

TEXAS NEDSS BASE SYSTEM (NBS) DATA ENTRY GUIDE 2026

Disease Surveillance and Epidemiology Section

Emerging and Acute Infectious Disease Unit

Healthcare Safety Unit

Zoonosis Control Branch



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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Acknowledgement

Editors

Trishla Gandhi, MPH, CPH

Jeff Swanson, PhD

Content Reviewers

Alison Bridendolph, MPH

Kelly Broussard, MPH

Gabriela Calvi, MPH, CHW

Irina Cody, MPH

Samantha Curtis, MPH, a-IPC

Thi Dang, MPH, CHES, CIC, FAPIC

Kenneth Davis, MPH

Gabrielle Franco, MPH

Paola Gonzalez-Colon, MS

Jenna Harlan, MPH, CIC

Quoc Than, MPH

Kaylan Henderson, MPH

Elise Huebner, MS, CPH, CIC

Esperandeesse Kabran, MPH

Jennifer Lee, PhD, CTCD, CTCM

Jantel Lewis, MPH

Kourtney Lopez, MPH, CIC

Bonny Mayes, MA, E-RYT 200

Tina Moraga, CTCM

Briana O’Sullivan, MPH

Kamesha Owens, MPH

Binoj Peter, MPH

Olivia Smith, PhD, MPH

Samantha Spencer, MPH

Rachael Straver, DVM, MPH

Stephen White, PhD, MLS(ASCP)^{CM}

Introduction

The Texas NEDSS Base System (NBS) Data Entry Guide (DEG) provides data entry guidance for reportable condition investigations and laboratory reports by the Department of State Health Services (DSHS') Emerging and Acute Infectious Disease Unit, Zoonosis Control Branch, and Healthcare Safety Unit. Sections will be updated independently as the NBS structure for data entry information changes.

In the 2025 version of the DEG, the Clinical Description, Case Classification, Clinical Criteria, and Laboratory Confirmation Criteria sections which were present in previous years were removed. These are copies of the Epi Case Criteria Guide (available at <http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/>), and the reader should refer to that guide for this information. In the 2025 version of the DEG, the Additional Information section has been renamed to the General Information section.

The condition-specific data entry guides contain the following sections:

General Information

General Information may include information about the condition, investigation forms, and communication with central office.

NBS Entry Guidelines for Laboratory Reports

Guidance for data entry on "Patient" and "Report Information" tabs.

NBS Entry Guidelines for Investigation

Guidance for data entry on "Patient" and "Condition" tabs.

NBS Entry Guidelines for Notifications

Guidance for which cases need notifications created.

Note: The 2025 Epi Case Criteria Guide corresponding to year of case onset should always be used to determine the case status with a few notable exceptions (i.e., prion and influenza-associated pediatric deaths) regardless of whether the corresponding DEG Section has been updated or not. Please refer to the Epi Case Criteria Guide for General Information to determine case status for prion and influenza-associated deaths. The current version of the *2025 Epi Case Criteria Guide* can be found at: <http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/>.

Disease Conditions Revision Dates

Updates to the Data Entry Guide

In 2025, every chapter (disease condition), including the quick reference guides, were reviewed. This is because for every disease condition the Clinical Description, Case Classification, Clinical Criteria, and Laboratory Confirmation Criteria sections which were present in previous years were removed.

A Verdana font type (size 10) was maintained throughout the document except for the headers, footers and chapter names. Also, a 1-point line spacing was maintained throughout the document.

In this edition of the DEG (2025), the quick reference guides present in pages V to XI were converted to jpeg images.

Below is the list of chapters and their last revised dates:

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Quick Reference	Jan - 2013	8
Quick Reference – Patient Demographic Information	Jan - 2013	9
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Patient Tab – Lab Report	Jan - 2013	17
Patient Tab – Investigation – PageBuilder Format	Jan - 2013	19
Binational case definition and indicating a binational case in NEDSS	Nov - 2024	21
Acute Flaccid Myelitis	Mar - 2021	22
Amebic meningitis, other	Jan - 2018	35
Amebic meningoencephalitis, primary (PAM)	Jan - 2018	44
Anaplasmosis	Oct - 2023	51
Anthrax	Oct - 2024	57
Arbovirus, Neuroinvasive and Non - neuroinvasive	Mar - 2021	63
Ascariasis	Mar - 2021	75
Babesiosis	Oct - 2024	81
Botulism, foodborne	Mar - 2021	88
Botulism, infant	Mar - 2021	95
Botulism, other/unspecified	Mar - 2021	101
Botulism, wound	Mar - 2021	107
Brucellosis	Oct - 2024	<u>113</u>
Campylobacteriosis	Mar - 2021	<u>119</u>
Candida auris	Sep - 2025	<u>127</u>
Carbapenem-resistant Enterobacterales	Sep - 2025	<u>134</u>
Chagas disease, acute	Oct - 2024	140
Chagas disease, chronic	Oct - 2024	149
Chagas disease, congenital	Oct - 2024	158
Cholera	Nov - 2021	166
Coronavirus Disease 2019 (Covid-19/SARS-CoV-2)	Nov - 2021	175
Cronobacter in infants	Oct - 2024	196
Cryptosporidiosis	Oct - 2025	<u>202</u>
Cyclosporiasis	Oct - 2025	<u>211</u>
Cysticercosis	Mar - 2021	<u>239</u>
Dengue, Dengue-like illness, and Dengue, Severe	Oct - 2025	248
Diphtheria	Mar - 2021	256

Disease Conditions Revision Dates

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Ebola hemorrhagic fever	Nov - 2021	263
Echinococcosis	Mar - 2021	270
Ehrlichiosis	Oct - 2025	276
Fascioliasis	Mar - 2021	275
Haemophilus influenzae, invasive disease	Mar - 2021	280
Hantavirus infection, non-HPS & Hantavirus pulmonary syndrome (HPS)	Mar - 2021	289
Hemolytic uremic syndrome (HUS), post-diarrheal	Oct - 2025	<u>294</u>
Hepatitis A, acute	Mar - 2021	<u>302</u>
Hepatitis B, acute	Mar - 2021	<u>318</u>
Hepatitis B virus infection, perinatal	Jan - 2017	312
Hepatitis C, acute	Mar - 2018	331
Hepatitis E, acute	Jan - 2017	341
Hookworm Infection	Mar - 2021	347
Influenza A, novel/variant	Jan - 2018	354
Influenza-associated pediatric mortality	Jan - 2017	363
Legionellosis	Oct - 2025	367
Leishmaniasis	Mar - 2021	375
Listeriosis	Mar - 2021	381
Lyme disease	Mar - 2021	<u>388</u>
Malaria	Mar - 2021	395
Measles (Rubeola)	Sep - 2015	<u>402</u>
Melioidosis	Oct - 2024	436
Mpox	Jan - 2023	443
Mumps	Mar - 2021	452
Neisseria meningitidis, invasive (Mening disease)	Mar - 2021	461
Oropouche, congenital	Oct - 2025	470
Oropouche, non-congenital	Oct - 2025	478
Other Novel Coronavirus (MERS, SARS-CoV-1, etc.)	Jan - 2018	486
Paragonimiasis	Feb - 2016	494
Pertussis	Mar - 2021	499
Plague	Mar - 2021	<u>510</u>
Poliomyelitis, paralytic	Sep - 2015	<u>515</u>
Poliovirus, infection nonparalytic	Jan - 2017	522
Prion diseases, such as Creutzfeldt-Jakob Disease (CJD)	Oct - 2023	528
Q Fever, acute	Mar - 2021	537
Q Fever, chronic	Mar - 2021	543
Rabies, human	Jan - 2021	548
Relapsing Fever	Oct - 2025	554
Rickettsiosis, unspecified	Oct - 2025	561
Rubella	Sep - 2015	566
Rubella, congenital syndrome	Sep - 2015	576
Salmonella, non-Paratyphi/non-Typhi	Oct - 2025	593
Salmonella, Paratyphi	Oct - 2025	<u>602</u>
Salmonella Typhi	Oct - 2025	584
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Shigellosis	Mar - 2021	635

Disease Conditions Revision Dates

Chapter	Revision Date	PAGE
Smallpox	Mar - 2021	643
Spotted Fever Rickettsiosis	Oct - 2025	649
Streptococcus pneumonia, invasive disease (IPD)	Mar - 2018	655
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Tetanus	Jan - 2018	668
Trichinosis	Mar - 2021	676
Trichuriasis	Mar - 2021	685
Tularemia	Oct - 2025	691
Typhus, flea-borne (endemic, murine)	Mar - 2025	698
Vancomycin-intermediate Staphylococcus aureus (VISA)	Sep - 2025	704
Vancomycin-resistant Staphylococcus aureus (VRSA)	Sep -2025	710
Varicella (chickenpox)	Sep - 2015	716
Vibriosis (non-cholera Vibrio species infections)	Oct - 2025	728
Viral hemorrhagic fever (VHF) Non-Ebola	Nov - 2021	737
Yellow fever	Mar - 2021	743
Yersiniosis	Mar - 2021	751
Zika disease, congenital	Oct - 2024	759
Zika disease, non-congenital	Oct - 2024	767

Quick Reference

The *Quick Reference* section provides an overview of fields that are available in the patient demographic record and that occur in all or most of the investigation and laboratory records. It provides definitions for standardization of data and indicates what data is required for notification approval and preferred for record completion.

The *NBS Data Entry Guide* gives condition-specific guidelines for required and preferred data for the following fields and for additional condition-specific fields.

