph Aureus, Staph

Epidermidis, Kleibisiela Species, Enterobacter Species, Seratia Species, Acinetobacter Species, Group D Strep, Haemophilus Influenzae, Other Strep, Other.

What serogroup Select from the menu.

Resistant to Sulfa Select from the menu.

Resistant to _____ Select from the menu. You may have to place the name of other medications in the comments section.

Treatment (Vaccinated) Select the vaccine type from the menu, enter the date (8-digit number), and the lot number of the vaccine used in the following fields.

Vaccine Type (Menomune) Date Vaccinated Lot Number

Exposure Fields

The screenshot shows a software window with the following details:

- Header: ID: 1351074688, UPDATED: 4/11/2003, Reported: 4/11/2003, Status: UNASSIGNED, snnewsome
- Tabs: Supplemental, BACT/OTHER MENING, Local Use, Medical, Lab Data And Treatment, Exposure, Comments
- Section: Exposure
- Question 1: "Did any member of the patient's household have a similar infection during the 60 days prior to onset?" (Dropdown: Y)
- Fields for Question 1: Name, Birthdate, Relationship, Date of illness, Total number of Household contacts (0), Date prophyl., Number who were prophylaxed (0)
- Question 2: "Did the patient attend/work at a day-care center/home during the 60 days prior to onset?" (Dropdown: Y)
- Fields for Question 2: Name, Address, Date last attended, Total classroom contacts (Students: 0, Staff: 0), Date prophyl., Number prophylaxed (Students: 0, Staff: 0)
- Question 3: "Did any other child have a similar infection during the 60 days prior to onset?" (Dropdown: Y)
- Text: "If yes list names, date of illness, and complete a Bacterial Meningitis form for each case:"
- Fields for Question 3: Three empty input fields for names, dates, and forms.
- Footer: Form View

Did any member of the patient's household have a similar infection during the 60 days prior to onset Select Yes, No, or Unknown. If Yes, enter the answers in the fields that appear.

Name (50 characters)

Birthdate (mm/dd/yyyy)
Relationship (50 characters)
Date of illness (mm/dd/yyyy)
Total number of household contacts
Number who were given prophylaxis
Date prophylaxis (mm/dd/yyyy)

Did the patient attend work at a day care center/home during the 60 days prior to onset? Choose Yes, No, or Unknown. If Yes, answer the questions in the fields that appear.

Name (50 characters)
Address (50 characters)
Date last attended (mm/dd/yyyy)
Total classroom contacts: Students Staff
Number prophylaxed Students Staff
Date of prophylaxed (mm/dd/yyyy)

Did any other child have a similar infection during the 60 days prior to onset? Yes, No, or Unknown. If yes, list names, date of illness, and complete a hard copy of the "Bacterial Meningitis" form for each child. (50 characters)

Comments

Enter any data that has not been entered elsewhere.

Chickenpox (Event 10030)

On the **Patient** screen, if you select chickenpox as the event, a specific **Chickenpox** tab will appear. There is only one disease specific page for chickenpox. This is a short page that contains fields for several self-explanatory questions.

The screenshot shows a software interface with three tabs: 'Supplemental', 'CHICKENPOX', and 'Local Use'. The 'CHICKENPOX' tab is selected. The interface includes the following fields:

- Vaccinated?**: A dropdown menu with 'Yes' selected.
- 1st Vaccine**: A row with 'Date' and 'Lot Number' input fields.
- 2nd Vaccine**: A row with 'Date' and 'Lot Number' input fields.
- Did patient ever contract chickenpox?**: A dropdown menu with 'Yes' selected.
- Notes**: A large text input area.
- Reported By:**: A dropdown menu.

Chickenpox Fields

Vaccinated Choose from Yes, No, Unknown. If Yes, enter the dates, and lot numbers of the 1st and 2nd doses of the vaccines. Then enter an 8-digit date when the person was vaccinated.

Did patient ever contract chickenpox Select from the drop-down list: Yes, No, or Unknown.

Notes Enter comments or notes in this text box.

Reported by Choose from the drop-down list or enter name. Enter the name of the individual or organization reporting the case.

E. coli 0157:H7 (Event 11560)

On the **Patient** screen, if you select *E. coli* 0157:H7 as the event, a specific ***E. coli* 0157:H7** tab will appear. This disease specific page is the equivalent of the hard copy form, "IDEAS Form 5, 08/98." Report confirmed cases of illness by entering in the following forms and by filling the hard copy form "IDEAS Form 5, 08/98." The hard copy investigational form should be mailed or faxed to TDH.

For the most part, the questions are self-explanatory. Many fields are hidden and appear only when certain questions have been answered. This page (screen) has 6 sub-tabs: **Patient, Symptomology, Lab Data and Linkage, Treatment, Exposure, and Exposure (Cont).**

Patient Fields

Occupation Type the name of the patient's occupation.

How many household contacts does the patient have Type the number.

Have any of these had a diarrheal illness Choose from the drop-down menu: Yes, No, or Unknown.

Click Yes if a culture was done and the culture is positive.

If Yes, other fields will appear. Enter **Last Name**, **First Name**, and **Date of onset** of the household contact(s) who have had diarrhea.

Symptomology Fields



After entering the date when signs and symptoms first appeared, select Yes, No, or Unknown from the drop-down menu for each symptom listed or question asked. (Some versions of TxEDSS may not have all three choices.) The “mm/dd/yyyy” format is used for all dates. See screenshot below.

The screenshot shows the 'Symptoms' section of the TxEDSS form. The form is titled 'Symptoms' and includes a 'Date of onset' field, several drop-down menus for symptoms, and a checked checkbox for 'Died'.

Symptom	Response
Date of onset:	[Text Field]
Diarrhea	Yes
Bloody Diarrhea	No
Hospitalized?	No
Thrombotic thrombocytopenic purpura	No
Hemolytic uremic syndrome (HUS)	No
Died	<input checked="" type="checkbox"/>

Symptoms

Date of onset Enter an 8-digit number.

Diarrhea Choose Yes, No, or Unknown. (Some versions may not have all these choices.)

Bloody Diarrhea Choose Yes, No, or Unknown. (Some versions may not have all these choices.)

Hospitalized If Yes, the following questions will appear:

Hospital Choose from the names in the drop-down box or type in.

Admit Date Type an 8-digit number.

Discharge Date Type an 8-digit number.

Thrombotic thrombocytopenic purpura Choose Yes, No, or Unknown. (Some versions may not have all these choices.)

Hemolytic uremic syndrome (HUS) Choose Yes, No, or Unknown. (Some versions may not have all these choices.)

Died Choose Yes, No, or Unknown. (Some versions may not have all these choices.)

Lab Data and Linkage Fields



After entering the date when signs and symptoms first appeared, select Yes, No, or Unknown from the drop-down menu for each symptom listed or question asked. (Some versions of TxEDSS may not have all three choices.) All dates are in the form of mm/dd/yyyy.

Supplemental E COLI 0157:H7 Local Use

Patient Symptomology Lab Data and Linkage Treatment Exposure Exposure (cont)

Lab Data

Lab

Organism isolated:

Isolate sent to TDH for confirmation/PFGE typing? Yes

Linkage

Prior to and immediately after onset, was the patient?

Associated with another case? Yes

Associated with an outbreak? No

Close contact with another case?

Lab Data

Lab Select a name from drop-down menu or type in full name.

Organism isolated Type in the name of the bacteria identified in the lab culture results.

Isolate sent to TDH for confirmation/PFGE Choose Yes, No, or leave blank if unknown.

Linkage Data

Linkage Select name of the outbreak this case was associated with or type in.

Prior to and immediately after onset, was the patient

Associated with another case Choose Yes, No, or Unknown.

Associated with an outbreak Choose Yes, No, or Unknown.

Close contact with another case Choose Yes, No, or Unknown.

