



TEXAS
Health and Human
Services

Texas Department of State
Health Services

NEDSS—Avoiding a Case Rejection!

**Epidemiology and Laboratory Control (ELC) Conference
September 24, 2019**

**Emerging & Acute Infectious Disease Unit (EAIDU)
& Zoonosis Control Branch (ZCB) Staff**

Texas Department of State Health Services (DSHS)

Objectives

- **Actions that could lead to Rejection**
- **Reporting to DSHS**
- **Out of State Jurisdiction**
- **Program Area Specific Errors, Solutions, and Tips**



TEXAS
Health and Human Services

Texas Department of State
Health Services

Actions that lead to rejection



TEXAS
Health and Human
Services

Texas Department of State
Health Services

- Address
- Date of Birth
- County
- Full Name
- Incorrect **case status** selected
- Incorrect **condition** selected
- Missing laboratory data



Actions that lead to rejection



TEXAS
Health and Human
Services

Texas Department of State
Health Services

- **Inconsistent information**
 - e.g. Report date is a week before onset date
- **Case investigation form not received within appropriate time frame**
 - Each branch has specific requirements for when investigations need to be completed and submitted. Be sure you are aware of these time frames.
- **Condition-specific information necessary to report the case such as:**
 - Lab report with antibiotic sensitivity testing results for multidrug-resistant *Acinetobacter* (MDR-A) /carbapenem-resistant Enterobacteriaceae (CRE)
 - Food history documentation for salmonellosis

Reporting to DSHS

- **For Local Health Departments (LHDs):** Scan and attach, fax, or send via secure e-mail the completed investigation form with relevant lab reports to the program's regional office for review.
- After review, the Regional DSHS staff will forward to the appropriate program area contact at Central Office for final review and approval.



TEXAS
Health and Human Services

Texas Department of State
Health Services

Reporting to DSHS

- **For DSHS Regional Staff:** Scan and attach, fax, or send via secure e-mail completed case investigation form with relevant lab reports to appropriate program area contact at central office for review and approval.



TEXAS
Health and Human Services

Texas Department of State
Health Services

Ways to Send Case Investigation Forms and Labs

1. Fax investigation form to DSHS at
EAIDU - 512-776-7616
ZCB - 512-776-7454

2. Secure e-mail

3. Attach the form under the supplemental tab in NEDSS

1. Select the supplemental tab in the case investigation form and scroll down until you see attachment section, then click on the button that is labeled "add attachment."



TEXAS
Health and Human Services

Texas Department of State
Health Services

Out of State Jurisdiction Reporting

Local/regional jurisdiction:

- Refer to the program area's procedures for transferring out of state cases.
- Some program areas have not granted permissions to complete this task.
- Check the data entry guidelines (DEG) for specific condition requirements.



TEXAS
Health and Human Services

Texas Department of State
Health Services



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Zoonosis Control

Kamesha Owens, MPH

**Texas Department of State Health
Services**

Objectives

- **Actions that could lead to Rejection: Missing/incorrect information**
- **How to Document in NEDSS**
- **Important Mentions**
- **Reporting to ZCB**
- **Out of State Jurisdiction**



TEXAS
Health and Human Services

Texas Department of State
Health Services

Actions that lead to rejection: Missing/incorrect information of the following:



TEXAS
Health and Human
Services

Texas Department of State
Health Services

- Incorrect **case status** selected
- Incorrect **condition** selected
- Full Name
- Date of Birth
- Address
- County
- Missing laboratory data



Actions that lead to rejection: Missing/incorrect information of the following:



TEXAS
Health and Human
Services

Texas Department of State
Health Services

- **Inconsistent information**
 - e.g. Information written on the case form does not match what is documented in NEDSS.
- **Case investigation form not received within 14 days**
 - ZCB recommends that a notification not be created until the case is closed and the case form has been sent in for review.
- **Condition-specific information necessary to report the case such as:**
 - Travel history for Zika and other non-endemic conditions
 - Evidence of neurological involvement for WNND case
 - Supporting documentation for Lyme disease case determination



How to document in NEDSS



TEXAS

Health and Human Services

Texas Department of State
Health Services

Do	Don't
Add detailed comments in designated comments box under case info tab. (strongly recommended not required)	Leave us guessing! If you decide not to enter comments, please make sure information on paper form is legible .
Ensure all fields required to be entered are filled in or selected. Check your dates (Onset date, date of report, etc.) to ensure the timeline reflected makes sense and is accurate. (See DEG for details)	Leave important fields blank. I.e.: symptoms, lab results, Date of Report, etc.
Check NEDSS entry against paper form to make sure the information is the same.	Leave out Condition specific information necessary to report a case (I.e. travel dates and history for Zika cases).
Enter a comment in ALL positive ELRs for non-cases explaining why the case-patient does not meet case definition or is "lost to follow-up" (LTF) unless the ELRs are associated with an NEDSS investigation.	Leave positive ELRs comments section blank or not associate relevant appropriate labs to case investigations.