Required data: Make every effort to find this information. Some of this data is included in the minimum reporting data required by law [Texas Administrative Code \(TAC\), Title 25, Part 1, Chapter 97, Subchapter A](#). This data is valuable, and we recognize that it is not uniformly available from all providers who report to us. Failure to count the cases without this data would under-represent reported cases. Encourage providers to report complete information.

Preferred data: Enter if available. Some of these fields may be required for some diseases – see condition-specific sections of the *NBS Data Entry Guide*.

Completeness of data will be assessed based on completion of preferred and required data.

Quick Reference – Patient Demographic Information

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

Add Patient - Basic User : Laura Tabony

Submit Cancel Add Extended Data

Basic Demographic Data

[Collapse Subsections](#)

General Information

* Information As of Date: [Redacted]

Comments: [Text Area]

Name Information

Last Name: [Redacted]

First Name: [Redacted]

Middle Name: [Text Field]

Suffix: [Dropdown]

Other Personal Details

DOB: [Redacted]

Current Age: [Text Field]

Current Sex: [Dropdown]

Is the patient deceased? [Dropdown]

Date of Death: [Redacted]

Marital Status: [Dropdown]

Address

Street Address 1: [Redacted]

Street Address 2: [Text Field]

City: [Redacted]

State: [Dropdown]

Zip: [Redacted]

County: [Dropdown]

Country: [Dropdown]

REQUIRED DATA
Make every effort to acquire this information. If unknown, select "Unknown"; for numeric fields note unknown in comments.

REQUIRED DATA
"Information As of Date" defaults to today's date when a new patient is entered. Other "As of Date" fields for each section will appear when editing patient data.

REQUIRED DATA*
Enter "Last Name", "First Name", "Date of Birth" and "Sex" of the patient.

REQUIRED DATA
Required if deceased. Select "Yes" for "Is patient deceased?" and enter their "Date of Death".

REQUIRED DATA*
Enter "Street Address", "City", and "Zip".
If patient address is not available, enter "unknown" for "Street Address 1" and "City", and leave "Zip" blank.
Note: It is preferable to enter the patient's physical address. Use standard abbreviations without periods.

REQUIRED DATA
Select "County" in which patient resides. If the patient's residency is unknown and it can't be ascertained, then select the county of the hospital or clinic where the patient was seen. If none of the above is available, utilize the county of the reporting facility or the jurisdiction of the investigation, whichever is appropriate.
Note: You must have a state selected in order for the "County" drop down box to appear.

REQUIRED DATA*
Select "State".
Note: Will auto populate if Texas zip code is entered. Must enter manually if zip code is unknown.

Telephone

Home Phone:

Work Phone:

Work Phone Ext:

Cell Phone:

Email:

REQUIRED DATA*
Enter a phone number for the patient.

Ethnicity and Race Information

Ethnicity:

Race: ☐ American Indian or Alaska Native
☐ Black or African American
☐ White
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Unknown

REQUIRED DATA*
Select "Ethnicity" of patient. Select Hispanic, Non-Hispanic, or Unknown.

REQUIRED DATA*
Select "Race" of patient. Select all applicable races. If unable to ascertain, select "Unknown". Remember to uncheck "Unknown" and/or non-applicable races when editing.

Identification

Type	Assigning Authority	ID Value
No Data has been entered.		

Type:

Assigning Authority:

ID Value:

Add ID

Submit Cancel Add Extended Data

Click after entering ID

Click "Submit"

Use this button as needed to add extended demographic data such as mother's name, SSN, country of birth, and nationality.

Note: **Please enter all updates to patient demographic information on the patient tab of all relevant investigations.** Updates to the Demographics tab of the Patient File will not update patient data in existing Events such as investigations. However, updates made on the Patient tab of the investigation will automatically update the Demographics record of the Patient File.

***Data included in minimum reporting data required by law**
[\(Texas Administrative Code, Title 25, Chapter 97, Subchapter A\)](#)

Quick Reference – Laboratory Report

PREFERRED DATA

Enter this information if it is available.

PREFERRED DATA

Search for "Ordering Facility" and/or "Ordering Provider"
Note: If Facility or Provider is not found, search by other criteria (city, etc.) then enter a new Organization or Provider as needed.

PREFERRED DATA

Enter date result was reported to provider if available.

PREFERRED DATA*

Enter "Ordered Test" if appropriate choice is available. See condition-specific guidance. *Ordered Test is required in some conditions (e.g. invasive Group A and Group 3 Strep.)*

Note: If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information tables), entering data in these fields is optional.

The screenshot shows the 'Add Lab Report' form with the following sections and fields:

- Header:** Home | Data Entry | Open Investigations | Reports | Help | Logout. User: Pamela Stuart.
- Buttons:** Submit, Cancel.
- Form Fields:**
 - Name: DOB: Sex:
 - Address: SSN:
 - Order Information | Test Result(s) | Administrative | Custom Fields
 - Order Information: Back to Top
 - * Indicates a required field
 - Facility and Provider Information: Search, Clear, Code Lookup
 - * Reporting Facility: There is no Reporting Facility selected.
 - Ordering Facility: There is no Ordering Facility selected. Same as Reporting Facility
 - Ordering Provider: There is no Ordering Provider selected.
 - * Program Area: [Dropdown]
 - * Jurisdiction: [Dropdown]
 - Share record with Guests for this Program Area and Jurisdiction
 - Lab Report Date: [Date Picker]
 - * Date Received by Public Health: [Date Picker]
 - Ordered Test: [Dropdown]
 - Accession Number: [Text Field]
 - Specimen Source: [Dropdown]
 - Specimen Site: [Dropdown]
 - Date Specimen Collected: [Date Picker]
 - Patient Status at Specimen Collection: [Dropdown]
 - Test Result(s): Back to Top
 - * Resulted Test: [Dropdown]
 - Coded Result: [Text Field]
 - Numeric Result: [Text Field]
 - Text Result: [Text Field]
 - Reference Range: [Text Field]
 - Result Status: [Dropdown]
 - Result Comments: [Text Field]
 - Add Test Result
- Buttons:** Submit, Submit and Create Investigation, Cancel.

Annotations include:

- Arrows pointing from 'PREFERRED DATA' boxes to the Facility and Provider Information section.
- An arrow pointing from 'PREFERRED DATA' to the Lab Report Date field.
- An arrow pointing from 'PREFERRED DATA*' to the Ordered Test dropdown.
- An arrow pointing from 'REQUIRED DATA' to the Reporting Facility dropdown.
- An arrow pointing from 'REQUIRED DATA*' to the Program Area dropdown.
- An arrow pointing from 'REQUIRED DATA' to the Jurisdiction dropdown.
- An arrow pointing from 'REQUIRED DATA*' to the Specimen Source dropdown.
- An arrow pointing from 'REQUIRED DATA*' to the Date Specimen Collected field.
- An arrow pointing from 'REQUIRED DATA*' to the Resulted Test dropdown.
- An arrow pointing from 'REQUIRED DATA*' to the Coded Result field.
- An arrow pointing from 'REQUIRED DATA*' to the Numeric Result field.
- An arrow pointing from 'REQUIRED DATA*' to the Text Result field.
- An arrow pointing from 'REQUIRED DATA*' to the Reference Range field.
- An arrow pointing from 'REQUIRED DATA*' to the Result Status dropdown.
- An arrow pointing from 'REQUIRED DATA*' to the Result Comments field.
- An arrow pointing from 'REQUIRED DATA*' to the Add Test Result button.
- An arrow pointing from 'REQUIRED DATA*' to the Submit and Create Investigation button.
- An arrow pointing from 'REQUIRED DATA*' to the Submit button.
- An arrow pointing from 'REQUIRED DATA*' to the Cancel button.
- An arrow pointing from 'REQUIRED DATA*' to the Submit and Create Investigation button.

REQUIRED DATA

Make every effort to acquire this information.
If unknown, select "Unknown"; for numeric fields note unknown in comments.

REQUIRED DATA

Select "Reporting Facility", original source of report, not other public health entity forwarding report.

REQUIRED DATA*

Select "Program Area" of associated condition.

REQUIRED DATA

Check "Jurisdiction"

"Jurisdiction" is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, ordering facility, reporting facility (or investigating jurisdiction), in that order.

REQUIRED DATA

Note: "Date Received by Public Health" prepopulates with current date. Enter correct date.

REQUIRED DATA*

(Preferred for some conditions) Select "Specimen Source".

REQUIRED DATA*

(Preferred for some conditions) Enter "Date Specimen Collected".

REQUIRED DATA*

Enter "Resulted Test".

REQUIRED DATA*

Enter the lab result using appropriate field(s).

Click "Submit" or "Submit and Create Investigation".

Quick Reference - Investigation

PREFERRED DATA

Enter this information if it is available.

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

Select Condition

User: Pamela Stuart

Please select a condition:

Submit Cancel

Click "Submit"

REQUIRED DATA

Make every effort to acquire this information. If unknown, select "Unknown"; for numeric fields note unknown in comments.

REQUIRED DATA

Select "Condition"

REQUIRED DATA

Check "Jurisdiction"

"Jurisdiction" is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, ordering facility, reporting facility (or investigating jurisdiction), in that order.

PREFERRED DATA

Enter "Investigator"
Enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.