Treatment Fields

This tab has one question: Were antibiotics or antimotility drugs administered? Choose Yes, No, or Unknown. (Some versions of TxEDSS may not have all three choices.) If you choose Yes, other fields will appear as shown in the screenshot. Enter the dates when the treatment started and when it ended. There is space for four medications. In some versions of TxEDSS only two may be functional. All dates are in the form of mm/dd/yyyy. The screenshot follows.

Supplemental E COLI 0157:H7 Local Use

Patient Symptomology Lab Data and Linkage Treatment Exposure Exposure (cont)

Were antibiotics or antimotility drugs administered? **Yes**

		Date Started:	Date Ended:
First Drug			
Second Drug			
Third Drug	#Name?		#Name?
Fourth Drug	#Name?	#Name?	#Name?

Exposure Fields



This tab covers questions about exposures (**Medical Risk Factors and Suspect Foods**) and is self-explanatory for the most part. Some fields are hidden and will appear only when a question is answered positively. The screenshot shows all the fields available for data entry including the hidden ones.

Supplemental E COLI 0157:H7 Local Use

Patient Symptomology Lab Data and Linkage Treatment Exposure Exposure (cont)

Medical Risk Factors

Antibiotic use within 30 days of onset?

Chronic medications?

Immunocompromised?

Suspect Foods

Ground Beef at home? Brand and where purchased?

Ground Beef from restaurant?

Other ground beef (e.g. picnic, bbq)

Raw milk or other unpasteurized dairy products?

Unpasteurized fruit juices.

Fresh produce from farm or home garden?

Sprouts?

Food samples submitted to TDH?

Type: Organisms isolated from food:

Food sample PFGE match patient PFGE?

Medical Risk Factors Check box for Yes answers. Click only on the boxes that apply and enter text in the field that appears.

Antibiotic use within 30 days of onset

Chronic medications

Immunocompromised

Suspect Foods Check box for Yes answer. Click only on the boxes that apply and enter text in the field that appears.

Ground Beef at home Brand and where purchased Enter brand name, store name, and store address where the beef was bought.

Ground Beef from restaurant Enter name and street address of restaurant.

Other ground beef (e.g., picnic, bbq) Enter circumstance (place), where beef was eaten.

Raw milk or other unpasteurized dairy products Enter name of brand and where bought.

Unpasteurized fruit juices Enter name of brand and where bought.

Fresh produce from farm or home garden Enter name of brand and where bought.
Sprouts Enter name of brand and where bought.

Food samples submitted to TDH Choose Yes or No. If Yes, enter the answers to the questions that appear.

Type Enter the name of the type of food sent to the lab.

Organism isolated from food Enter the name of the bacteria identified by the lab.

Food sample PFGE match patient PFGE Choose Yes or No.

Exposure (cont.) Fields

This tab covers questions about exposures (Other Potential Risk Factors) and is self-explanatory for the most part. Some fields are hidden and will appear only when a question is answered positively. Click on all that apply.

Supplemental E COLI 0157:H7 Local Use

Patient Symptomology Lab Data and Linkage Treatment Exposure Exposure (cont)

Other Potential Risk Factors

Contact with diapered children?

Contact with someone who has diarrhea?

Exposure to animal waste?

Recreational water exposure: Where and When?

Exposure to livestock?

Exposure to poultry?

Exposure to exotic pets?

Does the patient work at or attend a day care center?

Name, address, phone, and Director

Were other children or staff ill?

Were they cultered?

Excluded from attendance?

Comments

Investigated by:

Contact with diapered children Check box if Yes.

Contact with someone who has diarrhea If box is checked, then type name of contact in the field.

Exposure to animal waste Check box if Yes.

Recreational water exposure If box is checked, then enter Where and When.

Exposure to livestock Check box if Yes.

Exposure to poultry Check box if Yes.

Exposure to exotic pets Check box if Yes.

Does the patient work at or attend a day care center Choose Yes, No, or leave blank. If Yes, enter text in the boxes that appear for name, address, phone, and director of the day care center.

Were other children or staff ill Choose Yes, No, or leave blank.

Were they cultured If Yes, enter check mark in box.

Excluded from attendance If Yes, enter check mark in box.

Comments Enter any other data that is available about this case here.

Investigated by Enter the full name of the investigator who filled out the investigational form.

Ehrlichiosis (Events 11087, 11086, or 11085)



Ignore this page if your TxEDSS version has it. Do not enter data on this screen. When reporting a confirmed case of infection with these bacteria, fill out the hard copy investigational form (Rickettsial Disease Surveillance form, IDEAS FORM-2, 03/00) and mail it or fax it to TDH.

The screenshot for this Event Specific page follows.

Supplemental EHRlichiosis Local Use

Symptoms Treatment Laboratory Results Exposure

Symptoms

1. Onset of illness was:

Fever Max temp F: Duration (In days):

Headache Rash Date of onset:

Nausea/vomiting Description of Rash

Photophobia

Anorexia

Conjunctivitis

Malaise

Diarrhea

Thrombocytopenia

Elevated Liver function test

Other:

Other:

Rash appeared on:

Trunk Arms Legs

Face Soles Palms

Spread of Rash

From arms and/or legs to trunk

From trunk to arms and/or legs

Enterococcus Species Isolates (Event 80721)



Ignore this page if your TxEDSS version has it. Do not enter data on this screen. This screen is a future use (space holder) screen.

To report *Enterococcus Species* isolates or Vancomycin-resistant Enterococci isolates identified at your lab, download the Antibiotic Resistance Quarterly reporting form from www.tdhideas.org/ and complete. Fax or mail the completed hard copy report as instructed on the form.

ID: 1051260387 UPDATED: 5/19/2003 Reported: 5/19/2003 Status: snewsome

ENTEROCOCCUS SPEC Local Use

Total Isolates:

Hepatitis A (Event 10110)



On the **Patient** screen, if you select Hepatitis A as the event, a specific tab will appear. The **Hepatitis A** page has 8 sub-tabs: **Clinical Data**, **Laboratory Data**, **Risk Hx**, **Vaccination Hx**, **Foodhandler**, **Supervised Care**, **Food History**, and **Misc**.

The screenshot shows a software window with a menu bar (File, Edit, Insert, Records, Window, Help) and a toolbar. The main area displays a form for 'HEPATITIS A'. The form includes the following fields:

- ID: 1350475063
- UPDATED: 4/4/2003
- Reported: 4/4/2003
- Status: UNASIGNED
- Supplemental: HEPATITIS A
- Local Use: []
- Date of Diagnosis: []
- Did case have symptoms? Yes []
- Date of onset: []
- Jaundiced? []
- Hospitalized? []
- Died from Hepatitis? []

Clinical Data Fields

Date of Diagnosis Enter an 8-digit date.

Did patient have symptoms Select Yes, No, or Unknown from the drop-down list.

If Yes is selected, **Date of onset** will appear. Enter an 8-digit date.

Jaundiced Select Yes, No, or Unknown from the drop-down list.

If Yes is selected, **Date of onset** will appear. Enter an 8-digit date.

Hospitalized Select Yes, No, or Unknown from the drop-down list.

If Yes is selected, **Date of onset** will appear. Enter an 8-digit date.

Died from Hepatitis Select Yes, No, or Unknown from the drop-down list.

If Yes is selected, **Date of onset** will appear. Enter an 8-digit date.

Laboratory Data Fields

Form View

Was Laboratory testing done Select Yes, No, or Unknown from the drop-down list.

If Yes is selected, answer the questions in the table. Click and type an 8-digit date for the tests that were done on the **Date Collected** field. Then choose an answer for **Result**: Positive, Negative, Indeterminate, Pending, Not done, or Unknown.



PCR is a test that has both qualitative and quantitative results and so only one date is needed for this test type.

Liver Function Tests Enter values data into this group of fields.

AST (SGOT) Enter values of test.

ALT (SGPT) Enter values of test.

Bilirubin Enter values of test.

Date of liver function test Enter an 8-digit date when the test was done.

Risk Hx Fields

The group of questions and fields in this section refer to the specified time period.

During the 2-6 weeks prior to illness.