Important Mentions

- Please ensure that all case investigations have a case status in NEDSS, even if it is "Not a case."
- Please select "Yes" for CDC publish indicator.
- ZCB central office may request medical records to ensure accurate case reporting.
- Addition of the statement "**Absence of a more likely clinical explanation**" in case definitions/classifications for the following conditions: Yellow fever, Lyme, Typhus (epidemic and endemic), SFGR, Tularemia, and Arboviral (neuro and non-neuro)



TEXAS
Health and Human Services

Texas Department of State
Health Services

Reporting to ZCB

- **For LHDs: Scan and attach, fax, or send via secure e-mail the completed investigation form with relevant lab reports to your regional ZC office for review.**
- **After review, the Regional ZCB staff will forward to ZCB Central Office for final review and approval.**



TEXAS
Health and Human Services

Texas Department of State
Health Services

Reporting to ZCB

- **For ZC Regional Staff:** Scan and attach, fax, or send via secure e-mail completed case investigation form with relevant lab reports to central office ZCB epidemiologists for review and approval.



TEXAS
Health and Human Services

Texas Department of State
Health Services

Reporting to ZCB: Case form submissions

1. Fax investigation form to ZCB at 512-776-7454

2. Secure e-mail

3. Attach the form under the supplemental tab in NEDSS

- a. Select the supplemental tab in the case investigation form and scroll down until you see attachment section, then click on the button that is labeled "add attachment."



TEXAS
Health and Human Services

Texas Department of State
Health Services

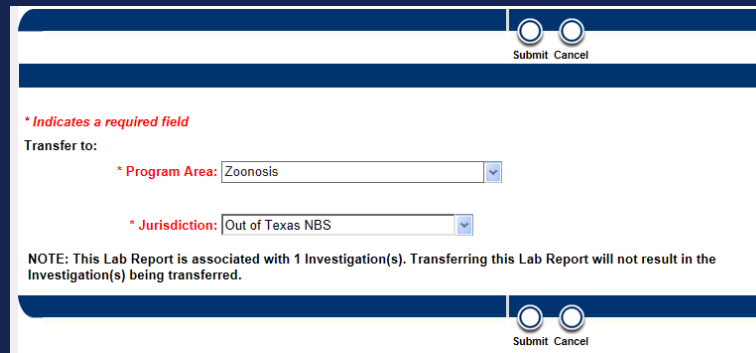
Out of State Jurisdiction Reporting

Local/regional jurisdiction:

- Update the address in the demographics page
- Edit the jurisdiction in NEDSS to “Out of Texas NEDSS”
 - Use the *Transfer Ownership* button at the top of the record.



- In the jurisdiction box, type “out” and select “Out of Texas NEDSS”, then hit the *Submit*.

A screenshot of a web form. At the top right, there are two circular icons with white outlines and blue centers, followed by the text 'Submit Cancel'. Below this, there is a red asterisk followed by the text '* Indicates a required field'. The form has a 'Transfer to:' label. Below it, there are two dropdown menus. The first is labeled '* Program Area:' and has 'Zoonosis' selected. The second is labeled '* Jurisdiction:' and has 'Out of Texas NBS' selected. Below the dropdowns, there is a note: 'NOTE: This Lab Report is associated with 1 Investigation(s). Transferring this Lab Report will not result in the Investigation(s) being transferred.' At the bottom right, there are two circular icons with white outlines and blue centers, followed by the text 'Submit Cancel'.

TEXAS

Health and Human Services


Texas Department of State
Health Services

Resources



TEXAS
Health and Human Services

Texas Department of State
Health Services


TEXAS
 Health and Human Services | Texas Department of State Health Services


[HOME](#) [ABOUT DSHS](#) [NEWS](#) [I AM A...](#) [MOST POPULAR](#) [RESOURCES](#) [ONLINE SERVICES](#)

[IDCU Home](#) Home > Infectious Disease Control > Zoonotic Health Topics

Zoonotic Health Topics



****STOP Rabies** Educational Poster for Download**

- [Poster Contest](#)
 Rabies Awareness & Prevention Poster Contest for K-8th Grade.
- [Rabies Awareness & Prevention Poster Contest for 9th-12th Grade. \(New!\)](#)
- West Nile Virus** 
 Information, statistics, and maps pertaining to West Nile virus.
- Zika Virus**
 Information pertaining to Zika virus
- Chikungunya Virus**

Infectious Diseases A-C
 D-G
 H-L
 M-Q
 R-S
 T-Z

Healthcare Safety
 Vaccine Preventable Diseases
 IDCU Health Topics
 Disease Reporting
 Related Rules & Regulations
 Immunization Branch
 About IDCU
 Related DSHS Sites
 Staff Contact List


TEXAS
 Health and Human Services | Texas Department of State Health Services

[HOME](#) [ABOUT DSHS](#) [NEWS](#) [I AM A...](#) [MOST POPULAR](#) [RESOURCES](#) [ONLINE SERVICES](#)

[IDCU Home](#) Home > Infectious Disease Control > Infectious Disease Control Unit


Infectious Disease Control Unit
[Emerging and Acute Infectious Disease Branch & Zoonosis Control](#)




[2018-2019 Texas Influenza Surveillance Activity Report](#)
[West Nile Virus](#)
[Zika Virus](#)