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

Create Investigation

User: Pamela Stuart

Patient ID: 624036

Name: CAMERON STUART DOB: 11/12/1985 Current Sex: Male

Submit Cancel

Investigation Summary

Back to Top

* Jurisdiction: [Redacted]

Program Area: IDEAS - Waterborne

State Case ID: [Redacted]

Investigation Start Date: [Redacted]

Investigation Status: [Redacted]

☒ Share record with Guests for this Program Area and Jurisdiction

REQUIRED DATA

Enter "Investigation Start Date" Note: Enter date investigation began or if no follow up was done, enter the date the report was received.

PREFERRED DATA

"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed.
Note: If not found, search by city, etc., then enter new Provider as needed.

Investigation Summary

Back to Top

* Jurisdiction: [Redacted]

Program Area: IDEAS - Waterborne

State Case ID: [Redacted]

Investigation Start Date: [Redacted]

Investigation Status: [Redacted]

☒ Share record with Guests for this Program Area and Jurisdiction

Investigator

Search Clear

Investigator: There is no Investigator selected.

Code Lookup

REQUIRED DATA

Enter "Investigation Status" Defaults to "Open"; change to "Closed" when investigation and data entry are completed. Note: See "Open Investigations" on NBS Home page Dashboard.

PREFERRED DATA

Search for "Reporter" (reporting provider) if known.
Note: If not found, search by city, etc., then enter new Provider as needed.

Reporting Source

Date of Report: [Redacted]

Reporting Source: [Redacted]

Search Clear

Reporting Source: There is no Reporting Source selected.

Code Lookup

Earliest Date Reported to

County: [Redacted]

State: [Redacted]

REQUIRED DATA

Select type of original "Reporting Source" such as "laboratory", "hospital", or "private physician". For cases identified by a health department during an investigation, select "other state and local agencies". If none of the categories apply, note source in comments.

REQUIRED DATA

Enter the earliest date reported to either a local or state health department as "Date of Report"*. Note: "Date of Report" will auto-populate if the investigation is created from a lab report. Date should be edited to the earliest date reported to public health if an earlier report was received.

REQUIRED DATA

Enter "Earliest Date Reported to County"*. Note: Date first reported to County. If the regional office is acting as the local health department, record the date received by the regional office.

REQUIRED DATA

Enter "Earliest Date Reported to State"*. Note: Date first reported to State, either Health Service Region or Central Office. The ELR date created should be listed if it is the earliest report date.

*Note - At least one of these dates is REQUIRED and should include the earliest date reported to public health in Texas. If an earlier date is entered in either the Earliest Date Reported to "County" or "State", it should be copied into the "Date of Report" field.

PREFERRED DATA
Search for "Physician" if known.
Note: If not found, search by city, etc., then enter new Provider as needed.

PREFERRED DATA
If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date". Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field.
Note: If hospital is not found, search by city, etc. then enter new Organization as needed.

PREFERRED DATA
Calculate "Duration of Stay" as discharge minus (-) admission date for listed hospital stay. If admission date is same as discharge date, enter 1.

PREFERRED DATA
Note: Not available for Hepatitis. If applicable, select "Yes" for "Is this case part of an outbreak?" and select the corresponding "Outbreak Name". See condition specific guides for outbreak criteria. To request a name for an outbreak, use the Outbreak Naming Policy at [Documentation\UserResources\Policy on Naming Outbreaks in NBS](#). After a name is created, enter "Outbreak Name" for all cases that are part of the outbreak.

The screenshot shows the NBS form with the following sections and annotations:

- Clinical Section:**
 - Physician:** Search field with "Code Lookup" button. Annotation: "PREFERRED DATA" (blue box).
 - Outbreak Name:** Search field with "Code Lookup" button. Annotation: "PREFERRED DATA" (blue box).
 - Hospital:** Search field with "Code Lookup" button. Annotation: "PREFERRED DATA" (blue box).
 - Admission Date:** Date field. Annotation: "PREFERRED DATA" (blue box).
 - Discharge Date:** Date field. Annotation: "PREFERRED DATA" (blue box).
 - Duration of Stay:** Number field. Annotation: "PREFERRED DATA" (blue box).
 - Condition Section:**
 - Diagnosis Date:** Date field. Annotation: "REQUIRED DATA" (red box).
 - Illness Onset Date:** Date field. Annotation: "REQUIRED DATA" (red box).
 - Illness End Date:** Date field. Annotation: "REQUIRED DATA" (red box).
 - Illness Duration:** Number field. Annotation: "REQUIRED DATA" (red box).
 - Age at Onset:** Number field. Annotation: "REQUIRED DATA" (red box).
 - Is the patient pregnant?:** Yes/No dropdown. Annotation: "REQUIRED DATA" (red box).
 - Did the patient die from this illness?:** Yes/No dropdown. Annotation: "REQUIRED DATA" (red box).
- Epidemiologic Section:**
 - Is this patient associated with a day care facility?:** Yes/No dropdown. Annotation: "REQUIRED DATA" (red box).
 - Is this patient a food handler?:** Yes/No dropdown. Annotation: "REQUIRED DATA" (red box).
 - Is this case part of an outbreak?:** Yes/No dropdown. Annotation: "PREFERRED DATA" (blue box).
 - Where was the disease acquired?:** Text field. Annotation: "PREFERRED DATA" (blue box).
 - Transmission Mode:** Dropdown. Annotation: "PREFERRED DATA" (blue box).
 - Detection Method:** Dropdown. Annotation: "PREFERRED DATA" (blue box).
 - Confirmation Method:** Dropdown. Annotation: "REQUIRED DATA*" (red box).
 - Confirmation Date:** Date field. Annotation: "REQUIRED DATA*" (red box).
 - Case Status:** Dropdown. Annotation: "REQUIRED DATA*" (red box).
 - MMWR Week:** Number field. Annotation: "REQUIRED DATA" (red box).
 - MMWR Year:** Number field. Annotation: "REQUIRED DATA" (red box).
- Administrative Section:**
 - General Comments:** Text area. Annotation: "PREFERRED DATA" (blue box).
- Custom Fields Section:**
 - Earliest Date Suspected:** Date field. Annotation: "REQUIRED DATA*" (red box).

REQUIRED DATA
For "Was the patient hospitalized for this illness?" select "Yes", "No", or "Unknown".

REQUIRED DATA
"Diagnosis Date" is required if onset date is unknown. See condition-specific guidance for applicable dates.

REQUIRED DATA (Preferred for some conditions.)
Enter "Illness Onset Date", but leave blank if onset date is unknown or the patient has an asymptomatic infection.

REQUIRED DATA
If the patient died from this illness, select "Yes", for "Did the patient die from this illness?"
Note: Update "Patient" tab with status and date of death.

REQUIRED DATA*
Note: Not available for Hepatitis. Select "Confirmation Method" used to determine case status. Select "lab confirmed", "clinical diagnosis", or "epi-linked". See condition-specific guide for exceptions.

REQUIRED DATA*
Select "Case Status"
Note: Must be consistent with case definition. See Epi Case Criteria Guide.

REQUIRED DATA*
Enter "Earliest Date Suspected" - Date the case first met the criteria for reporting to the health department as evidenced by earliest of the following (see appropriate choices listed in condition-specific guide):

- ◆ Date a condition specific laboratory test was ordered (specimen collection date), or
- ◆ Date a condition specific treatment of patient or prophylaxis of their contacts was ordered, or
- ◆ Date the disease/condition was added to the differential diagnoses, or
- ◆ Date identified as a symptomatic contact of another case.

Click "Submit"

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

View Investigation User: Laura Tabony

Patient ID: 1506276 | Investigation ID: CAS480853107TX01 [Return To File: Events](#)

Manage Associations Share Document Transfer Ownership Edit Print

Use this button to associate (link) existing events (lab reports, morbidity reports, vaccinations, treatments, and documents (case reports)) to the investigation. If you can see an event in the investigation screen, it is already associated.

Use this button to change the jurisdiction or the program area. Please notify the recipient jurisdiction by email, phone, or fax when you transfer an investigation or lab report to them. Labs attached to the investigation or marked as reviewed will not show up on their Documents Requiring Review queue.

To print, use browser print icon instead of NBS Print button for more concise format.

Here's the process:

1. Open an investigation
2. Click on Manage Associations in upper left corner

Home | Data Entry | Open Investigations | Reports |

View Investigation: Pertussis

Manage Associations Create Notifications Share Document Transfer Ownership

3. Under the Vaccinations section, click Query Registry

Associations
[Collapse Subsections](#)

☐ Lab Reports

Date Received	Reporting Facility/Provider	Date Collected	Test Results	Program Area	Event ID
Nothing found to display.					

[Add Lab Report](#)

☐ Morbidity Reports

Date Received	Condition	Report Date	Type	Observation ID
Nothing found to display.				

[Add Morbidity Report](#)

☐ Vaccinations

Date Administered	Vaccine Administered	Vaccination ID
Nothing found to display.		

[Query Registry](#) [Add Vaccination](#)

☐ Treatments

Treatment Date	Treatment	Treatment ID
Nothing found to display.		

[Add Treatment](#)

☐ Documents

Date Received	Type	Purpose	Description	Document ID
Nothing found to display.				