The screenshot shows a software window titled 'Form View' with a menu bar (File, Edit, Insert, Records, Window, Help) and a toolbar. The main area displays a form for 'HEPATITIS A' with the following fields and options:

- ID: 1350475063, UPDATED: 4/4/2003, Reported: 4/4/2003, Status: UNASSIGNED, Username: snewsome, Data Entry: [dropdown]
- Supplemental: HEPATITIS A, Local Use: [checkbox]
- Tabs: Clinical Data, Laboratory Data, Risk Hx (selected), Vaccination Hx, Foodhandler, Supervised Care, Tips for screens and LR records
- During the 2 - 6 weeks prior to illness:**
 - Was the case a contact of a confirmed or suspected acute or chronic hepatitis A case? Yes [dropdown], Type of contact: [dropdown]
 - Did the case eat raw shellfish? Yes [dropdown]
 - Did the case travel outside of the US or Canada? Yes [dropdown], Where? [dropdown], Starting from: [text], through: [text]
 - Did the case use needles for injection of street drugs? Yes [dropdown]
 - What is the case's sexual preference? [dropdown], Last time case had sex: [text], Number of partners in last 2 months: [dropdown]

Was the patient a contact of a confirmed or suspected acute or chronic hepatitis A case Select Yes, No, or Unknown from the drop-down list. If Yes, choose from the drop-down list: Type of Contact, Sexual, Household, Other, or Unknown.

Did the patient eat raw shellfish Select Yes, No, or Unknown from the drop-down list.

Did patient travel outside of the US or Canada Select Yes, No, or Unknown from the drop-down list. If Yes, answer the question, **Where** (location), by selecting from the drop-down list choices: South/Central America, Africa, Caribbean, Middle East, Asia/South Pacific, Australia/New Zealand, or Other.

Starting from and through Enter the dates of travel (8-digit dates).

Did the patient use needles for the injection of street drugs Select Yes, No, or Unknown from the drop-down list.

What is the patient's sexual preference Select from the drop-down list: Heterosexual, Homosexual, Bisexual, or Unknown.

Last time patient had sex Enter an 8-digit date.

Number of partners in last 2 months Choose from the drop-down list: None, One, 2-5, >5, or Unknown.

Vaccination Hx Fields

ID: 1350475063 UPDATED: 4/4/2003 Reported: 4/4/2003 Status: UNASSIGNED snewsome Data Entry

Supplemental HEPATITIS A Local Use

Clinical Data Laboratory Data Risk Hx **Vaccination Hx** Foodhandler Supervised Care

Has the case ever received any HAV vaccinations?

	Dose1	Dose2	Dose3
Hep A			
Hep B (round 1)			
Hep B (round 2)			

Was case a Hep B non-responder?

Form View

Has the patient ever received any HAV vaccinations Choose from the drop-down list: Yes, No, or Unknown.

Next, fill in the dates when the dose of specified vaccines were given. Leave blank if this information is not available. Enter 8-digit dates.

Was patient a Hep A non-responder Choose from the drop-down list: Yes, No, or Unknown.

Food Handler Fields

ID: 1350475063 UPDATED: 4/4/2003 Reported: 4/4/2003 Status: UNASSIGNED snewsome Data Entry

Supplemental HEPATITIS A Local Use

Clinical Data Laboratory Data Risk Hx Vaccination Hx **Foodhandler** Supervised Care (Click for details on 10/17/2003 removed records) (Click for details on creens and LR records)

Was the case a food handler? Yes

Name and location of facility:

Did the case have diarrhea while work

When was the last day the case worked?

Form View

Was the patient a food handler Choose from the drop-down list: Yes, No, or Unknown. If Yes, a text box appears:

Name and location of Facility Type name and street address of the place where the person acted as a food handler in this text box.

Did the patient have diarrhea while at work Choose from the drop-down list: Yes, No, or Unknown.

When was the last day the patient worked Enter an 8-digit date.

Supervised Care Fields

Was the patient a child, resident, or employee in facility Choose from the drop-down list: Yes, No, or Unknown. If Yes, other fields will appear.

From – To Type the dates when the person was at this facility.

Name and location of facility Type the full name and address of the facility in the text box.

Type of facility

What was the role of patient in program Choose from the drop-down list: Enrolled in, Employed by, or Unknown.

The screenshot shows a software window titled "Form View" with a menu bar (File, Edit, Insert, Records, Window, Help) and a toolbar. The main area displays a form for a patient record. At the top, it shows "ID: 1350475063", "UPDATED: 4/4/2003", "Reported: 4/4/2003", "Status: UNASSIGNED", and a "Data Entry" button. Below this are tabs for "Supplemental", "HEPATITIS A", and "Local Use". A sub-menu is open showing "Clinical Data", "Laboratory Data", "Risk Hx", "Vaccination Hx", "Foodhandler", and "Supervised Care". The "Foodhandler" tab is selected, and the form contains the following fields:

- "Was the case a child, resident or employee in facility?" with a "Yes" dropdown.
- "From" and "To" date pickers.
- "Name and location of facility:" with a text input box.
- "Type of facility:" with a dropdown menu.
- "What was the role of the case in program:" with a dropdown menu.

Food History Fields

This screen contains the answers to the food history of the patient for the specified time period.

Food history of case for the 2-6 weeks prior to onset Please enter the name and address in all the applicable places. The screenshot is shown on the next page.

Supplemental HEPATITIS A Local Use

Risk Hx Vaccination Hx Foodhandler Supervised Care Food History Misc

Food History of case for the 2-6 wks prior to onset:

Name and location of:

Restaurant: _____

Food Store: _____

Bakery: _____

Group Meals: _____

Raw shellfish purchased: _____

Hep A Name and Location



Name and location of Enter the full name and street address of those that apply: Restaurant, Food Store, Bakery, Group Meals, and Raw shellfish purchased.

Miscellaneous (Misc.) Fields

Supplemental HEPATITIS A Local Use

Risk Hx Vaccination Hx Foodhandler Supervised Care Food History Misc

All household/sexual contacts requiring prophylaxis for hep B:

Name	Age	Relationship to case

Comments

Investigated by: _____

Importation Class: _____

Form View

All household/sexual contacts requiring prophylaxis for hep A Fill in the Name, Address, and Relationship to patient of all contacts.

Comments Type any additional notes.

Investigated by Type the full name of the person who investigated this event.

Importation Class Choose from the drop-down list: Acquired in TX, Acquired outside US, Acquired in US outside TX, or Unknown.

Hepatitis B Acute (Event 10100)

On the **Patient** screen, if you select Hepatitis B as the event, a specific **Hepatitis B** tab will appear. The disease specific page has seven sub-tabs: **Clinical Data**, **Laboratory Data**, **Risk Hx**, **Risk Hx (cont.)**, **Vaccination Hx**, **Pregnancy**, and **Misc**.

Clinical Data Fields

The screenshot shows a software interface for a Hepatitis B patient record. At the top, it displays 'ID: 1351072120', 'UPDATED: 4/11/2003', 'Reported: 4/11/2003', and 'Status' with a dropdown menu. Below this are tabs for 'Supplemental', 'HEPATITIS B', and 'Local Use'. The 'HEPATITIS B' tab is active, showing sub-tabs for 'Clinical Data', 'Laboratory Data', 'Risk Hx', 'Risk Hx (cont.)', 'Vaccination Hx', 'Pregnancy', and 'Misc'. The 'Clinical Data' sub-tab is selected, displaying the following fields:

- Date of Diagnosis:
- Did case have symptoms? Date of onset:
- Jaundiced? Date of onset:
- Hospitalized? Date of onset:
- Died from Hepatitis? Date of onset:

At the bottom left, it says 'Form View'.

Choose Yes, No, or Unknown for the following clinical questions. For each Yes answer, enter an 8-digit date.

Date of Diagnosis Enter an 8-digit date.

Did patient have symptoms Select Yes, No, or Unknown from the drop-down list.

If Yes is selected, **Date of onset** will appear. Enter an 8-digit date.