Infectious Diseases A-C
 D-G
 H-L
 M-Q
 R-S
 T-Z

Healthcare Safety
 Vaccine Preventable Diseases


TEXAS
 Health and Human Services | Texas Department of State Health Services


TEXAS NEDSS BASE SYSTEM (NBS)
 DATA ENTRY GUIDE

Emerging and Acute Infectious Disease Branch
 Zoonosis Control Branch



ESR-14074
 Revision: date: Jan 2018

[Inicio en español](#)


TEXAS
 Health and Human Services | Texas Department of State Health Services

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 Infectious Disease Control Unit

Epi Case Criteria Guide, 2019

Revision: date: January 2019



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Multi-Drug Resistant Organisms (MDRO)

Carbapenem Resistant Enterobacteriaceae (CRE) and Multi-
Drug Resistant Acinetobacter (MDRA)

Alex Daniels, MPH, CIC

**Texas Department of State Health
Services**

Objectives

- **Common Trouble Spots for MDRO Investigations**
- **Dates: What the Form Really Means**
- **Example: CRE**
- **Final Thoughts**



TEXAS
Health and Human Services

Texas Department of State
Health Services

Common Trouble Spots for MDRA and CRE Investigations:



TEXAS
Health and Human
Services

Texas Department of State
Health Services

- Diagnosis Date
- Investigation Start Date
- Earliest Date Suspected
- Case Status
- Incorrect Condition
- County
- Missing laboratory data



Dates: What the Form Really Means



TEXAS
Health and Human
Services

Texas Department of State
Health Services

• Date of Symptom Onset

- Date lab specimen was collected

• Earliest Date Suspected

- Date of final lab result (usually the date antibiotic sensitivity testing was completed)

• Date Collected

- Date lab specimen was collected.

CLINICAL DATA	
Date of symptom onset: ___/___/___	Earliest Date Suspected: ___/___/___
Did patient die? <input type="checkbox"/> Yes, date of death: ___/___/___	<input type="checkbox"/> No <input type="checkbox"/> UNK
Did the MDRO contribute to death?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK
Was the patient admitted to an intensive care unit?	<input type="checkbox"/> Yes, admitted to ICU date: ___/___/___ <input type="checkbox"/> No <input type="checkbox"/> UNK
Did patient have indwelling/invasive devices at time of positive culture?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK
If yes, select all that apply: <input type="checkbox"/> Central line/ PICC <input type="checkbox"/> Hemodialysis Cath <input type="checkbox"/> Intubated/ Ventilator <input type="checkbox"/> Nasogastric/ PEG tube <input type="checkbox"/> Tracheostomy tube <input type="checkbox"/> Urinary Catheter <input type="checkbox"/> Other	
LABORATORY DATA	
Date collected: ___/___/___	Pathogen: <input type="checkbox"/> CRE-E.coli <input type="checkbox"/> CRE-K.pneumoniae <input type="checkbox"/> CRE-K
Specimen source: _____	Specimen site (
Test Method: <input checked="" type="checkbox"/> Culture <input type="checkbox"/> PCR <input type="checkbox"/> MHT <input type="checkbox"/> Other	