[Print](#) [Submit](#) [Cancel](#)

4. In the pop-up window, ensure the case's pre-populated info is correct
5. Click Submit Query

Query Immunization Registry

Submit Query Cancel

Demographics

Search Criteria

Last Name: TEST
 First Name: 12
 Middle Name:
 Date of Birth: 01 01 2000
 Current Sex: Male
 Street Address: 12 LOVE SHACK DR
 City: SCHENECTADY
 State: New York
 Zip: 99999
 Phone:

Maternal & Birth Information

Mother's Last Name:
 Mother's First Name:
 Mother's Maiden Name:
 Multiple Birth Indicator:
 Birth Order:

Submit Query Cancel

6. Ensure the correct case is linked
 - a. If two or more patients come up, check the information against the case's demographics
7. Click on Registry Patient ID

Remove All Filters/Sorts					
Registry Patient ID	Patient Name	Age/DOB/Sex	Address	Phone	Mother's Name
268441126	Legal TEST, GHOST	24 Years 01/01/2000 Male	Home 3406 BOB ROGERS DR. BRACKETTVILLE TX 78832	Home 8307650121	

Results 1 to 1 of 1

8. Click on the checkbox next to associated vaccine(s) and click Import Selected Records

GHOST TEST | Male | 01/01/2000 (24Years) Registry Patient ID: 268441126

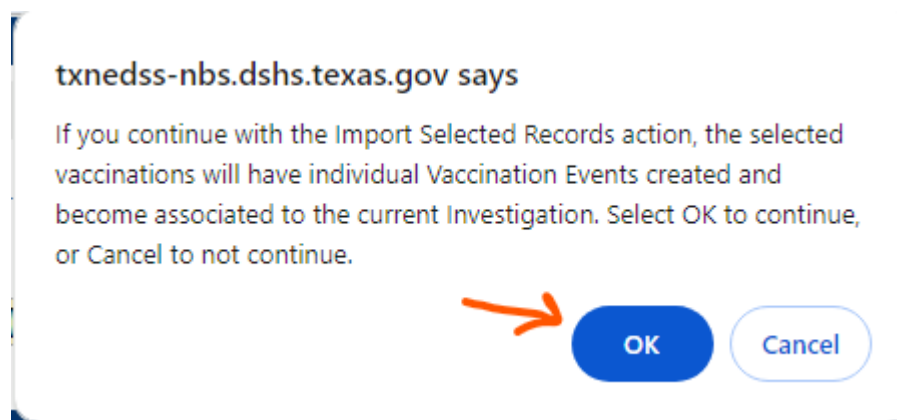
Results 1 to 3 of 3

Remove All Filters/Sorts				
☐	Provider	Date Administered	Vaccine Administered	Lot Information
☐		05/13/2024	Vaccine Type: Flu quadrivalent injectable pfree	
☐		09/19/2023	Vaccine Type: Flu quadrivalent injectable pfree	Lot #: 5DY5A
☒		09/07/2023	Vaccine Type: Varicella	Lot #: X000999

Results 1 to 3 of 3

Import Selected Records Cancel

9. A pop-up may appear, Click OK



10. Back in the Manage Associations page, click Submit

12 TEST | Male | 01/01/2000 (24 Years)
Investigation ID: CAS495194089TX01 Condition: Pertussis Case Status: Not a Case

The 1 selected vaccination record(s) have been successfully imported and associated with this patient/case.

Associations
[Collapse Subsections](#)
☐ Lab Reports
 Nothing found to display. [Add Lab Report](#)

☐ Morbidity Reports
 Nothing found to display. [Add Morbidity Report](#)

☒ Vaccinations

Date Administered	Vaccine Administered	Vaccination ID
09/07/2023	varicella	INT489382537TX01

[Query Registry](#) [Add Vaccination](#)

☐ Treatments
 Nothing found to display. [Add Treatment](#)

☐ Documents
 Nothing found to display. [Add Document](#)

[Print](#) [Submit](#) [Cancel](#)

11. Back in the investigation page, under Supplemental Info, the vaccine(s) should appear
 a. In PageBuilder

Associated Vaccinations		
Date Administered	Vaccine Administered	Vaccination ID
09/07/2023	varicella	INT489382537TX01

b. In Legacy

Vaccination Record			Back to Top
	Date Administered	Vaccine Administered	Vaccination ID
Details	09/07/2023	varicella	INT489382537TX01

Patient Tab – Lab Report

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by → and **BOLD** and other preferred data entry fields by [and *italics*.

Patient Tab Lab Report	
NBS Field Name	Description/Instructions
Basic Demographic Data	
*Basic Demographic Data As Of:	See <i>Quick Reference</i> guide for field definitions.
*General Comments As Of:	
General Comments:	
*Name Information As Of:	
→ Last Name	*"Basic Demographic Data As Of" date defaults to today's date when a new lab report is entered. Other "As Of" date fields for each section will only appear when editing a previously entered lab report. The "As Of" date is a required field when data is entered in the associated section. Use this button to associate (link) an existing event (lab reports, morbidity reports, vaccinations, treatments, documents (case reports) to the investigation. If you can see an event in the investigation screen, it is already associated.
→ First Name	
Middle Name	
Suffix	
*Sex and Birth Information As Of:	
→ DOB	
Reported Age/Age Type	
→ Current Sex	
*Mortality Information As Of:	
→ Is the patient deceased?	
Deceased Date	Enter new patient demographic information on the "Patient" tab of manually entered lab reports and any attached investigation as appropriate. - Existing demographic information transfers from the Master Patient Record when an Event (Investigation, Laboratory Report, Morbidity Report, Vaccination, or Treatment) is created. - After that, any updates to patient information for that Event should be entered on the "Patient" tab of the Event. This information cannot be edited in ELR lab reports, but a comment can be added (see note below). - New patient information entered in the "Patient" tab in an Event will update the "Demographics" tab of the Patient File. - Edits on the "Demographics" tab of the Patient File will NOT change the "Patient" data in existing Events. Note: Since patient demographics for ELR lab reports cannot be edited, enter demographic updates in the patient tab of any attached investigations as appropriate. If no investigation is needed, enter demographic updates on the patient's <i>Demographics</i> tab.
*Marital Status As Of	
Marital Status	
*SSN As Of:	
SSN	
*Identification Information As Of:	
ID Type	
Assigning Authority	
ID Value	
*Address Information As Of:	
→ Street Address 1	
Street Address 2	
→ City	
→ State	
→ Zip	
→ County	
Country	
*Telephone Information As Of:	
→ Home Phone	
Work Phone	
Ext.:	
→ Cell Phone	
Cell Phone	
*Ethnicity Information As Of:	
→ Ethnicity	
*Race Information As Of:	

Patient Tab Lab Report		
NBS Field Name		Description/Instructions
➔	Race	

Patient Tab – Investigation – Original Format

NBS Entry Guidelines for Investigation

Required fields are noted by → and **BOLD** and other preferred data entry fields by [and *italics*.

Patient Tab Investigation	
NBS Field Name	Description/Instructions
Basic Demographic Data	
* Basic Demographic Data As Of:	See <i>Quick Reference</i> guide for field definitions.
*General Comments As Of:	
General Comments:	
Name Information As Of:	
→ Last Name	
→ First Name	
Middle Name	
Suffix	
Sex and Birth Information As Of:	
→ DOB	
Reported Age/Age Type	*"Basic Demographic Data As Of" date defaults to today's date when a new investigation is entered. Other "As Of" date fields for each section will only appear when editing a previously entered investigation. The "As Of" date is a required field when data is entered in the associated section.
→ Current Sex	
*Mortality Information As Of:	
→ Is the patient deceased?	
→ Deceased Date	
Marital Status As Of	
Marital Status	
SSN As Of:	
SSN	
*Identification Information As Of:	
ID Type	
Assigning Authority	
ID Value	
*Address Information As Of:	
→ Street Address 1	
Street Address 2	
→ City	
→ State	
→ Zip	
→ County	
Country	
*Telephone Information As Of:	
→ Home Phone	
Work Phone	
Ext.:	
→ Cell Phone	
Cell Phone	
*Ethnicity Information As Of:	
→ Ethnicity	
*Race Information As Of:	
→ Race	

Patient Tab – Investigation – PageBuilder Format

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by [and *italics*.

Patient Tab Investigation	
NBS Field Name	Description/Instructions
Patient Information	
	*Information as Of Date:
	Comments:
	*Name Information As Of Date:
➔	First Name
	Middle Name
➔	Last Name
	Suffix
	*Other Personal Details As Of Date:
➔	Date of Birth
	Reported Age
	Reported Age Units
➔	Current Sex
	*Mortality Information As Of Date:
➔	Is the patient deceased?
➔	Deceased Date
	*Marital Status As Of Date
	Marital Status
	*Address Information As Of Date:
➔	Street Address 1
	Street Address 2
➔	City
➔	State
➔	Zip
➔	County
➔	Health Service Region
	Country
	*Telephone Information As Of Date:
➔	Home Phone
	Work Phone
	Ext.:
➔	Cell Phone:
	Cell Phone
	Email:
	*Ethnicity Information As Of Date:
➔	Ethnicity
	*Race Information As Of Date:
➔	Race

See *Quick Reference* guide for field definitions.

*"Information As Of Date" defaults to today's date when a new investigation is entered. Other "As Of Date" fields for each section will only appear when editing a previously entered lab report. The "As Of Date" is a required field when data is entered in the associated section.

Enter new patient demographic information on the "Patient" tab of the investigation.

- Existing demographic information transfers from the Master Patient Record when an Event (Investigation, Laboratory Report, Morbidity Report, Vaccination, or Treatment) is created.
- After that, any updates to patient information for an investigation should be entered on the "Patient" tab of the investigation.
- New patient information entered in the "Patient" tab in an Event will update the "Demographics" tab of the Patient File.
- Edits on the "Demographics" tab of the Patient File will not change the "Patient" data in existing Events.