Jaundiced Select Yes, No, or Unknown from the drop-down list.

If Yes is selected, **Date of onset** will appear. Enter an 8-digit date.

Hospitalized Select Yes, No, or Unknown from the drop-down list.

If Yes is selected, **Date of onset** will appear. Enter an 8-digit date.

Died from Hepatitis Select Yes, No, or Unknown from the drop-down list.

If Yes is selected, **Date of onset** will appear. Enter an 8-digit date.

Laboratory Data Fields

If laboratory testing was done and you answer Yes to **Was Laboratory testing done?** the laboratory tests/results fields become available for entry.

Enter the date of collection and all test results. Select from test results pick list: Positive, Negative, Indeterminate, Pending, Not Done, or Unknown. (All these choices may not be available on the TxEDSS version you are using).

The screenshot shows a software window titled 'HEPATITIS B' with a 'Local Use' tab selected. The 'Laboratory Data' section is active, displaying a table for laboratory tests. The table has three columns: 'Test Type', 'Date Collected', and 'Result'. The tests listed are: Anti-HCV, RIBA, PCR (Qual), PCR (Quan), IgM anti-HAV, IgM HBcAb, IgG HBcAb, HBsAb, HBsAg, and HBeAg. Below the table, there are input fields for 'Liver function tests': 'AST (SGOT):', 'ALT (SGPT):', and 'Bilirubin'. A 'Date of liver function test:' field is also present. The window title bar shows 'ID: 1351072120', 'UPDATED: 4/11/2003', 'Reported: 4/11/2003', and 'Status: snewsome'. The bottom of the window indicates 'Form View'.

Risk Hx and Risk Hx (cont) Fields

Answer all questions by choosing Yes, No, or Unknown. If you answer Yes, additional fields may appear.

Type of contact Choose Sexual, Household, Other, or Unknown.

Blood contact Choose Frequent, Infrequent, or Unknown.

If the patient is a contact of a confirmed or suspected case, select **Type of contact** from the drop-down list.

If the patient was employed in a medical, dental, or other field involving contact with human blood or other body fluids, select **Blood contact** from drop-down list.

If the patient received blood or blood products, fill in the dates at **Starting from** and **through**.

Select the sexual preference for the patient from the drop-down list: Heterosexual, Homosexual, Bisexual, or Unknown.

Last time patient had sex Enter the 8-digit date.

Select the number of sex partners from the drop-down list: None, One, 2-5, >5, or Unknown.

ID: 1351072120 UPDATED: 4/11/2003 Reported: 4/11/2003 Status:

Supplemental HEPATITIS B Local Use

Clinical Data Laboratory Data Risk Hx Risk Hx (cont) Vaccination Hx Pregnancy Misc (links for screens and LR records)

Was the case a contact of a confirmed or suspected acute or chronic hepatitis B case?

Type of contact:

Was the case employed in a medical, dental, or other field involving contact with human blood or other bodily fluids?

Blood contact:

Did the case receive blood or blood products (transfusion)?

Starting from:

through:

Was the case associated with a dialysis or kidney transplant unit?

Did the case use needles for injection of street drugs?

What is the case's sexual preference?

Last time case had sex:

Number of partners:

sexual preference

ID: 1351072120 UPDATED 4/11/2003 Reported 4/11/2003 Status [dropdown] snewsome

Supplemental HEPATITIS B Local Use

Clinical Data Laboratory Data Risk Hx Risk Hx (cont) Vaccination Hx Pregnancy Misc (links for screens and LR records)

For the last 6 months:

	Yes	No	Unknown
Did the case have dental work or oral surgery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the case have other surgery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the case have acupuncture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the case receive a tattoo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the case have an accidental stick from a contaminated needle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the case receive a body piercing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the case use intranasal street drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Form View

Vaccination Hx Fields

ID: 1351072120 UPDATED 4/11/2003 Reported 4/11/2003 Status [dropdown] snewsome

Supplemental HEPATITIS B Local Use

Clinical Data Laboratory Data Risk Hx Risk Hx (cont) Vaccination Hx Pregnancy Misc (links for screens and LR records)

	Dose1	Dose2	Dose3
Hep A	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hep B (round 1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hep B (round 2)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Was case a Hep B non-reactive? Yes [dropdown]

Form View

Enter the dates Hepatitis A and B vaccines and HBIG were administered. (Some versions may not have all these fields.)

Was patient a Hep B non-responder (non-reactive) Choose Yes, No, or Unknown.

Pregnancy

ID: 1351072120 UPDATED: 4/11/2003 Reported: 4/11/2003 Status:
 Supplemental HEPATITIS B Local Use

Clinical Data Laboratory Data Risk Hx Risk Hx (cont) Vaccination Hx **Pregnancy** Misc (links for screens and LR records)

Is Case pregnant?

Expected delivery date:

Planned location of delivery:

OB name and address:

OB phone:

Form View

If patient is pregnant, respond to the following fields that appear: Expected delivery date, Planned location of delivery, Doctor's (OB) name, Street address, and Phone number.

Miscellaneous (Misc) Fields

Enter the Name, Age, and Relationship to patient of all contacts requiring prophylaxis for hepatitis B. Select Importation Class from drop-down list: Acquired in Texas, Acquired outside of US, Acquired in the US outside of Texas, or Unknown. Type the investigator's name and any additional comments.

ID: 1351072120 UPDATED: 4/11/2003 Reported: 4/11/2003 Status:
 Supplemental HEPATITIS B Local Use

Clinical Data Laboratory Data Risk Hx Risk Hx (cont) Vaccination Hx Pregnancy **Misc** (links for screens and LR records)

All household/sexual contacts requiring prophylaxis for hep B:

Name	Age	Relationship to case

Comments:

Investigated by: Importation Class:

Form View

Hepatitis C Acute (Event 10101)

On the **Patient** screen, if you select Hepatitis C as the event, a specific **Hepatitis C** tab will appear. The **Hepatitis C** page has 5 sub-tabs: **Clinical Data**, **Laboratory Data**, **Risk Hx**, **Risk Hx Cont.**, and **Misc**.

All dates are in the form of **mm/dd/yyyy**.

The screenshot shows the TxEDSS Data Entry Form for Hepatitis C. The form is titled "Data Entry Form" and includes the following information:

- ID: 1347725531
- UPDATED: 3/3/2003
- Reported: 3/3/2003
- Status: Unknown
- TESTING TEST: Supplemental HEPATITIS C Local Use
- Sub-tabs: Clinical Data, Laboratory Data, Risk Hx, Risk Hx (cont), Misc
- Date of Diagnosis: 1/1/2001
- Did case have symptoms?: Yes (selected), Date of onset: 1/1/2001
- Jaundiced?: Yes (selected), Date of onset: [empty]
- Hospitalized?: Yes (selected), Date of onset: [empty]
- Died from Hepatitis?: Yes (selected), Date of onset: [empty]

Clinical Data Fields

Date of Diagnosis Enter that date if known.

Did the patient have symptoms Pick Yes or No from the list, the date of onset text box will not be seen if you select No. If you select Yes, then enter the date. Please go to the hepatitis C fact sheet at <http://www.tdhideas.org> for a signs and symptoms list.

Jaundiced As above, jaundiced means the skin or the white part of the eye has become yellow.

Hospitalized As above.

Died from Hepatitis As above.

Supplemental HEPATITIS C Local Use

Clinical Data Laboratory Data Risk Hx Risk Hx (cont) Misc

Was Laboratory testing done? Yes

Test Type	Date Collected	Result
Anti-HCV		Positive
RIBA		Negative
PCR (Qual):		Indetermin
PCR (Quan):		
IgM anti-HAV		Pending
IgM HBcAb		Not done
IgG HBcAb		Unknown
HBsAb		
HBsAg		
HBeAg		

Liver function tests:

AST (SGOT): ALT (SGPT):

Bilirubin

Date of liver function test:

Laboratory Data Fields

All dates are in the form of **mm/dd/yyyy**.