Example: CRE



TEXAS

Health and Human Services

Texas Department of State Health Services

CRE Investigation Form		Public Health Use Only	<input checked="" type="checkbox"/> Confirmed	<input type="checkbox"/> Not a case	<input type="checkbox"/> Out of jurisdiction
Patient's name: Bluejeans Billy MI Last First MI Address: 123 Road Street <input type="checkbox"/> Homeless City: Austin State: TX Zip: 78756 County: Travis Home #: (512) 123-4567 Work #: () Date of birth: 05 / 06 / 1978 Age: 41 Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> UNK Ethnicity: <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> UNK Race: <input type="checkbox"/> Am.Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am. <input type="checkbox"/> Native Hawaiian/ Pacific Isl. <input type="checkbox"/> White <input checked="" type="checkbox"/> UNK		Jurisdiction: _____ Investigation start date: ____ / ____ / ____ Investigated by: _____ Phone: () _____ Email: _____ Reporting source type: _____ Reporting Organization: _____ Reporting Provider: _____ Reported by: _____ Phone: () _____ Date reported: ____ / ____ / ____			
HOSPITAL/ FACILITY INFORMATION Was the patient admitted to a healthcare facility (HCF)? <input checked="" type="checkbox"/> Yes, name of HCF: Legitimate Memorial Hospital <input type="checkbox"/> No Was the patient visit due to an outpatient/ wound clinic/ ER, etc. visit only? <input type="checkbox"/> Yes, name of facility: _____ <input type="checkbox"/> No Date of HCF admission: 07 / 30 / 2019 Date of HCF discharge: 08 / 09 / 2019 OR Date of Outpatient visit: ____ / ____ / ____ Were control measures (per MDRO Guidance) implemented at the admitting HCF? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> NA Facility patient came from: <input type="checkbox"/> Home <input type="checkbox"/> Acute care hospital <input type="checkbox"/> LTAC <input type="checkbox"/> LT / NH <input checked="" type="checkbox"/> Rehab <input type="checkbox"/> Hospice <input type="checkbox"/> UNK <input type="checkbox"/> NA <input type="checkbox"/> Other Name of facility: The Best Rehabilitation Center Was this facility notified of MDRO? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK Were control measures (per MDRO Guidance) implemented at the facility the patient came from? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> NA Discharged to: <input type="checkbox"/> Home <input type="checkbox"/> Acute care hospital <input type="checkbox"/> LTAC <input type="checkbox"/> LTCF/NH <input type="checkbox"/> Rehab <input type="checkbox"/> Hospice <input type="checkbox"/> UNK <input type="checkbox"/> NA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Patient still admitted <input type="checkbox"/> Patient expired Name of facility: ???????? Was this facility notified of MDRO? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK Were control measures (per MDRO Guidance) implemented at the facility the patient was discharged to? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> NA					
CLINICAL DATA Date of symptom onset: 07 / 31 / 19 Earliest Date Suspected: 08 / 01 / 19 Did patient die? <input type="checkbox"/> Yes, date of death: ____ / ____ / ____ <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK Did the MDRO contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK Was the patient admitted to an intensive care unit? <input type="checkbox"/> Yes, admitted to ICU date: ____ / ____ / ____ <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK Did patient have indwelling/invasive devices at time of positive culture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK If yes, select all that apply: <input type="checkbox"/> Central line/ PICC <input type="checkbox"/> Hemodialysis Cath <input type="checkbox"/> Intubated/ Ventilator <input type="checkbox"/> Nasogastric/ PEG tube <input type="checkbox"/> Tracheostomy tube <input type="checkbox"/> Urinary Catheter <input type="checkbox"/> Other		OTHER INFORMATION Was the patient previously in a HCF within past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK If yes, facility name: _____ Admit date: _____ Discharge date: _____ Facility name: _____ Admit date: _____ Discharge date: _____ Facility name: _____ Admit date: _____ Discharge date: _____			
LABORATORY DATA Date collected: 08 / 01 / 19 Pathogen: <input type="checkbox"/> CRE-E.coli <input checked="" type="checkbox"/> CRE-K.pneumoniae <input type="checkbox"/> CRE-K.oxytoca <input type="checkbox"/> Other: CRE-K. _____ Specimen source: Wound Specimen site (specific): _____ Test Method: <input checked="" type="checkbox"/> Culture <input type="checkbox"/> PCR <input type="checkbox"/> MHT <input type="checkbox"/> Other					

Let's Break it Down

- **Jurisdiction**

- The jurisdiction where the **FACILITY** is located will conduct the investigation.
- Upon completion, the investigation is **TRANSFERRED** to the jurisdiction of patient residence.

- **Investigation Start Date**

- Don't forget to add this along with the date the lab was reported.



TEXAS
Health and Human Services

Texas Department of State
Health Services

Let's Break it Down

- **Medical Records**

- Request records to determine correct admission/discharge dates.
- Check for notes (comments boxes, H&Ps, progress notes) for mention of precautions taken (if any).
- Look for medical device lists and/or dates of insertion/removal.
- Facility Infection Preventionists can help you obtain medical records.



TEXAS
Health and Human Services

Texas Department of State
Health Services

Let's Break it Down

- **Clinical and Lab Data**
 - Refer to lab report for dates:
 - Date of symptom onset = Date lab specimen collected
 - Earliest Date Suspected = Date lab was finalized (antibiotic sensitivities)
 - If the lab report is unclear, contact the lab to get accurate dates. Facility Infection Preventionists may also be able to help.



