Regional SME Contacts

Do you know who to contact for specific investigation questions? When an investigation is rejected and you have questions? When NEDSS is down? When your NEDSS password expires? When an investigation is rejected due to a case definition change? This table is your list of Regional Subject Matter Experts (SMEs). Utilize this list the next time you have questions.

<table>
<thead>
<tr>
<th>Investigation Focus Area</th>
<th>Primary Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enteric/Gastrointestinal (GI)</td>
<td>David Retana</td>
</tr>
<tr>
<td>Influenza (Flu)/Invasive/Respiratory</td>
<td>Loan VanAuker</td>
</tr>
<tr>
<td>High Consequence Infectious Diseases (HCID)</td>
<td>David Retana</td>
</tr>
<tr>
<td>MDRO/Hospital Acquired Infections (HAI)</td>
<td>Thi Dang</td>
</tr>
<tr>
<td>Vaccine Preventable Diseases (VPDs)</td>
<td>Heidi Honza</td>
</tr>
<tr>
<td>Hepatitis B and C</td>
<td>Steven Pulvino</td>
</tr>
<tr>
<td>Viral Hemorrhagic Fever (VHF)</td>
<td>David Retana</td>
</tr>
<tr>
<td>NEDSS</td>
<td>Ashley Rodriguez</td>
</tr>
</tbody>
</table>

View our focus area back-up contacts and find other investigation resources online here.

Automatically Reviewed ELRs & What You Should Know

Electronic lab results (ELRs) are input into the NEDSS Base System (NBS) daily from hospitals and laboratories that report electronically into the system. Due to the quantity of ELRs received, this can quickly become a burden to LHDs and State staff reviewing the NEDSS “Documents Requiring Review” queue. Some ELRs received are related to notifiable conditions but are not necessarily enough to start an investigation (e.g. immunity results or hepatitis B DNA results); additionally, ELRs for non-notifiable conditions (e.g. giardia) may also be added to the queue.

Therefore, the Emerging Acute Infectious Disease Branch (EAIDB) implemented a process to ensure that ELRs of no interest are promptly “swept” out by being electronically marked as reviewed, usually within two hours of receipt. The ELR is still in NBS and can be easily found by running a report. Please note, this only applies to ELRs (which is the vast majority of the queue). Manually entered labs are not typically automatically reviewed.

For hepatitis B and C, many of the results are not indicative of acute infection; therefore: For hepatitis B ELRs - immunity markers and DNA markers are automatically marked as reviewed and removed from the queue. All surface antigen and IgM results remain on the queue. And for hepatitis C ELRs - all are marked as reviewed and removed from the queue after 48 hours, since there is no lab test that directly indicates acute infection. For varicella, ELRs that EAIDB has determined do not correspond to chickenpox for patients of particular ages are marked as reviewed and removed from the queue.

Please note: All ELR reports are marked as reviewed and removed from the queue after 90 days.

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NEW Features in the NEDSS Version 5.1 Update: The Documents Requiring Review Queue

In NBS 5.1, the Documents Requiring Review Queue will have an enhanced display to include additional information regarding the event records in the queue to help better inform the end user about what action to take on the record without having to open the event record to do so. New columns will be added to the Queue, the order will be updated, and additional information will be added to the columns to aid users in being able to process documents from the queue without having to access the document. The following is a brief description of each column update:

1. **Document Type**: Displays whether document is a Lab, Morbidity or Case Report; also includes an indication as to whether the document is electronic. *Electronic cases are denoted by a blue circle with a white letter “E” inside.*

2. **Date Received**: Displays date and time the document was received by public health.

3. **Reporting Facility/ Provider**: [NEW COLUMN] Displays the Reporting Facility and/or Ordering Provider for the event record.

4. **Patient**: Displays Patient Name, **Patient ID** [NEW ELEMENT], Sex, DOB, and **Age** [NEW ELEMENT]

5. **Description**: Displays the condition (for Morbidity and Case Reports) and full lab record display, as is shown on patient file, etc., (for Lab Reports) [UPDATED DISPLAY FOR LAB DATA] associated with the event record.

6. **Jurisdiction**: Displays Jurisdiction to which the document belongs

7. **Associated With**: [NEW COLUMN] Displays any investigations that have been previously associated to the event, with a link to the investigation.