Was Laboratory Testing Done You will need to have laboratory data or a lab test slip to enter results. If you do not have any laboratory information enter No.

Test Type Please see the laboratory test fact sheet for further explanations of the test types.

Date Collected This would be the date of the test.

Result Pick the appropriate choice from the list. The result picked should be the same as that reported on the lab test slip. For the PCR (Quan) field enter the number of copies of the virus detected and the units used. Please see the laboratory fact sheet for explanations of the terms.

Liver Function Tests

AST (SGOT), ALT (SGPT), Bilirubin Enter the value for each of the test results in the text box. Be sure to indicate the units.

Date of liver function test Enter the date the test was done. If there are multiple dates and tests, enter the test date closest to the onset date. Use the **Comments** section on the **Misc** tab to give additional information.

Risk HX Fields

Supplemental HEPATITIS C Local Use

Clinical Data Laboratory Data Risk Hx Risk Hx (cont) Misc

Was the case a contact of a confirmed or suspected acute or chronic hepatitis C case? Type of contact:

Was the case employed in a medical, dental, or other field involving contact with human blood or other bodily fluids?

Did the case receive blood or blood products (transfusion)?

Was the case associated with a dialysis or kidney transplant unit?

Did the case use needles for injection of street drugs?

What is the case's sexual preference? Last time case had sex:
Number of partners:

If you pick Yes to a question, a second text window and additional questions may appear.

Blood Contact Includes body fluids.

Starting from through If the dates are not known, do not enter any information. If only the start date is known, enter that.

Risk HX (cont) Fields

Supplemental HEPATITIS C Local Use

Clinical Data Laboratory Data Risk Hx Risk Hx (cont) Misc

For the last 6 months:

	Yes	No	Unknown
Did the case have dental work or oral surgery?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the case have other surgery?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the case have acupuncture?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the case receive a tattoo?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the case have an accidental stick from a contaminated needle?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the case receive a body piercing?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the case use intranasal street drugs?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

As previously, answer the question by clicking in the appropriate circle. When completing data entry on this screen, click the **Misc** tab to enter additional information.

Miscellaneous (Misc) Fields



Household contacts having direct contact with blood, body fluids or other exposure risk are candidates for hepatitis C testing. See the hepatitis C fact sheet for details on transmission and risk factors.

Importation Class Select from the location where the case was acquired, if unknown, use the location at the time of diagnosis.

Investigated by Enter the full name of the person who did the investigation and/or signed the investigational form.

Supplemental HEPATITIS C Local Use

Clinical Data Laboratory Data Risk Hx Risk Hx (cont) Misc

All household/sexual contacts requiring testing for hepatitis C:

Name	Age	Relationship to case

Comments

Investigated by:

Importation Class:

Hepatitis E (Event 10103)



Ignore this Event Specific page if your version has it. Do not complete this page. When reporting a confirmed case of infection with this virus, mail or fax the hard copy investigational form to TDH.

Lyme Disease (Event 11080)



Ignore this Event Specific page if your version has it. Do not complete this page. When reporting a confirmed case of infection with this virus, mail or fax the hard copy investigational form to TDH.

Measles (Event 10140)

On the **Patient** screen, if you select Measles as the event, a specific **Measles** tab will appear. The **Measles** page has 4 sub-tabs: **Symptoms**, **Treatment**, **Laboratory Results**, and **Exposure**.

The screenshot displays a web-based form for Measles (Event 10140). At the top, it shows the patient ID (1351074688), update and report dates (4/11/2003), and a status dropdown menu. Below this are tabs for 'Supplemental', 'MEASLES', and 'Local Use'. The 'MEASLES' tab is active, showing sub-tabs for 'Symptoms', 'Treatment', 'Laboratory Results', and 'Exposure'. The 'Symptoms' sub-tab is selected, displaying a list of symptoms with dropdown menus for 'Y' (Yes) or 'N' (No). The 'Complications' section includes dropdowns for Otitis Media, Pneumonia, Thrombosis, Diarrhea, Encephalitis, and Death. A question asks if the patient was hospitalized, with a dropdown for 'Y' and a field for the number of days in hospital. The form is titled 'form: subfrmMeasSup' and has a 'Form View' button at the bottom.

Symptoms Fields

For the following fields, choose Y (Yes), N (No), or U (Unknown) and answer the questions that appear when you answer Yes: Rash, Fever, Cough, Coryza, Conjunctivitis, Koplic Spots, Arthritis/Arthralgia, Lymphadenopathy, Sore Throat, Headache, Light Sensitivity, Dehydration, and Malaise.

If rash is present, enter the Date of onset, Duration (In days), Description of Rash (location of rash at time of interview) and Rash generalized.

If fever is Yes, enter a date of onset and the maximum temperature in °F.

If **Other** is answered Yes, fill in the text box with the symptom.

Was the patient hospitalized If Yes, enter the number of days in hospital.

Treatment Fields

If the infected person was vaccinated, enter all MMR vaccination dates after the first birthday. Enter the number of single antigen or MMR doses received before the first birthday. Enter the total number of doses of measles containing vaccine.

If the infected person was not vaccinated, select the reason for not being vaccinated from the drop-down list: Religious exemption, Medical contraindication, Philosophical

exemption, Lab confirmed., Previous illness, MD confirmed., Previous illness, Underage for vaccination, Parental refusal, and Other.

Laboratory Results Fields

Form View

If laboratory testing was done, enter the test dates and results by test type:

IgM Result Choose Positive, Negative, Indeterminate, Pending, or Not Done.

IgG Acute Choose Significant Rise, No Significant Rise, Indeterminate, Pending, Not Done, or Unknown.

IgG Conv (Conversion) Choose Significant Rise, No Significant Rise, Indeterminate, Pending, Not Done, or Unknown.

Other If another test was done, select from drop-down list: Culture, DFA, PCR, or Other.

Other Result Choose Positive, Negative, Indeterminate, Pending, or Not Done.

Other Method Used Choose Culture, DFA, PCR, or Other.

Exposure Fields

ID: 1351074688 UPDATED: 4/11/2003 Reported: 4/11/2003 Status: snewsome

Supplemental MEASLES Local Use

Symptoms Treatment Laboratory Results Exposure

Where did this case acquire measles?

Is this Outbreak related?

Outbreak Assoc.:

Epi Linkable?

Is this traceable to within 2 generations of import?

Date Health department notified:

Date Investigation began:

Form View

Where did this patient acquire measles Choose Daycare, School, Dr. office, Hospital ward, Hospital ER, Hospital outpatient clinic, Home, Work, Unknown, College, Military, Jail, Church, International Travel, or Other.

Is this Outbreak related Select Yes, No, Unknown; if Yes, fill in name of associated outbreak.

Epi-linkable Choose Yes, No, or Unknown.

Is this traceable within 2 generations of import Choose Yes, No, or Unknown.

Date Health Department Notified Enter the date the investigating agency was notified about the case.

Date Investigation Began Enter the date the investigation began.

Mumps (Event 10180)

On the **Patient** screen, if you select Mumps as the event, a specific **Mumps** tab will appear. The **Mumps** page has 4 sub-tabs: **Symptoms**, **Vaccination History**, **Source of Infection**, and **Laboratory Data**.

The screenshot shows a web-based form for a Mumps patient. At the top, it displays the patient ID: 1351074688, updated on 4/11/2003, and reported on 4/11/2003. The status is set to 'snewsome'. Below this, there are tabs for 'Supplemental', 'MUMPS', and 'Local Use'. The 'MUMPS' tab is active, and within it, there are sub-tabs for 'Symptoms', 'Vaccination History', 'Source of Infection', and 'Laboratory Data'. The 'Symptoms' sub-tab is selected, showing a list of symptoms with 'Y' in a dropdown menu next to each, indicating they are present. The symptoms listed are: Pariotitis, Fever, Cough, Coryza, Conjunctivitis, Koplic Spots, Arthritis/Arthralgia, Lymphadenopathy, Sore Throat, Headache, Light Sensitivity, Dehydration, and Malaise. To the right of the symptoms list, there are fields for 'Date of onset' and 'Duration (In days)'. Below the symptoms list is a 'Complications' section with dropdown menus for Meningitis, Orchitis, Thrombosis, Deafness, Encephalitis, and Death. There is also a text box for 'Other'. Below the complications section is a question: '1. Was the patient hospitalized?' with a 'Y' in a dropdown menu. To the right of this question are fields for 'Hospital', 'Admit Date', 'Discharge Date', and '# of Days in Hospital'. The form is titled 'Form View' at the bottom left.