Binational case definition and indicating a binational case in NEDSS

The [Council of State and Territorial Epidemiologists \(CSTE\) considers](#) a notifiable case to be binational when it meets one or more of the following criteria:

- Potentially exposed while in Mexico or Canada
- Potentially exposed by a resident of Mexico or Canada
- Resident of Mexico or Canada
- Has case contacts in or from Mexico or Canada
- Exposure to suspected product from Mexico or Canada
- Other situations that may require binational notification or coordination of response (e.g., a measles outbreak without known cross border contacts in a border community or state; exposure to an exported product from the United States to Mexico or Canada)

Currently the binational variable is not included for every Texas reportable condition. If NEDSS does not yet include a formal binational variable indicator for the condition being reported, and the binational case definition is met, the investigator may include the phrase “binational case” in the case notes as well as any of the following information that is available:

- Which part(s) of the case definition are met
- The address and telephone number of the case, including the address of any Mexican or Canadian residence, if applicable
- Details about a potentially related Mexican or Canadian location, product, or individual, including address, telephone number, and dates of travel and/or exposure

For those conditions that do have the binational variable option in NEDSS, the way to select the variable and enter the above information may be different depending on the condition.

For any questions or further information, contact the Office of Border Public Health at OBPH@dshs.texas.gov and copy the Central Office program leads for the relevant condition.

Acute Flaccid Myelitis

General Information

If an etiology is known and is a reportable condition (e.g., West Nile, varicella, or polio), the case should be investigated and entered into NBS according to the etiology. For AFM cases with etiology that is unknown or due to a non-reportable condition, the *Acute Flaccid Myelitis: Patient Summary Form* is required to be completed and submitted to the central office as soon as possible. The form is needed to facilitate lab testing with the CDC. The *Acute Flaccid Myelitis: Patient Summary Form* can be found at:

<https://www.dshs.texas.gov/notifiable-conditions/investigation-forms>

More information on reporting and laboratory procedures can be found in the *Infectious Disease Control Unit Investigation Guidance*:

<https://www.dshs.texas.gov/idps-home/infectious-disease-prevention-health-practioner-guidance-training>

The polio vaccination history should be entered as a vaccination record in NBS and associated with the investigation. Enter the date of vaccination, age at vaccination, vaccine type, and any other available information. To search ImmTrac for this patient, within the investigation, click "Manage Associations" and under the "Vaccinations" section, click "Query Registry." Confirm the patient's information is correct then click "Submit Query." Check the box next to the vaccine to associate it with the current investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified.

Vaccine Type	NBS Selection	Manufacturers for US (2024)
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Hepatitis B and Inactivated Polio	DTaP-Hep B-IPV	Pediarix – GlaxoSmithKline
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with <i>Haemophilus influenzae</i> type b and Inactivated Polio	DTaP-Hib-IPV	Pentacel - Sanofi Pasteur
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Inactivated Polio	DTaP-IPV	KINRIX – GlaxoSmithKline Quadracel – Sanofi Pasteur
Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate, and Hepatitis B [Recombinant] Vaccine	DTaP-IPV-HIB-HEP B	Vaxelis – MSP Vaccine Company - (partnership Merck and Sanofi Pasteur)
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Haemophilus influenzae type b and Hepatitis B	DTaP-IPV-HIB-HEP B, historical	
Inactivated polio	IPV (Poliovirus vaccine, inactivated)	IPOL - Aventis Pasteur Poliovax - Sanofi Pasteur
Oral Polio	OPV	discontinued in US/available internationally

List of Vaccines Licensed for Immunization and Distribution in the US:

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833> and
https://www.cdc.gov/vaccines-children/?CDC_AAref_Val=https://www.cdc.gov/vaccines/parents/protecting-children/index.html

For a complete vaccination schedule for children and adults go to:

<https://www.dshs.texas.gov/immunizations/public/schedules>.

NBS Entry Guidelines for Laboratory Reports

Due to the nature of this condition, all laboratory report information including MRI results and pathogen testing is covered in the investigation tab. It is preferred that all available lab information is thoroughly entered in the laboratory section of the investigation tab.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Immunizations - Will default based on condition.
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Not required for Acute Flaccid Myelitis.
➔	Investigation	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	Shared Indicator	
	State Case ID	
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.

Investigation		
NBS Field Name		Description/Instructions
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date the condition was added to the top 3 differential diagnoses for the patient
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Organization</i>	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
→	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter 1 st admission date.
→	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Patient still hospitalized</i>	Select Yes, No, or Unknown.
→	Hospitalized at a Second Hospital	Select Yes, No, or Unknown.
⇒	<i>Hospital 2</i>	Search for 2 nd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 2 Admission Date</i>	If patient hospitalized, enter 2 nd admission date.
⇒	<i>Hospital 2 Discharge Date</i>	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	<i>Hospital 2 Duration</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospital 3</i>	Search for 3 rd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 3 Admission Date</i>	If patient hospitalized, enter 3 rd admission date.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Hospital 3 Discharge Date</i>	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	<i>Hospital 3 Duration</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Date of Limb Weakness Onset	Enter date of onset of limb weakness.
⇒	<i>Age at Onset</i>	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
⇒	<i>Age at Onset Units</i>	Use the drop-down list next to age to select, days, months, etc.
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Date of Death	
➔	Since neurologic illness onset, indicate which limbs have been acutely weak?	Select the limb(s) that have been acutely weak from the drop-down menu (use ctrl key to select more than one).
➔	Diplopia/double vision	Select Yes, No, or Unknown.
	<i>If yes, what cranial nerve was involved, if known?</i>	Select 3, 4, or 6. If unknown, leave blank.
➔	Loss of sensation in face	Select Yes, No, or Unknown.
➔	Facial droop	Select Yes, No, or Unknown.
➔	Hearing loss	Select Yes, No, or Unknown.
➔	Dysphagia	Select Yes, No, or Unknown.
➔	Dysarthria	Select Yes, No, or Unknown.
➔	Bowel or bladder incontinence	Select Yes, No, or Unknown.
➔	Change in mental status (e.g., confused, disoriented, encephalopathic)	Select Yes, No, or Unknown.
➔	Seizures	Select Yes, No, or Unknown.
➔	Received invasive ventilatory support (e.g., intubation, tracheostomy) because of neurological condition	Select Yes, No, or Unknown.
➔	Have a respiratory illness	Select Yes, No, or Unknown.
⇒	<i>Respiratory Illness Onset Date</i>	Enter onset date of respiratory illness.
➔	Have a fever, measured by parent or provider and >38.0C/100.4F	Select Yes, No, or Unknown.
⇒	<i>Fever Onset Date</i>	Enter onset date of fever.
⇒	<i>Receive any immunosuppressing agent(s)</i>	Select Yes, No, or Unknown.
⇒	<i>Immunosuppressing agent list</i>	If the patient received immunosuppressing agent(s), type a list of the immunosuppressing agents the patient received.

Investigation		
NBS Field Name		Description/Instructions
→	Travel outside the US	Select Yes or No.
→	<i>If yes, list country(s)</i>	Select the country(s) the patient traveled to from the drop-down menu (use ctrl to select more than one).
→	Does the patient have any underlying illness?	Select underlying illness from the drop-down menu (use ctrl to select more than one) or select none or unknown from the drop-down menu if applicable.
→	<i>Specify other underlying illness</i>	
→	In the 48 hrs before onset of weakness, have fever >38C/100.4F	Select Yes, No, or Unknown.
→	How many documented doses of inactivated polio vaccine did patient have before limb weakness	Select number of doses or unknown from drop-down menu.
⇒	<i>How many documented doses of oral polio vaccine did patient have before limb weakness?</i>	Select number of doses or unknown from drop-down menu.
⇒	<i>If type unknown, how many doses of polio vaccine received prior to onset of limb weakness</i>	Select number of doses or unknown from drop-down menu.
Laboratory		
→	MRI of spinal cord	Select Yes, No, or Unknown.
→	Date of MRI	Enter date of MRI.
→	Levels imaged (Select all that apply)	Select from drop-down menu (use ctrl to select more than one).
→	Location of lesions (Select all that apply)	Select from drop-down menu (use ctrl to select more than one).
→	Levels of cervical cord affected (Select all that apply)	Select from drop-down menu (use ctrl to select more than one).
→	Levels of thoracic cord affected (Select all that apply)	Select from drop-down menu (use ctrl to select more than one).
→	What areas of spinal cord were affected?	Select from drop-down menu.
→	Was there cord edema?	Select Yes, No, or Unknown.
→	Was Gadolinium (GAD) used?	Select Yes, No, or Unknown.
→	Did any gray matter lesions enhance with GAD?	Select Yes, No, or Unknown.
⇒	<i>Did any white matter lesions enhance with GAD?</i>	Select Yes, No, or Unknown.
⇒	<i>Did any cervical/thoracic nerve roots enhance with GAD?</i>	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	Did any ventral nerve roots enhance with GAD?	Select Yes, No, or Unknown.
⇒	Did any dorsal nerve roots enhance with GAD?	Select Yes, No, or Unknown.
⇒	Was an EMG done?	Select Yes, No, or Unknown.
⇒	EMG date	Enter date of EMG.
⇒	Was there evidence of acute motor neuropathy, motor nerve, or anterior horn cell involvement?	Select Yes, No, or Unknown.
⇒	Was a lumbar puncture (LP) performed?	Select Yes, No, or Unknown.
⇒	Lumbar puncture Date	Enter date of lumbar puncture.
⇒	LP1 WBC/mm ³	Enter the WBC/mm ³ .
⇒	LP1 % Neutrophils	Enter the % Neutrophils.
⇒	LP1 % Lymphocytes	Enter the % Lymphocytes.
⇒	LP1 % Monocytes	Enter the % Monocytes.
⇒	LP1 % Eosinophils	Enter the % Eosinophils.
⇒	LP1 RBC/ mm ³	Enter the RBC/mm ³ .
⇒	LP1 Glucose mg/dl	Enter the Glucose mg/dl.
⇒	Click on Add button to complete entry. Repeat for any additional lumbar punctures performed with a later date.	
➔	Was pathogen testing Performed?	Select Yes, No, or Unknown.
➔	Pathogen Test Performed	Select the test performed from the drop-down menu. The tests are listed by Specimen Source, Pathogen, Test Type. When entering a test not listed, enter as Other and provide the name of the test (e.g., PCR), the pathogen name (e.g., polio), and specimen source (e.g., stool).
➔	Specimen Collection Date	Enter the date the specimen was collected.
➔	Pathogen Performed Test Result	Select the test result from the drop-down menu.
➔	Pathogen Type	Enter the pathogen if known (e.g., EV-D68).
➔	Click on Add button to complete entry. Repeat for all pathogen tests listed on investigation form for specimens that were collected and indicate whether the test was done or not.	
➔	Was cause(s) of neurologic illness identified?	Select Yes, No, or Unknown.
➔	List etiology, and reason(s) considered most likely cause	Enter the likely cause and rationale.