8. **Local ID**: Displays the Local (NBS) ID for the event, and an indication of whether the document requiring review is an update to a previously received event record.

Also included in 5.1, is the ability to view “Reflect Text Results” on ‘hover over’. This functionality will be made available in this queue, as well as on all screens where lab description is available (e.g., patient file, manage associations, etc.).

Please note that the Print/Export files will be updated as well to reflect the updated queue features.
NBS Version 5.1 Continued: Marking ELRs as Reviewed & New Options

In NBS 5.1, the Documents Requiring Review Queue will have an enhanced display to include additional information regarding the event records in the queue to help better inform the end user about what action to take on the record without having to open the event record to do so. This includes the ability to conditionally view reflex testing detail and the ability to view (and access) investigations that have been associated with the event record.

Currently, users can only process documents individually. In 5.1 a ‘selection’ column will be added to allow users to select several documents within a queue result page for bulk processing.

Once the ‘Mark as Reviewed’ link has been selected, an additional dialog box will appear at the top of the page.

Selecting a “Reason For No Further Action” will be required for (non-STD/HIV) documents. The default options for reasons will be: “Negative Lab Result”, “Non-Reportable Condition”, & “Previously Associated to Investigation”. This new feature will help users that process the queue more efficiently.

Look for these exciting new features in late Spring of 2017.
Data Entry Timeframe Reminders & Resources

All investigations should be completed in a timely manner. Each year as part of the federal Immunization Cooperative Agreement, DSHS submits an annual report to the CDC detailing all its efforts in immunization. Part of this annual report includes performance measures for vaccine preventable disease (VPD) investigations. The VPD investigation performance measures fall mainly into two categories—timeliness and assessment of vaccination status. The CDC timeliness objective is that 90% of all VPD investigations be completed (entered) within 30 days of initial report to public health. In addition to this measure, the State assesses whether VPD investigations have documented vaccine status recorded within the investigations.

PHEP grant recipient investigations are also assessed regarding specific turn around time for prevention and control measure initiation for the following 6 conditions:

<table>
<thead>
<tr>
<th>Condition Name</th>
<th>Control Measure Initiation</th>
<th>Reporting Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botulism (foodborne, wound, &amp; other/unspecified)</td>
<td>One Day</td>
<td>Immediately</td>
</tr>
<tr>
<td>E.coli, Shiga toxin-producing (STEC)</td>
<td>Three Days</td>
<td>One Week</td>
</tr>
<tr>
<td>Hepatitis A (acute)</td>
<td>Seven Days</td>
<td>One Day</td>
</tr>
<tr>
<td>Measles (Rubella)</td>
<td>One Day</td>
<td>Immediately</td>
</tr>
<tr>
<td>Nesseria meningitidis, invasive (Meningococcal disease)</td>
<td>One Day</td>
<td>Immediately</td>
</tr>
<tr>
<td>Tulareemia</td>
<td>Two Days</td>
<td>Immediately</td>
</tr>
</tbody>
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For more information about PHEP investigations and for additional guidance, please visit our Regional PHEP website [here](#).

Each of these measures is tracked quarterly & each jurisdiction receives a copy of their report to help remedy any findings.

Data Entry Checklists

The following checklists are the most commonly found data entry errors. Please use them for reference.

**REQUIRED NBS DATE FIELDS CHECKLIST**

*Use this checklist to ensure entry of all required date fields*

- [ ] Investigation Assign Date
- [ ] Investigation Start Date
- [ ] Onset Date *(if available)*
- [ ] Diagnosis Date *(if available)*
- [ ] Collection Date *(where applicable)*
- [ ] Confirmation Date
- [ ] Earliest Date Suspected
- [ ] Date Earliest Public Health Control Measure Initiated*

*Required for PHEP and VPD investigations*

**REQUIRED NBS DEMS CHECKLIST**

*Use this checklist to ensure entry of all required patient demographics within an investigation*

- [ ] Patient Name
- [ ] Patient Date of Birth
- [ ] Deceased indicator *(if “Y”, date of expiration)*
- [ ] Race & Ethnicity
- [ ] Street Address
- [ ] City, County, & Zip Code

*may use provider’s if unknown*