TEXAS
Health and Human Services

Texas Department of State
Health Services

Example: CRE Corrected

CRE Investigation Form		Public Health Use Only <input checked="" type="checkbox"/> Confirmed <input type="checkbox"/> Not a case <input type="checkbox"/> Out of jurisdiction	
Patient's name: <u>Bluejeans</u> <u>Billy</u> Last First MI		Jurisdiction: <u>Austin/Travis County HHS</u>	
Address: <u>123 Road Street</u> <input type="checkbox"/> Homeless		Investigation start date: <u>08 / 06 / 2019</u>	
City: <u>Austin</u> State: <u>TX</u> Zip: <u>78756</u>		Investigated by: <u>Gene Simmons</u>	
County: <u>Travis</u>		Phone: (<u>512</u>) <u>987-6543</u>	
Home #: (<u>512</u>) <u>123-4567</u> Work #: ()		Email: <u>gene.simmons@hotmail.com</u>	
Date of birth: <u>05 / 06 / 1978</u> Age: <u>41</u> Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> UNK		Reporting source type: <u>Hospital</u>	
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> UNK		Reporting Organization: <u>Legitimate Memorial Hospital</u>	
Race: <input type="checkbox"/> Am.Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am. <input type="checkbox"/> Native Hawaiian/ Pacific Isl. <input type="checkbox"/> White <input checked="" type="checkbox"/> UNK		Reporting Provider: <u>Dr. Acula</u>	
		Reported by: _____	
		Phone: () _____ Date reported: <u>08 / 06 / 19</u>	
HOSPITAL/ FACILITY INFORMATION			
Was the patient admitted to a healthcare facility (HCF)? <input checked="" type="checkbox"/> Yes, name of HCF: <u>Legitimate Memorial Hospital</u> <input type="checkbox"/> No			
Was the patient visit due to an outpatient/ wound clinic/ ER, etc. visit only? <input type="checkbox"/> Yes, name of facility: _____ <input type="checkbox"/> No			
Date of HCF admission: <u>07 / 30 / 2019</u> Date of HCF discharge: <u>08 / 09 / 2019</u> OR Date of Outpatient visit: ____/____/____			
Were control measures (per MDRO Guidance) implemented at the admitting HCF? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> NA			
Facility patient came from: <input type="checkbox"/> Home <input type="checkbox"/> Acute care hospital <input type="checkbox"/> LTAC <input type="checkbox"/> LTCLF/NH <input checked="" type="checkbox"/> Rehab <input type="checkbox"/> Hospice <input type="checkbox"/> UNK <input type="checkbox"/> NA <input type="checkbox"/> Other			
Name of facility: <u>The Best Rehabilitation Center</u> Was this facility notified of MDRO? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK			
Were control measures (per MDRO Guidance) implemented at the facility the patient came from? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> NA			
Discharged to: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Acute care hospital <input type="checkbox"/> LTAC <input type="checkbox"/> LTCLF/NH <input type="checkbox"/> Rehab <input type="checkbox"/> Hospice <input type="checkbox"/> UNK <input type="checkbox"/> NA <input type="checkbox"/> Other <input type="checkbox"/> Patient still admitted <input type="checkbox"/> Patient expired			
Name of facility: _____ Was this facility notified of MDRO? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK			
Were control measures (per MDRO Guidance) implemented at the facility the patient was discharged to? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input checked="" type="checkbox"/> NA			
CLINICAL DATA			
Date of symptom onset: <u>08 / 01 / 19</u> Earliest Date Suspected: <u>08 / 05 / 19</u>			
Did patient die? <input type="checkbox"/> Yes, date of death: ____/____/____ <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK			
Did the MDRO contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK			
Was the patient admitted to an intensive care unit?			
<input type="checkbox"/> Yes, admitted to ICU date: ____/____/____ <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK			
Did patient have indwelling/invasive devices at time of positive culture?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK			
If yes, select all that apply: <input checked="" type="checkbox"/> Central line/ PICC <input type="checkbox"/> Hemodialysis Cath <input type="checkbox"/> Intubated/ <input type="checkbox"/> Ventilator <input type="checkbox"/> Nasogastric/ PEG tube <input type="checkbox"/> Tracheostomy tube <input checked="" type="checkbox"/> Urinary Catheter <input type="checkbox"/> Other			
OTHER INFORMATION			
Was the patient previously in a HCF within past 6 months?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK			
If yes, facility name: _____			
Admit date: _____ Discharge date: _____			
Facility name: _____			
Admit date: _____ Discharge date: _____			
Facility name: _____			
Admit date: _____ Discharge date: _____			
LABORATORY DATA			
Date collected: <u>08 / 01 / 19</u> Pathogen: <input type="checkbox"/> CRE-E.coli <input checked="" type="checkbox"/> CRE-K.pneumoniae <input type="checkbox"/> CRE-K.oxytoca <input type="checkbox"/> Other: CRE-K. _____			
Specimen source: <u>Wound</u> Specimen site (specific): _____			
Test Method: <input checked="" type="checkbox"/> Culture <input type="checkbox"/> PCR <input type="checkbox"/> MHT <input type="checkbox"/> Other			



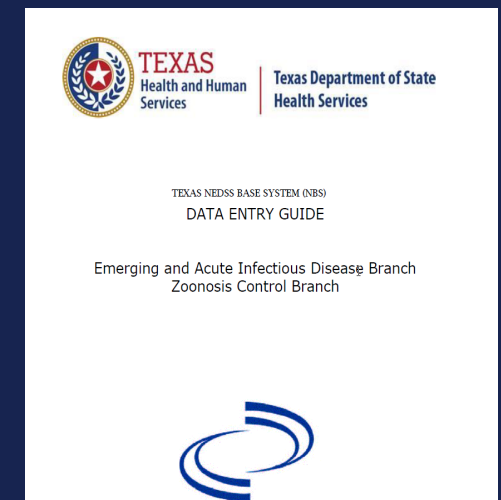
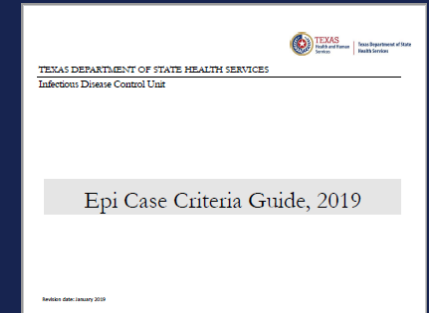
TEXAS

Health and Human Services

Texas Department of State
Health Services

Resources

- **Epi Case Criteria Guide**
- **Data Entry Guide**
- **DSHS Healthcare Safety Website**
 - <https://www.dshs.texas.gov/IDCU/health/Healthcare-Safety/>