Symptoms Fields

For all **Symptoms** and **Complication** fields choose Yes, No, or Unknown.

If **Fever** is answered Yes, enter the date of fever onset and maximum temperature in °F.

If **Other** (under Complications) is answered Yes, fill in text box with brief description of the complication.

If patient was hospitalized, fill in the Hospital name, Admit Date, Discharge Date, and number of Days in Hospital.

Vaccination History Fields

The screenshot is found in the next page.

If vaccinated is answered Yes, enter dates for all MMR vaccinations.

If vaccinated is answered No, select the reason the patient was not vaccinated from the drop-down

ID: 1351074688 UPDATED: 4/11/2003 Reported: 4/11/2003 Status: shnewsome
 Supplemental MUMPS Local Use
 Symptoms Vaccination History Source of Infection Laboratory Data
 Vaccinated? Y Date 1 MMR: / / /
 Date 2 MMR: / / /
 Date 3 MMR: / / /
 Date: / / /

Form View

Source of Infection (Exposure) Fields

Possible Source identified Choose Yes, No, or Unknown.

Where did patient acquire mumps Select from the drop-down list: Daycare, School, Dr. office, Hospital ward, Hospital ER, Hosp outpatient clinic, Home, Work, Unknown, College, Military, Jail, Church, International travel, or Other.

Is this Outbreak related Choose Yes, No, Unknown. If Yes, enter the name of the associated outbreak.

Epi-linkable Choose Yes, No, or Unknown.

Is this case traceable to within 2 generations of import Choose Yes, No, or Unknown.

Date Health department notified Enter the date the investigating agency was notified about the case.

Date Investigation began Enter the date the investigation began.

Has any travel occurred during the exposure period Choose Y (Yes), N (No), or U (Unknown).

List Location Enter names of places where the person traveled.

Importation Class Select from the drop-down: Acquired in Texas, Acquired outside of US, Acquired in US outside of Texas, or Unknown.

Laboratory Data Fields

Was Laboratory testing done Choose Yes, No, or Unknown. If Yes, then type the test dates and results by test type.

IgM Choose Positive, Negative, Indeterminate, Pending, or Not Done.

IgG Acute Choose Significant Rise, No Significant Rise, Indeterminate, Pending, Not Done, or Unknown.

IgG Conversion Choose Significant Rise, No Significant Rise, Indeterminate, Pending, Not Done, or Unknown.

Other (Method Used) Choose Culture, DFA, PCR, or Other.

Other Result Choose the applicable result for the test entered in the previous field in the results column: Positive, Negative, Indeterminate, Pending, or Not Done.

ID: 1351074688 UPDATED: 4/11/2003 Reported: 4/11/2003 Status: snewsome

Supplemental MUMPS Local Use

Symptoms Vaccination History Source of Infection Laboratory Data

Was Laboratory testing done? Y N U

Test Type	Date Collected	Result	Method Used
IgM			
IgG Acute			
IgG Conv			
Other			Culture

Form View

Pertussis (Event 10190)

On the **Patient** screen, if you select Pertussis as the event, a specific **Pertussis** tab will appear. The **Pertussis** page has 5 sub-tabs: **Clinical Data**, **Treatment**, **Laboratory Data**, **Vaccination History**, and **Source of Infection**.

Clinical Data Fields

SYMPTOMS

For the following fields choose the appropriate answer: Y (Yes), N (No), or U (Unknown), or P (Positive), N (Negative), X (Not Done).

Cough If Yes is chosen, enter **Onset Date** and **Duration** in days for cough.

Paroxysmal If Yes, enter **Onset Date** for paroxysmal cough.

Inspiratory Whoop

Vomiting after Paroxysm

Apnea**Cyanosis****Pneumonia Chest X-ray****Seizures (focal or generalized)****Encephalitis**

Other Briefly describe other symptoms or significant clinical findings.

Is patient still coughing at final interview If yes, enter date of final interview.

Was Patient Hospitalized If Yes, enter Name of hospital, Date of admission, and Discharge date.

ID: 1351074688 UPDATED: 4/11/2003 Reported: 4/11/2003 Status: snewsome

Supplemental **PERTUSSIS** Local Use

Clinical Data Treatment Laboratory Data Vaccination History Source of Infection (links for reports, screens and LR records)

Symptoms

Cough Y Date of onset: Duration (In days):

Paroxysmal Y Date of onset:

Inspiratory Whoop Y

Vomiting after Paroxysm

Apnea (Excl. Cyanosis Ep)

Cyanosis after Paroxysm

Pneumonia: Chest X-Ray

Seizures (Focal or General) Y

Encephalitis Y

Other

Was the patient hospitalized? Y

Hospital:

Admit Date:

Discharge Date:

of Days in Hospital:

Form View

Treatment Fields

Were antibiotics administered Choose Yes, No, or Unknown. If Yes, make appropriate selections for First and Second Antibiotic.

Outcome Choose Survived, Died, or Unknown. If you select “Died” enter the date of death and submit a Pertussis Death Worksheet to TDH.

Physician diagnosis Enter physician diagnosis.

ID: 1351074688 UPDATED: 4/11/2003 Reported: 4/11/2003 Status: snewsome

Supplemental PERTUSSIS Local Use

Clinical Data Treatment Laboratory Data Vaccination History Source of Infection (links for screens and LR records)

Were antibiotics administered?

	Date Started:	Days treated:
First Antibiotic	<input type="text"/>	<input type="text"/>
Second Antibiotic	<input type="text"/>	<input type="text"/>

Outcome:

Physician Diagnosis:

Form View

Laboratory Data Fields

ID: 1351074688 UPDATED: 4/11/2003 Reported: 4/11/2003 Status: snewsome

Supplemental PERTUSSIS Local Use

Clinical Data Treatment Laboratory Data Vaccination History Source of Infection (links for screens and LR records)

Was Laboratory testing done?

Test Type	Date Collected	Result
Culture	<input type="text"/>	<input type="text"/>
DFA	<input type="text"/>	<input type="text"/>
Ser-Acute	<input type="text"/>	<input type="text"/>
Ser-Conv	<input type="text"/>	<input type="text"/>
PCR	<input type="text"/>	<input type="text" value="P"/>

Is test result positive

Was laboratory testing done Choose Yes, No, or Unknown. If yes, then:

Culture Enter date the specimen was collected. Choose P (Positive), N (Negative), I (Indeterminate), E (Pending), X (Not Done), S (Para-pert), or U (Unknown) for result.

DFA Enter date the specimen was collected. Choose P (Positive), N (Negative), I (Indeterminate), E (Pending), X (Not Done), S (Para-pert), or U (Unknown) for result.

Ser-Acute Enter date the specimen was collected. Select IgA or IgG test type. Choose P (Positive), N (Negative), I (Indeterminate), E (Pending), X (Not Done), S (Para-pert), or U (Unknown) for result.

Ser-Conv (Conversion) Enter the date the specimen was collected.

Ser-Conv Result Choose P (Positive), N (Negative), I (Indeterminate), E (Pending), X (Not Done), S (Para-pert), or U (Unknown) for result. (This field may not be available in your version.)

Four-fold rise Choose Yes, No, or Unknown. (This field may not be available in your version.) A four-fold rise in titer level from acute specimen to convalescent sample may be considered positive serology for pertussis. Results from a single specimen are not accepted as laboratory confirmation of a suspected pertussis case.

PCR Choose P (Positive), N (Negative), I (Indeterminate), E (Pending), X (Not Done), S (Para-pert), or U (Unknown) for result.