Epidemiologic

Investigation		
NBS Field Name		Description/Instructions
→	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
→	Outbreak Name	Select outbreak name from drop-down list.
→	Confirmation Method	Select method used to determine case status. Select lab confirmed or clinical diagnosis. Laboratory confirmed – laboratory criteria required for case status selected was met (MRI results consistent with confirmed case) Clinical diagnosis – case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider
→	Confirmation Date	Date criteria for the case status of the case were met.
→	Case Status	Select Unknown until CDC makes the case determination. See http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.
General Comments		
	General Comments	

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Amebic meningitis, other

General Information

Cases of GAE and other central nervous system infections caused by free-living amebae should be reported to DSHS Central Office immediately. Completion of the [Free-Living Ameba Case Report](#) form is required. Upon completion, the case report form, copies of case notes, and laboratory reports should be faxed or securely emailed to DSHS Central Office via the Regional office.

Collection and shipping procedures can be found at:

<http://www.cdc.gov/parasites/acanthamoeba/> and [About Balamuthia Infection | Balamuthia Infection | CDC](#)

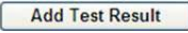
Information on investigation steps, treatment, and prevention measures can be found in the *Infectious Disease Control Investigation Guidance*:

<http://www.dshs.texas.gov/EAIDU/investigation/Investigation-Guidance.doc>

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by [and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Meningitis/Invasive Respiratory Disease . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇒	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇒	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Cerebral spinal fluid or Other (describe in Result Comments).
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	

Lab Report		
NBS Field Name		Description/Instructions
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

<i>Ordered Test, Resulted Test and Test Results</i>			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Microscopic examination of wet prep of CSF	Wet preparation, Microscopic exam (short search "wet")	AMOEBA IDENTIFIED (short search for "amoeba")	Run short search and select Genus and species that was identified
Detection of nucleic acid (e.g., PCR)	Leave blank; describe test method in Result Comments.	AMOEBA IDENTIFIED (short search for "amoeba")	Run short search and select Genus and species that was identified
Detection of antigen (e.g., DFA)	Leave blank; describe test method in Result Comments.	AMOEBA IDENTIFIED (short search for "amoeba")	Run short search and select Genus and species that was identified

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Summary	
➔ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ Program Area	IDEAS- Meningitis/Invasive Respiratory - Will default based on condition

Investigation		
NBS Field Name		Description/Instructions
	State Case ID	
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigation	Enter date investigation assigned to investigator.
Reporting Source		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
[	Reporting Source (Organization)	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	Reporter	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
→	Physician	Search for "Physician" if known. <i>Note: Provider or hospital name is required for clinically diagnosed case. If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Enter Yes, No, or Unknown.
	Patient Chart Number	
→	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: Provider or hospital name is required for clinically diagnosed case. If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>

Investigation			
NBS Field Name		Description/Instructions	
➔	Admission Date	If patient hospitalized, enter admission date(s).	
➔	Discharge Date	If patient hospitalized, enter discharge date(s).	
⇒	Duration of Stay	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.	
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of physician diagnosis and presumptive positive test, or ♦ Date of the condition specific laboratory result	
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>	
	Illness End Date		
	Illness Duration	Enter number of days and days for units (default). Use months or years if more appropriate.	
	Age at Onset/Age Type	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.	
	Is the patient pregnant?	Enter Yes, No, or Unknown.	
	Does the patient have pelvic inflammatory disease?		
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .	
Epidemiologic			
⇒	Is this patient associated with a day care facility?	Enter Yes, No, or Unknown.	
⇒	Is this patient a food handler?	Enter Yes, No, or Unknown.	
➔	Is this case part of an outbreak?	If yes, contact the NEDSS Project Office to have outbreak name entered	
➔	Outbreak Name	If case is part of an outbreak, choose outbreak name from list.	
⇒	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	Imported Country	Indicate country where patient became ill.	
⇒	Imported State	Indicate state where patient became ill (not TX).	
	Imported City	Indicate city where patient became ill.	
⇒	Imported County	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
➔	Confirmation Method	Select method used to determine case status. Select lab confirmed.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.

Investigation		
NBS Field Name		Description/Instructions
	Confirmation Date	The first date the confirmatory lab test was positive/reactive or if not available, the first date the result would have been reportable to the health department. (i.e., run date, test date)
→	Case Status	Select Confirmed or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.
Administrative		
	General Comments	
Custom Fields		
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date of physician diagnosis, or ◆ Date of physician diagnosis and presumptive positive test, or ◆ Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or ◆ Date a condition specific laboratory was ordered
Travel History		
→	Did patient travel prior to onset of illness?	Enter Yes, No, or Unknown.
	Applicable incubation period for this illness	weeks to months
⇒	<i>What was the purpose of the travel?</i>	Choose from list
⇒	<i>If "Other", please specify other purpose of travel:</i>	
	Destination 1 Type:	Domestic or International
	Mode of Travel:	Choose from list
	Date of Arrival:	Enter mm/dd/yyyy
	Date of Departure:	Enter mm/dd/yyyy
	Destination 2 Type:	Domestic or International
	Mode of Travel:	Choose from list
	Date of Arrival:	Enter mm/dd/yyyy
	Date of Departure:	Enter mm/dd/yyyy

Investigation		
NBS Field Name		Description/Instructions
	Destination 3 Type:	Domestic or International
	Mode of Travel:	Choose from list
	Date of Arrival:	Enter mm/dd/yyyy
	Date of Departure:	Enter mm/dd/yyyy
	If more than 3 destinations, specify details here:	
Drinking Water Exposure		
⇒	<i>What is the source of tap water at home?</i>	Select appropriate response from drop down menu
⇒	<i>If "Other", specify other source of tap water at home:</i>	
⇒	<i>If "Private Well", how was the well water treated at home?</i>	Select appropriate response from drop down menu
	What is the source of tap water at school/work?	
	If "Other", specify other source of tap water at school/work:	
	If "Private Well", how was the well water treated at school/work?	
	Did the patient drink untreated water in the 7 days prior to onset of illness?	
Recreational Water Exposure		
➔	Was there recreational water exposure in the 7 days prior to illness?	Enter Yes, No, or Unknown.
➔	What was the recreational water exposure type?	Select recreational water exposure type from the drop-down list (Use Ctrl to select more than one).
➔	If "Other", please specify other recreational water exposure type:	
➔	If "Swimming Pool", please specify swimming pool type:	(Use Ctrl to select more than one)
➔	If "Other", please specify other swimming pool type:	
➔	Name or location of water exposure:	Enter name(s) or location(s) of water exposure
Seafood Exposure		
	Has the patient eaten seafood in the last 14 days?	Enter Yes, No, or Unknown.

Investigation		
NBS Field Name	Description/Instructions	
Was the seafood eaten undercooked?	Enter Yes, No, or Unknown.	
Was the seafood eaten raw?	Enter Yes, No, or Unknown.	
If "Yes", type of raw seafood:	Select from drop-down list.	
If "Other Shellfish", specify type of other shellfish:		
If "Other Fish", specify type of other fish:		
Where was raw seafood obtained?	Select from drop-down list.	
If "Other", specify other source where raw seafood was obtained:		
Date raw seafood consumed:		
Time raw seafood consumed:	hh:mm. Also select the radio button for either AM or PM.	
If the type of raw seafood was "Oysters," are shipping tags available from suspect lot?	Enter Yes, No, or Unknown.	
If shipping tags are available, name of shippers who handled suspected raw oysters:	Enter name of shippers who handled suspected raw oysters. Please also include certification numbers if on tags.	
Underlying Conditions		
→ Did patient have any of the following underlying conditions?	Select underlying conditions <i>(Use Ctrl to select more than one)</i>	
→ If "Diabetes Mellitus", specify whether on insulin:	Enter Yes, No, or Unknown.	
→ If "Gastric Surgery", please specify type:		
→ If "Hematologic Disease", please specify type:		
→ If "Immunodeficiency", please specify type:		
→ If "Organ Transplant," please specify organ:		
→ If "Other Liver Disease", please specify type:		
→ If "Other Malignancy", please specify type:		
→ If "Other Prior Illness," please specify:		
→ If "Other Renal Disease", please specify type:		
Related Cases		

Investigation			
NBS Field Name		Description/Instructions	
⇒	<i>Does the patient know of any similarly ill persons?</i>	Enter Yes, No, or Unknown.	
⇒	<i>If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?</i>	Enter Yes, No, or Unknown.	Note: Please enter details in the space provided for General Comments in the Administrative group on this Investigation.
⇒	<i>Are there other cases related to this one?</i>	Select "no, sporadic;" "unknown;" "yes, household;" or "yes, outbreak"	

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Amebic meningoencephalitis, primary (PAM)

General Information

Cases of PAM should be reported to DSHS Central Office immediately. Completion of the [Free-Living Ameba Case Report](#) form is required. Upon completion, the case report form, copies of case notes, and laboratory reports should be faxed or securely emailed to DSHS Central Office via the Regional office.