TEXAS
Health and Human
Services

Texas Department of State
Health Services

Foodborne Illness

Adrienne Fung, MPH

**Texas Department of State Health
Services**

Reporting for Foodborne Conditions

Notifiable Conditions

- Botulism (adult and infant)
- Campylobacteriosis
- Cyclosporiasis
- Hepatitis E
- Listeriosis
- Salmonellosis, incl. Typhoid Fever
- Shiga toxin-producing *E.coli* (STEC)
- Yersiniosis



TEXAS
Health and Human Services

Texas Department of State
Health Services

Cyclosporiasis

Significant Information

- Seasonal condition (May-August)
- Symptoms occur 2-14 days after the ingestion of *Cyclospora* oocysts in contaminated food or water
- Reported within 1 week
- Case statuses are confirmed and probable



TEXAS
Health and Human Services

Texas Department of State
Health Services

Cyclosporiasis

Key Points for NEDSS Approvals

CDC outbreak case definition is *onset on or after May 1 and no international travel 14 days prior to onset*

Travel history

- International and domestic
- Dates of departure and arrival

Hospitalization information

- Admit and discharge dates

Other ill contacts



TEXAS
Health and Human Services

Texas Department of State
Health Services

Salmonellosis

Significant Information

- As of 2019, *Salmonella* is reportable as three different conditions
 - *Salmonella* Typhi (aka Typhoid Fever)
 - *Salmonella* Paratyphi (aka Paratyphoid Fever)
 - Salmonellosis, non-Paratyphi/non-Typhi
- Reported within 1 week



TEXAS
Health and Human Services

Texas Department of State
Health Services

Salmonellosis

Case Criteria

Condition Name	<i>Salmonella</i> Paratyphi	<i>Salmonella</i> Typhi	Salmonellosis, non-Paratyphi/non-Typhi
Condition Code	50266	50267	50265
Organism	<i>S. Paratyphi</i> A, B (tartrate negative*), or C	<i>S. Typhi</i>	<i>Salmonella</i> spp. (excluding <i>S. Typhi</i> and <i>S. Paratyphi</i> [A, B (tartrate negative*), and C])
Confirmed:	Isolation of organism from a clinical specimen		
Probable:	A clinically compatible case** in which the organism is detected by use of culture independent laboratory methods		A case in which the organism is detected by use of culture independent laboratory methods
	OR		
	A clinically compatible case** that is epidemiologically linked to a case that meets the probable or confirmed laboratory criteria for diagnosis		

* A case with detection of *S. Paratyphi* B (tartrate positive) from a clinical specimen should be reported as a Salmonellosis, non-Paratyphi/non-Typhi case

**For details on clinical criteria, please refer to the Epi Case Criteria Guide, 2019.



TEXAS

Health and Human Services

Texas Department of State
Health Services

Salmonellosis, non-Paratyphi/non-Typhi

Key Points for NEDSS Approvals

- Must have a serotype other than Typhi or Paratyphi A, B(tartrate negative), C.
- Antibody testing does not meet case criteria for a confirmed or probable case.
- Please try to enter food and/or animal exposures if known.
- Reminder: fill out county of residence field.



TEXAS
Health and Human Services

Texas Department of State
Health Services

Salmonella Paratyphi/Typhi

Key Points for NEDSS Approvals

- *Salmonella* Typhi cases must have a serotype of *S. Typhi*.
- *Salmonella* Paratyphi cases must have a serotype of *S. Paratyphi* A, B (tartrate negative), or C.
- Antibody testing does not meet case criteria for a confirmed or probable case.
- Unique required fields:
 - Was the patient hospitalized?
 - Did the patient die from this illness?
 - Is the case part of an outbreak?
 - Did the patient travel prior to onset of illness?



TEXAS
Health and Human Services

Texas Department of State
Health Services

Shiga toxin-producing *E.coli* (STEC)

Significant Information

E.coli naturally exists in the digestive system.

- Presence of at least one of two Shiga toxin-producing genes (stx1, stx2) is pathogenic
- Reported within 1 week
- Predominant symptoms include severe abdominal pain and non-bloody diarrhea, which can become bloody after 3-4 days



TEXAS
Health and Human Services

Texas Department of State
Health Services

Shiga toxin-producing *E.coli* (STEC)

Key Points for NEDSS Approvals

Case status

Confirmed: Isolation of shiga toxin-producing *E.coli* from a clinical specimen. O and H antigen should be reported

- *E.coli* O157:H7 is assumed to be pathogenic



TEXAS
Health and Human Services

Texas Department of State
Health Services

Shiga toxin-producing *E.coli* (STEC)

Examples of Confirmed Cases

Test Results		Back to To
Ordered Test:	E COLI O157 CULTURE	
Codes:	7500008631(L LOCAL)	
Status:	Final	
Resulted Tests and Results		
Resulted Test: E COLI O157H7 STL QL CULT(CULTURE, E.COLI O157)		
Result(s): Escherichia coli, serotype O157(SNOMED)		