Vaccination History Fields

Vaccinated Responses are Yes, No, or Unknown. If Yes then:

Last Pertussis vaccination before illness Enter the date of the last pertussis vaccination received by the infected person before they were sick.

Total number doses Enter the total number of doses of pertussis toxoid containing vaccine received by the infected person.

Total number of prophylaxed Enter the number of contacts to the infected person receiving prophylactic medications.

Manufacturer Enter the date, manufacturer, and type for each vaccination. Choose from Lederle, Connaught, Mass HD, Mich HD, Other, and Unknown. For **Type** choose from Whole cell, Date, DT, DTaP-Hib, DTP-Hib Tetra, Pert. only, Other, and Unknown.

ID: 1351074688 UPDATED 4/11/2003 Reported 4/11/2003 Status [dropdown] snewsome

Supplemental PERTUSSIS Local Use

Clinical Data Treatment Laboratory Data Vaccination History Source of Infection [dropdown] (steps for screens and LR records)

Vaccinated? Y

Last Pertussis vaccination before illness: [text box]

Total number of doses: [text box]

Total number of prophylaxed: [text box] 0

	Date	Manufacturer	Type
1 DTP:	[text box]	[dropdown]	[dropdown]
2 DTP:	[text box]	[dropdown]	[dropdown]
3 DTP:	[text box]	[dropdown]	[dropdown]
4 DTP:	[text box]	[dropdown]	[dropdown]
5 DTP:	[text box]	[dropdown]	[dropdown]
6 DTP:	[text box]	[dropdown]	[dropdown]

Form View

Source of Infection Fields

ID: 1351074688 UPDATED 4/11/2003 Reported 4/11/2003 Status [dropdown] snewsome

Supplemental PERTUSSIS Local Use

Clinical Data Treatment Laboratory Data Vaccination History Source of Infection [dropdown] (steps for screens and LR records)

Possible source of exposure identified? Y

Where did this case acquire pertussis? [dropdown] daycare

Is this Outbreak related? Y

Outbreak Assoc.: [text box]

Epi Linkable? [dropdown]

Is this traceable to within 2 generations of import? [dropdown]

Date Health department notified: [text box]

Date Investigation began: [text box]

Has any travel occurred during the exposure period? [dropdown]

Importation Class: [dropdown]

Form View

Possible source of exposure identified Choose response Yes, No, or Unknown.

Where did this patient acquire pertussis Choose response from pick list: Daycare, School, Dr. office, Hosp. ward, Hosp ER, Hosp. outpatient clinic, Home, Work, Unknown, College, Military, Jail, Church, International travel, and Other.

Is this Outbreak related Choose response Yes, No, or Unknown. If Yes, then

Outbreak Assoc. Enter text, name of outbreak if known.

Epi-Linkable Choose response Yes, No, or Unknown.

Is this traceable within 2 generations of import Choose response Yes, No, or Unknown.

Date Health department notified Enter date investigating agency was notified of the suspected case.

Date Investigation Began Enter an 8-digit date.

Has any travel occurred during the exposure period Choose response Yes, No, or Unknown. If Yes, type in location(s).

Importation Class Choose response from pick list: Acquired in Texas, Acquired outside of US, Acquired in US outside of Texas, Unknown.

Rubella (Event 10200 or 10370)



Ignore this page if your version has it. Complete the hard copy investigational form and fax or mail to TDH. The screenshot follows.

SF GP Ricket (Spotted Fever Group, Rickettsia)
 (RMSF-Rocky Mountain Spotted Fever) (Event 10250)



Ignore this page if your version has it. Complete the hard copy investigational form and fax or mail to TDH.

Streptococcus Pneumoniae Drug Resistant (Event 11720)

ID: **1051260387** UPDATED Reported Status

from for Patient 10/17/2003 removed from table (tips for screens and LR records)

Anatomic Site Species

MIC Interpretation



Ignore this page if your version has it. This page was added to this Event in error.

By definition, invasive would include infections that result in the bacteria being found in the blood, cerebrospinal fluid (CSF), synovial joint fluid, and other sterile sites in the human body.



Return to the **Patient** page. Write the name of the drug (antibiotic) that the bacteria are resistant to in the comments field. Click <Save Record> to add the record. You have finished data entry for this event.

Streptococcus Pneumoniae, Penicillin Resistant Isolate (Event 81720)



Do not enter data on this page. This screen is a future use (space holder) screen. Do not enter data for cases of infection with invasive penicillin-resistant *Streptococcus pneumoniae* here, instead use Event 11720.

To report isolates of penicillin-resistant *Streptococcus pneumoniae* download, print, and complete the **Antibiotic Resistance Quarterly** reporting form at www.tdhideas.org/. Then fax or mail to TDH as per instructions in the form.

ID: 1051260387	UPDATED	5/19/2003	Reported	5/19/2003	Status	shnewsome
S PNEUMO DRUG RESIS		Local Use				
Anatomic Site	Species	<small>(... for Cases 10/17/2003 - ... for ... tops for creens and LR records)</small>				
MIC	Interpretation					
0						

Typhus Murine (Event 10260)

Ignore this page if your version has it. The hard copy investigational form should be mailed or faxed to TDH.

File Edit Insert Records Window Help

ID: 1350475063 UPDATED 4/4/2003 Reported 4/4/2003 Status snewsome Data Entry

Supplemental TYPHUS MURINE Local Use

Symptoms Treatment Laboratory Results Exposure

Symptoms

1. Onset of illness was: [dropdown]

Fever

Headache

Nausea/vomiting Rash [dropdown]

Photophobia

Anorexia

Conjunctivitis

Malaise

Diarrhea

Thrombocytopenia

Elevated Liver function test

Other: [text box]

Other: [text box]

Form View

VR (Vancomycin Resistant) *Enterococcus* Species Isolate (Event 80722)



Do not enter data on this page. This screen is a future use (space holder) screen. Do not enter data for cases of infection with vancomycin-resistant *Enterococcus* species here.

To report isolates of vancomycin-resistant *Enterococcus* species download, print, and complete the **Antibiotic Resistance Quarterly** reporting form at www.tdhideas.org/. Then fax or mail to TDH as per instructions in the form. The screenshot follows.

ID: **1051260387** UPDATED: 5/19/2003 Reported: 5/19/2003 Status: snewsome

VR ENTEROCOCCUS Local Use

(See Section 10.17.2003 - ... (steps for screens and LR records))

Anatomic Site	Species
<input type="text"/>	<input type="text"/>
MIC	Interpretation
<input type="text" value="0"/>	<input type="text"/>



If you want to enter several other event records on the same or different persons, return to the **Patient** tab and click <Save Record>. Then click the <Add New> button and proceed to fill in the appropriate pages. To exit the **Data Entry Form**, click on the <X> button on the right top corner of the form or click <Exit> on the **Main Menu** screen.