Information on investigation steps, treatment, and prevention measures can be found in the *Infectious Disease Control Investigation Guidance*:

<http://www.dshs.texas.gov/EAIDU/investigation/Investigation-Guidance.doc>.

Collection and shipping procedures can be found at:

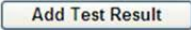
[Clinical and Laboratory Diagnosis for Naegleria fowleri Infection | Naegleria fowleri Infection | CDC](#).

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Meningitis/Invasive Respiratory Disease . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Cerebral spinal fluid or Other (describe in Result Comments).
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	

Lab Report

NBS Field Name	Description/Instructions
Test Result(s)	
➔ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔ Resulted Test	Refer to table below.
⇒ <i>Coded Result</i>	Refer to table below.
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒ <i>Text Result</i>	Refer to table below.
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
Comments	

Ordered Test, Resulted Test and Test Results

Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
Microscopic examination of wet prep of CSF	Wet preparation, Microscopic exam (short search for "wet")	AMOEBA IDENTIFIED (short search for "amoeba")	Run short search and select Genus and species that was identified
Detection of nucleic acid (e.g., PCR)	Leave blank; describe test method in Result Comments.	AMOEBA IDENTIFIED (short search for "amoeba")	Run short search and select Genus and species that was identified
Detection of antigen (e.g., DFA)	Leave blank; describe test method in Result Comments.	AMOEBA IDENTIFIED (short search for "amoeba")	Run short search and select Genus and species that was identified

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

NBS Field Name	Description/Instructions
Investigation Summary	
➔ ..Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ ..Program Area	IDEAS- Meningitis/Invasive Respiratory - Will default based on condition
State Case ID	
➔ ..Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.

NBS Field Name		Description/Instructions
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigation	Enter date investigation assigned to investigator
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	Reporting Source (Organization)	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	Reporter	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
➔	Physician	Search for "Physician" if known. <i>Note: Provider or hospital name is required for clinically diagnosed case. If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Enter Yes, No, or Unknown.
	Patient Chart Number	
➔	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: Provider or hospital name is required for clinically diagnosed case. If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Admission Date	If patient hospitalized, enter admission date(s).
➔	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	Duration of Stay	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.

NBS Field Name				Description/Instructions
→	Diagnosis Date			"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ◆ Date of physician diagnosis and presumptive positive test, or ◆ Date of the condition specific laboratory result
→	Illness Onset Date			Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date			
	Illness Duration			Enter number of days and days for units (default). Use months or years if more appropriate.
	Age at Onset/Age Type			Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
	Is the patient pregnant?			Enter Yes, No, or Unknown.
	Does the patient have pelvic inflammatory disease?			
→	Did the patient die from this illness?			If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
Epidemiologic				
⇒	<i>Is this patient associated with a day care facility?</i>			Enter Yes, No, or Unknown.
⇒	<i>Is this patient a food handler?</i>			Enter Yes, No, or Unknown.
→	Is this case part of an outbreak?			If yes, contact the NEDSS Project Office to have outbreak name entered
→	Outbreak Name			If case is part of an outbreak, choose outbreak name from list.
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.		Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	<i>Imported Country</i>			Indicate country where patient became ill.
⇒	<i>Imported State</i>			Indicate state where patient became ill (not TX).
	<i>Imported City</i>			Indicate city where patient became ill.
⇒	<i>Imported County</i>			Indicate county where patient became ill.
	Transmission Mode			
	Detection Method			
→	Confirmation Method	Select method used to determine case status. Select lab confirmed.		Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.

NBS Field Name		Description/Instructions
	Confirmation Date	The first date the confirmatory lab test was positive/reactive or if not available, the first date the result would have been reportable to the health department. (i.e., run date, test date)
→	Case Status	Select Confirmed, Probable or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.
Administrative		
⇒	<i>General Comments</i>	Enter sources of water exposure not otherwise captured in the recreational water questions in NBS investigation (e.g., sinus irrigation, religious or other practices with head underwater)
Custom Fields		
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date of physician diagnosis, or ◆ Date of physician diagnosis and presumptive positive test, or ◆ Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or ◆ Date a condition specific laboratory was ordered
Travel History		
→	Did patient travel prior to onset of illness?	Enter Yes, No, or Unknown.
	Applicable incubation period for this illness	weeks to months
⇒	<i>What was the purpose of the travel?</i>	Choose from list
⇒	<i>If "Other", please specify other purpose of travel:</i>	
	Destination 1 Type:	Domestic or International
	Mode of Travel:	Choose from list
	Date of Arrival:	Enter mm/dd/yyyy
	Date of Departure:	Enter mm/dd/yyyy
	Destination 2 Type:	Domestic or International
	Mode of Travel:	Choose from list
	Date of Arrival:	Enter mm/dd/yyyy

NBS Field Name			Description/Instructions
	Date of Departure:		Enter mm/dd/yyyy
	Destination 3 Type:		Domestic or International
	Mode of Travel:		Choose from list
	Date of Arrival:		Enter mm/dd/yyyy
	Date of Departure:		Enter mm/dd/yyyy
	If more than 3 destinations, specify details here:		
Drinking Water Exposure			
⇒	What is the source of tap water at home?		Select appropriate response from drop down menu
⇒	If "Other", specify other source of tap water at home:		
⇒	If "Private Well", how was the well water treated at home?		Select appropriate response from drop down menu
	What is the source of tap water at school/work?		
	If "Other", specify other source of tap water at school/work:		
	If "Private Well", how was the well water treated at school/work?		
	Did the patient drink untreated water in the 7 days prior to onset of illness?		
Recreational Water Exposure			
➔	Was there recreational water exposure in the 15 days prior to illness?		Enter Yes, No, or Unknown. Note: Use probable exposure period of 15 days instead of 7 days for this question, e.g., enter "Yes" if recreational water exposure occurred within 15 days of onset.
➔	What was the recreational water exposure type?		Select recreational water exposure type from the drop-down list (Use Ctrl to select more than one).
➔	If "Other", please specify other recreational water exposure type:		
➔	If "Swimming Pool", please specify swimming pool type:		(Use Ctrl to select more than one)
➔	If "Other", please specify other swimming pool type:		
➔	Name or location of water exposure:		Enter name(s) or location(s) of water exposure
Seafood Exposure			
	Has the patient eaten seafood in the last 14 days?		Enter Yes, No, or Unknown.

NBS Field Name			Description/Instructions
	Was the seafood eaten undercooked?		Enter Yes, No, or Unknown.
	Was the seafood eaten raw?		Enter Yes, No, or Unknown.
	If "Yes", type of raw seafood:		Select from drop-down list.
	If "Other Shellfish", specify type of other shellfish:		
	If "Other Fish", specify type of other fish:		
	Where was raw seafood obtained?		Select from drop-down list.
	If "Other", specify other source where raw seafood was obtained:		
	Date raw seafood consumed:		
	Time raw seafood consumed:		hh:mm. Also select the radio button for either AM or PM.
	If the type of raw seafood was "Oysters," are shipping tags available from suspect lot?		Enter Yes, No, or Unknown.
	If shipping tags are available, name of shippers who handled suspected raw oysters:		Enter name of shippers who handled suspected raw oysters. Please also include certification numbers if on tags.
Underlying Conditions			
→	Did patient have any of the following underlying conditions?		Select underlying conditions (<i>Use Ctrl to select more than one</i>)
→	If "Diabetes Mellitus", specify whether on insulin:		Enter Yes, No, or Unknown.
→	If "Gastric Surgery", please specify type:		
→	If "Hematologic Disease", please specify type:		
→	If "Immunodeficiency", please specify type:		
→	If "Organ Transplant," please specify organ:		
→	If "Other Liver Disease", please specify type:		
→	If "Other Malignancy", please specify type:		
→	If "Other Prior Illness," please specify:		
→	If "Other Renal Disease", please specify type:		
Related Cases			

NBS Field Name				Description/Instructions	
⇒	<i>Does the patient know of any similarly ill persons?</i>			Enter Yes, No, or Unknown.	
⇒	<i>If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?</i>			Enter Yes, No, or Unknown.	Note: Please enter details in the space provided for General Comments in the Administrative group on this Investigation.
⇒	<i>Are there other cases related to this one?</i>			Select "no, sporadic;" "unknown;" "yes, household;" or "yes, outbreak"	

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Anaplasmosis

General Information

Please complete a [Rickettsial Disease Case Investigation Form \(state.tx.us\)](https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectious-diseases/rickettsial-including-spotted-fever-and-typhus-fever-rickettsioses-scrub-typhus-anaplasmosis-and-ehr) and route to the Zoonosis Control Branch through your regional Zoonosis Control office.