Test Results	
Ordered Test:	Microorganism or agent identified in Unspecified specimen (CULTURE_E_COLI)
Codes:	41852-5(LN LOINC)/CULTURE_E_COLI(L LOCAL)
Status:	Final
Resulted Tests and Results	
Resulted Test: Microorganism or agent identified in Unspecified specimen(Enteric Culture - E. coli)	
Result(s): (SNOMED)	
Reference Range:	Date/Time: 2019-08-09 00:00:00.0
Interpretation:	Performing Facility: TEXAS DSHS AUSTIN
Result Method:	Facility ID: 45D0660644 (FI)
Status: Final	
Test Code(s): 41852-5 (LN LOINC) /E.coli Culture (L LOCAL)	
Result Code(s): L-15618 (SNM SNOMED) /Escherichia col (L LOCAL)	
Result Comments: 6800706 Escherichia coli serotype O111:Nonmotile	



TEXAS
Health and Human Services

Texas Department of State
Health Services

Shiga toxin-producing *E.coli* (STEC)

Key Points for NEDSS Approvals

Case status

Probable: Isolation of *E.coli* O157 without confirmation of H antigen or stx1/stx2

or

Clinically compatible case that is epi-linked to a confirmed or probable case

or

Clinically compatible case in a person with detection of *E.coli* O157 or STEC/EHEC using CIDT methods



TEXAS

Health and Human Services

Texas Department of State
Health Services

Shiga toxin-producing *E.coli* (STEC)

Examples of Probable Cases

Reporting Facility: TEXAS DSHS AUSTIN	08/09/2019	• ESCHERICHIA COLI SHIGA-LIKE IDENTIFIED: Positive
---	------------	--

Date Received	Date Collected	Ordered Test	Observation ID
08/21/2019	08/16/2019	Escherichia coli toxin E. coli shiga toxin test, PCR	OBS497733612TX01 present

Test Results		Back to Top
Ordered Test:	ESCHERICHIA COLI SHIGA-LIKE	
Resulted Tests and Results		
Resulted Test: Escherichia coli, shiga-like, - Result		
Result(s): positive STX 2 POSITIVE		



TEXAS
Health and Human Services
Texas Department of State
Health Services

Shiga toxin-producing *E.coli* (STEC)

Key Points for NEDSS Approvals

Case status

Suspect: A case with no known clinical compatibility *and* a clinical specimen detecting shiga toxin genes using CIDT methods or detection of *E.coli* O157, STEC/EHEC



TEXAS
Health and Human Services

Texas Department of State
Health Services

Shiga toxin-producing *E. coli* (STEC)

Key Points for NEDSS Approvals

Clinical symptoms

Other Clinical Data

Did patient have HUS? No

Was the isolate biochemically identified as *E. coli*? not tested

Was isolate Shiga toxin positive? not tested

What was the EIA result at clinical laboratory? Not Tested

What was the PCR result at clinical laboratory? Stx2+

What was the EIA result at SPHL? Not Tested

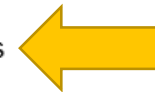
What was the PCR result at SPHL? Not Tested

What was the PCR result at CDC? Not Tested

Did the patient have bloody diarrhea during this illness? No

Did the patient have diarrhea (self-reported)? Yes

Did the patient have fever (self-reported) during this illness? No



TEXAS

Health and Human Services

Texas Department of State
Health Services



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Waterborne/Invasive Respiratory & Infectious Diseases

Tyler Zerwekh, DrPH

**Texas Department of State Health
Services**

Waterborne Diseases

Common NEDSS Rejections

- **Make sure the conditions are under the right program area:**

Vibrio- Foodborne

Shigellosis, Cryptosporidiosis, Legionellosis and Amebiasis – Waterborne

- **Vibrio**
Entering the right investigation under the right condition: E.g. entering the Vibrio cholera non O1/O139 under Vibriosis, Other or Unspecified condition



TEXAS

Health and Human Services

Texas Department of State
Health Services

Waterborne Diseases, cont'd

Common NEDSS Rejections

- **Shigella**

Case classification: A case that meets the laboratory criteria for diagnosis. When available, Shigella serogroup or species and serotype characterization should be reported.

- **Cryptosporidiosis**

Case classification: A case with Cryptosporidium antigen detected by a screening test method such as, the ***immunochromatographic card/rapid card test*** or a laboratory test of unknown method should be reported as *Probable*

Whereas detection of Cryptosporidium organisms/antigen or DNA in stool, intestinal fluid, tissue samples, biopsy specimens, or other biological sample by ***DFA, PCR, EIA, or light microscopy*** of stained specimen should be reported as *Confirmed*



TEXAS

Health and Human Services

Texas Department of State
Health Services

Invasive Respiratory and Infectious Diseases (IRID)

Common Errors Resulting in NEDSS Rejection

- GAS/GBS - Non sterile sites/specimen sources entered as sterile sites and being reported as invasive disease.