Appendix: Event Codes

Notifiable Diseases with links to CDC reporting forms are shown as blue, underlined names

Event Code	Disease/Condition Name
10560	AIDS
11040	Amebiasis
10010	Aseptic Meningitis
10350	Anthrax
10650	Bacterial/Other Meningitis
12010	Babesiosis
10530	Botulism, foodborne
10540	Botulism, infant
10550	Botulism, other (includes wound)
10548	Botulism, other unspecified
10020	Brucellosis
11020	Campylobacteriosis
10273	Chancroid
10030	Chickenpox (Varicella)
10274	Chlamydia
10470	Cholera
80060	CJD
11900	Coccidioidomycosis
11580	Cryptosporidiosis
11575	Cyclosporiasis
10680	Dengue Fever
10685	Dengue Hemorrhagic Fever
10040	Diphtheria
11085	Ehrlichiosis, human granulocytic (HGE)
11086	Ehrlichiosis, human monocytic (HME)
11087	Ehrlichiosis human, other/unspecified
10054	Encephalitis/meningitis, California
10053	Encephalitis/meningitis, Eastern equine
10070	Encephalitis, Post-Chickenpox

10080	Encephalitis, Post-Mumps
10090	Encephalitis, Post-Other
10050	Encephalitis, Primary
10057	Encephalitis/meningitis, Powassan
10051	Encephalitis/meningitis, St. Louis
10055	Encephalitis/Meningitis, Venezuelan Equine (VEE)
10056	Encephalitis/meningitis, West Nile
10052	Encephalitis/meningitis, Western equine
11562	Enterohemorrhagic Escherichia coli (EHEC) shiga toxin positive (serogroup non-O157)
11560	Enterohemorrhagic Escherichia coli (EHEC) O157:H7
11564	Enterohemorrhagic Escherichia coli (EHEC) shiga toxin positive (not serogrouped)
10570	Flu Activity Code (Influenza)
10991	Gastroenteritis
11570	Giardiasis
10280	Gonorrhea
10276	Granuloma inguinale
10590	H Flu Invasive
10590	Haemophilus influenzae , invasive disease
10380	Hansen's disease (Leprosy)
11610	Hantavirus Infect
11590	Hantavirus pulmonary syndrome
11550	Hemolytic uremic syndrome (HUS)
10750	Hemorrhagic Fever
10110	Hepatitis A
10105	Hepatitis B, chronic
10100	Hepatitis B, acute
10104	Hepatitis B, perinatal
10106	Hepatitis C virus infection , past/present (Chronic)
10101	Hepatitis C, acute
10102	Hepatitis D
10103	Hepatitis E
10480	Hepatitis Non A and B
10120	Hepatitis unspecified
10562	HIV Infection, adult
10561	HIV Infection, pediatric
11060	Influenza, Human Isolates

11950	Lead, Adult
11910	Lead, Child
10490	Legionellosis
10390	Leptospirosis
10306	LGV-Lymphogranuloma
10640	Listeriosis
11080	Lyme disease
10130	Malaria
10140	Measles
10150	Meningococcal disease
10308	Mucopurulent Cervicitis (MPC)
10180	Mumps
10317	Neurosyphilis
10307	Nongonococcal Urethritis (NGU)
80750	PAM/GAE
10309	Pelvic Inflammatory Disease (PID), unknown etiology
10190	Pertussis
10990	Pesticide Poison Occ
10440	Plague
10410	Poliomyelitis, paralytic
10450	Psittacosis
10255	Q fever
10340	Rabies, animal
10460	Rabies, human
10845	Relapsing Fever
11030	Reye Syndrome
10250	Rocky Mountain spotted fever
10200	Rubella
10370	Rubella, congenital syndrome
11000	Salmonellosis
11010	Shigellosis
32000	Silicosis
11800	Smallpox
11661	Staphylococcus aureus, coagulase-positive, methicillin- or oxacillin-resistant (MRSA)
11665	Staphylococcus aureus, coagulase-positive, vancomycin-resistant (VRSA)
11663	Staphylococcus aureus, vancomycin intermediate susceptibility (VISA)

11710	Streptococcal disease, invasive, group A
11715	Streptococcal disease, invasive group B
80710	Streptococcal Non-A
11700	Streptococcal toxic-shock syndrome
11720	Streptococcus pneumoniae, drug-resistant
11717	Streptococcus pneumoniae, invasive disease
10316	Syphilis, congenital
10313	Syphilis, early latent
10314	Syphilis, late latent
10318	Syphilis, late neurosyphilis
10311	Syphilis, primary
10312	Syphilis, secondary
10315	Syphilis, unknown latent
10210	Tetanus
10520	Toxic shock syndrome
12020	Toxoplasmosis
10270	Trichinosis
10220	Tuberculosis
10230	Tularemia
10240	Typhoid fever
10260	Typhus Murine
11645	Vancomycin-resistant Enterococcus
10030	Varicella
*	Varicella death
11540	Vibrio Infection
11541	Vibrio Parahaemolyticus
11542	Vibrio Vulnificus
10660	Yellow fever
10049	West Nile fever
10056	West Nile encephalitis/meningitis
11565	Yersiniosis

Glossary

Acute Short and severe illness.

Antibiotic A medication or drug used for treatment of bacterial infections.

Antimotility Against spontaneous movement.

Culture Growth of microorganisms on media ideal for growth. Also refers to the test.

Case An instance of disease; a case-patient who meets criteria for diagnosis of a specified disease.

Chronic Long-term duration of an illness.

Confirmed Reported event that has been investigated and determined to meet clinical and laboratory case criteria.

Drop-down List A list/menu that appears when the arrow button adjacent to the field is clicked.

Dx A commonly used abbreviation for the word, "diagnosis."

Enrolled Registered as a participant.

Enter An instruction to type the appropriate answers in the blanks on the screen or press <Enter>.

Epi-linkable Another way of saying that the event is related to a cluster or outbreak.

Event Disease or health condition name.

Exposure Contact with an infectious disease or agent of disease.

Field Space that contains one item of information. A field is also a blank space where you can type data.

Form A document with questions or blank spaces for the insertion of data. This guide uses page, form, and screen as equivalent words. That is, these words have similar meanings.

Hx A commonly used abbreviation for the word, "history."

Isolate An organism or chemical that has been found or identified through the culturing process. Sometimes used in place of the word “culture.”

Importation Brought into the place or location from outside the boundaries specified.

Link Related to or associated with.

Nonresponder A person who does not show the usual response to treatment with a vaccine or drug.

Organism In this guide, usually a virus, bacteria, or parasite that causes illness.

Outbreak Determined by the persons investigating a cluster of cases of infection.

Onset Date when signs and symptoms of illness first appear.

Prophylaxis Procedure or treatment to prevent transmission of a disease, usually taking place before exposure to the agent of infection or shortly thereafter.

Quantitative A description of results in a number or amount value for measurement of weight, height, speed, concentration or other process.

Qualitative Description of the qualities or character of the process or thing. For example, “Positive” and “Negative” are used to describe lab results. “Sensitive” or “Resistant” describes whether bacterial growth is or is not inhibited by a specified antibiotic.

RX Common abbreviation for prescription or treatment.

Record Collection of related data treated as a unit. A record is all the data entered about each person’s event.

Screen Area that displays text and graphics.

Skip Automatic computer program that allows items or fields to be passed over or left out. The cursor will move from blank to blank as programmed.

Status Condition of the event record; state of affairs. Examples of status: Confirmed, Pending, and Suspect.

Evaluation

The TxEDSS Data Entry Guide, in its current version, was designed to familiarize the reader with the data entry forms (pages, screens, and fields) used by the TxEDSS program to collect epidemiological data. It is not a training manual for data entry. It was not created to substitute for data entry training. Please help us improve this guide by answering the following questions.

1. Are you a primary TxEDSS program user?
2. Please provide your position title.
3. Was the content presented in a logical sequence?
4. Where the instructions easy to follow?
5. Did the screenshots enhance your comprehension of the instructions?
6. Does the guide cover the TxEDSS data entry process adequately?
7. Is the information provided in sufficient detail and pitched at a suitable level for you?
8. How satisfied were you with this user guide?
9. How can we improve this guide?
10. Comments or suggestions

Please print this page, fill out, and mail to Attention: Bobbie Warr, IDEAS, T801, 1100 W. 49th Street, Austin, TX 78756. Fax: (512)458-7616. Thank you.

System Requirements

Desktop Installation

Software

Windows 98, 98 SE, NT 4 (SP 6),
2000 (SP 2+), Me, XP

Microsoft Access 2000

Recommended Hardware

Pentium II 350-MHz or higher

256 MB Ram

Display resolution 1024x768

50 MB available storage memory (or
approx 3x production data store,
whichever is greater)

Minimum Hardware

Pentium 75-MHz or higher
128 MB Ram

Display resolution 800x600
50 MB available storage
memory (or approx 2x
production data store,
whichever is greater)

Network Installation

Microsoft Access 2000

50 MB available storage memory on the same network volume where the
production data store is located (or approx 3x production data store, whichever is
greater)