TEXAS
Health and Human Services

Texas Department of State
Health Services



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Vaccine Preventable Disease (VPD)

Katherine Rose Perez, BS
**Texas Department of State Health
Services**

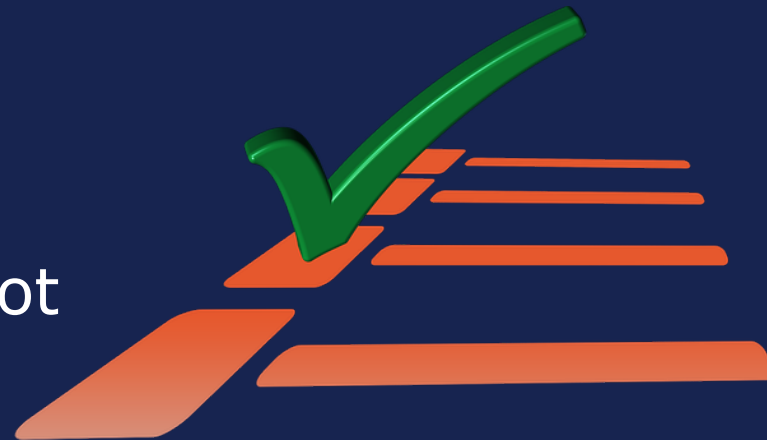
All VPDs – Basic Demographic Data



TEXAS
Health and Human
Services

Texas Department of State
Health Services

- Name
- DOB
- Sex
- Patient Status
(deceased or not
deceased)
- Ethnicity
- Race
- Address
 - County



Basic Demographic Data – Patient Status



TEXAS
Health and Human
Services


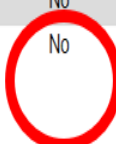
Texas Department of State
Health Services

Patient Tab

Basic Demographic Data	
General Comments As Of:	
General Comments:	
Name Information As Of: 08/19/2019	
Last Name:	[REDACTED]
Middle Name:	
Suffix:	
Sex and Birth Information As Of: 08/19/2019	
DOB:	[REDACTED]
Reported Age:	[REDACTED]
Current Sex:	[REDACTED]
Mortality Information As Of: 08/19/2019	
Is the patient deceased?	No
Marital Status As Of: 08/19/2019	
Marital Status:	Single, never married

Investigation Tab

Condition	
Illness Onset Date: 08/04/2019	Illness End Date: 08/15/2019
Types of infection caused by organism :	Bacteremia without focus, Pneumonia
Bacterial species isolated from any normally sterile site:	Streptococcus pneumoniae, invasive disease (IPD)
If polymicrobial ABCs case, indicate other non-ABCs bacterial species isolated from any normally sterile site:	
Date first positive culture obtained:	[REDACTED]
Sterile sites from which organism isolated:	Blood
Nonsterile sites from which organism isolated:	
Did the patient have any underlying conditions?	Unknown
Is the patient < 1 month of age:	No
Did the patient die from this illness?	No



All VPDs - Investigation Summary



TEXAS
Health and Human
Services

Texas Department of State
Health Services

- Jurisdiction
- Program Area
- Investigation status
- Investigation Start date
- Date of Report
- Earliest Date Reported
- If hospitalized, add hospital name.
- Date of Onset
- Vaccine information
- Outbreak
- Epi Linked
- MMWR Week
- Earliest date suspected



Hepatitis A and B

1. Must be symptomatic to count as a case.
2. Need “Earliest Date Control Initiated”



TEXAS
Health and Human Services

Texas Department of State
Health Services

Perinatal Hepatitis B

1. Only infants can be perinatal hepatitis B cases



TEXAS
Health and Human Services

Texas Department of State
Health Services

Mumps

1. Need travel history in the comments.



2. Number of days of parotitis

3. We will be getting new case tracks to address the additional information not applicable in NEDSS.



TEXAS
Health and Human Services

Texas Department of State
Health Services

S. pneumoniae and *H. influenzae* invasive

1. Comment about isolates being sent to DSHS Lab if <5 years old.
2. Need vaccine questions filled out (both questions) for every case.
3. Isolate must be sterile to meet confirmed case criteria.
4. Program Area



TEXAS
Health and Human Services

Texas Department of State
Health Services



Pertussis

1. Need ~14 days cough duration (for now).
 - a. Case criteria for Pertussis will be changing starting Jan 1, 2020 to not requiring a 14 day cough.



- b. <https://www.timeanddate.com/date/duration.html>

Vaccine Information

Did the patient receive a pertussis-containing vaccine? Unknown

2. Need vaccine information filled out



TEXAS

Health and Human Services

Texas Department of State
Health Services

Varicella

1. Need more clinical information to classify as a case
2. Vaccination information
3. Two probable cases that are Epi-linked = two confirmed cases.
4. Outbreaks
5. If hospitalized, a medical record is required to be sent.



TEXAS
Health and Human Services

Texas Department of State
Health Services



10/21/2019

Contact Information

Email: Katherine.Perez1@dshs.texas.gov

Office phone: (512) 776-2541



TEXAS
Health and Human Services

Texas Department of State
Health Services

Thank
You!

A yellow sticky note with a white border and a small shadow, tilted slightly to the right. The words "Thank" and "You!" are written in a blue, hand-drawn, chalk-like font.



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Questions?