A classification table of Rickettsiales known to cause disease in humans can be found in the Centers for Disease Control and Prevention Traveler's Health Yellow Book at:

<https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectious-diseases/rickettsial-including-spotted-fever-and-typhus-fever-rickettsioses-scrub-typhus-anaplasmosis-and-ehr>

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
	Pregnancy Status	
	Weeks	
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood venous, Serum, other appropriate source, or Other (describe in Lab Comments)
	Specimen Site	
➔	Specimen Collection Date/Time	Enter date specimen collected.
	Patient Status at Specimen Collection	

Lab Report

NBS Field Name	Description/Instructions
Test Results	
➔ Resulted Test	Refer to table below.
⇒ <i>Coded Result</i>	Refer to table below.
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
Units	
⇒ <i>Text Result</i>	Refer to table below.
⇒ <i>Reference Range From</i>	If applicable, enter the reference range or cut-off value for normal results.
⇒ <i>Reference Range To</i>	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional.
 Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.

Administrative	
Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results

Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
<i>Anaplasma phagocytophilum</i> IgG antibody	Anaplasma phagocytophilum Ab (long search "phag")	Anaplasma phagocytophilum Ab (long search "phag")	Coded Result: Enter "detected," "positive," etc. and Numeric Result: Enter all titer values (e.g., 1:512 or <1:64)
<i>Anaplasma phagocytophilum</i> PCR or metagenomic sequencing	Anaplasma phagocytophilum (long search "anaplas")	Anaplasma phagocytophilum (long search "anaplas")	Coded Result: "positive," "negative," or "indeterminate" with test method in Text Result
<i>Anaplasma phagocytophilum</i> antigen by IHC	Anaplasma phagocytophilum Ag (long search "phagocytophilum" or "Anaplasma")	Anaplasma phagocytophilum Ag (long search "phagocytophilum" or "Anaplasma")	Text Result: Enter test method and result
<i>Anaplasma phagocytophilum</i> isolate from culture	Anaplasma phagocytophilum (long search "phagocytophilum" or "Anaplasma")	Anaplasma phagocytophilum (long search "phagocytophilum" or "Anaplasma")	Text Result: Enter test method and result

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	Zoonosis - Will default based on condition chosen.
→	Investigation Start Date	Enter Date Investigation began or, if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Not required for Anaplasmosis.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	Leave blank.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date a non-negative condition specific laboratory result was ordered (e.g., specimen collection date), or ♦ Date of physician diagnosis, or ♦ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ♦ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.

Investigation		
NBS Field Name		Description/Instructions
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Reporting Provider	Search for "Reporting Provider" if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	"Physician" auto populates if investigation is created from a lab report. Conduct search for "Physician" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	Hospital	If hospitalized, search for "Hospital." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Duration will auto-populate if "Admission Date" and "Discharge Date" are entered. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	Select Yes or No, if known.
⇒	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification.

Investigation		
NBS Field Name		Description/Instructions
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ◆ Date of physician diagnosis (if known), or ◆ Date of the condition specific laboratory result
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: If unknown, enter date of hospital admission or, secondly, specimen collection date.</i>
	Illness End Date	Enter end date for illness, if known.
	Illness Duration	Enter number. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Duration is auto-populated if "Illness Onset Date" and "Illness End Date" are entered. If end date is same as onset date, enter 1.</i>
	Illness Duration Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>
⇒	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
⇒	Age at Onset Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Date of Death	If patient died from the illness, enter deceased date.
Epidemiologic		
	Is this person associated with a day care facility?	Not Required
	Is this person a food handler?	Not Required
⇒	<i>Is this case part of an outbreak?</i>	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.
	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown. Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and enter the NBS ID of the epi-linked case.

Investigation			
NBS Field Name		Description/Instructions	
	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.
→	Imported Country	Indicate country where patient acquired illness. Required if “Out of Country” selected.	
→	Imported State	Indicate state where patient acquired illness. Required if “Out of State” selected.	
⇒	<i>Imported City</i>	Indicate city where patient acquired illness.	
→	Imported County	Indicate county where patient acquired illness. Required if “Out of jurisdiction, from another jurisdiction” selected.	
→	Transmission Mode	Select “Vectorborne.”	
	Detection Method	Select appropriate response from drop-down list.	
→	Confirmation Method	Select method used to determine case status.	Laboratory confirmed or Laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information manually and associate with the investigation.
	Confirmation Date	Enter date when the criteria for case status were met.	
→	Case Status	Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year, if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.	
General Comments			
	General Comments	Enter comments as needed.	

NBS Entry Guidelines for Notification

Notifications are required for confirmed, probable, and suspect cases. Suspect cases will not be included in case counts but are being tracked for programmatic review.

Anthrax

General Information

Please complete [–Anthrax Case Investigation](#) form and route to Zoonosis Control Central Office through your regional Zoonosis office.

As required by [TAC](#), all *B. anthracis* isolates must be submitted to the DSHS Laboratory. *Bacillus cereus* expressing anthrax toxin isolates should be forwarded for confirmation.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*.
Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Select or edit to Zoonosis . Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇒	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇒	Ordered Test	Refer to table below
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood venous; Cerebral spinal fluid; Pleural fluid (thoracentesis fluid); Serum; Skin; Tissue lung; Tissue ulcer; other appropriate choice; or Other (describe in Result Comments).
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.

Lab Report

NBS Field Name	Description/Instructions
➔ Resulted Test	Refer to table below
⇒ <i>Coded Result</i>	Refer to table below.
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒ <i>Text Result</i>	Refer to table below.
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional.

Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.

Administrative

Comments	

Ordered Test, Resulted Test and Test Results

Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
Anthrax culture	<i>Bacillus anthracis</i> (Anthrax) culture (short search "anthr")	<i>Bacillus anthracis</i> – Result (short search "anthr")	Coded Result: Enter "isolated" or "not isolated." For <i>B. cereus</i> producing anthrax toxin, enter " <i>B. cereus</i> isolated" and which genes were detected.
Anthrax antigen by IHC	<i>Bacillus anthracis</i> (Anthrax) antigen (short search "anthr")	<i>Bacillus anthracis</i> (Anthrax) antigen (short search "anthr")	Coded Result: Enter "detected" or "not detected," and Text Result: Enter test method
Anthrax IgG antibody	<i>Bacillus anthracis</i> (Anthrax) antibodies (short search "anthr")	<i>Bacillus anthracis</i> antibody, IgG (short search "anthr")	Coded Result: "positive," "negative," or "indeterminate," and Numeric Result: enter acute and convalescent titers
Anthrax DNA or anthrax toxin gene detection	<i>Bacillus anthracis</i> DNA (long search "anthr")	<i>Bacillus anthracis</i> DNA (long search "anthr")	Coded Result: "detected," "equivocal," or "not detected," and Text Result: Enter test method and state if <i>B. anthracis</i> or toxin genes were detected. If <i>B. cereus</i> detected, note which genes were detected.
Anthrax Gram stain	Gram stain (short search "gram")	Gram stain (short search "gram")	Test Result: Indicate species if known and the gram stain result: Gram-positive rods, square-

			ended in short chains or pairs are observed

NBS Entry Guidelines for Investigation

Required fields are noted by → and **BOLD** and other preferred data entry fields by [and *italics*.
Control + Click to see [Patient Tab Investigation](#).

Investigation Tab		
NBS Field Name		Description/Instructions
Investigation Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	Zoonosis - Will default based on condition.
→	Investigation Start Date	Enter Date Investigation began or, if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Enter date of earliest public health intervention.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.

Investigation Tab		
NBS Field Name		Description/Instructions
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date a non-negative condition specific laboratory result was ordered (e.g., specimen collection date), or ♦ Date of physician diagnosis, or ♦ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ♦ Date a condition specific treatment or prophylaxis was ordered, or ♦ Date symptomatic contact was identified, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
→	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	<i>Hospital</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter 1 st admission date.
⇒	<i>Discharge Date</i>	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	<i>Total duration of stay in the hospital (in days)</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospitalized at a Second Hospital</i>	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 2</i>	Search for 2 nd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 2 Admission Date</i>	If patient hospitalized, enter 2 nd admission date.
⇒	<i>Hospital 2 Discharge Date</i>	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	<i>Hospital 2 Duration</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospital 3</i>	Search for 3 rd hospital. Enter new hospitals as needed.

Investigation Tab			
NBS Field Name		Description/Instructions	
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.	
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.	
⇒	Hospital 3 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.	
→	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification if applicable.	
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of the condition specific laboratory result ♦ Date identified as a symptomatic contact of another case	
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: If unknown, enter date of hospital admission or, secondly, specimen collection date.</i>	
	Illness End Date		
	Illness Duration		
	Illness Duration Units		
	Age at Onset	Enter number and unit. Default is years. Use days if <1 month, months for ≥1 month and <1 year, and years for ≥1 year.	
	Age at Onset Units	Use the drop-down menu next to it to select, days, months, etc.	
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.	
→	Did the patient die from this illness?	If patient died from the illness, select yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .	
→	Date of Death	If applicable, enter date of death.	
Epidemiologic			
	Is this person associated with a day care facility?	Select Yes, No, or Unknown.	
	Is this person a food handler?	Select Yes, No, or Unknown.	
⇒	<i>Is this case part of an outbreak?</i>	A single case of anthrax is considered to be an outbreak. Consult with your regional Zoonosis Control office if you suspect that individual anthrax cases might be related. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list	
→	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown.	
→	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at unknown location.

Investigation Tab		
NBS Field Name		Description/Instructions
→	Imported Country	Indicate country where patient acquired illness. Required if "Out of Country" selected.
→	Imported State	Indicate state where patient acquired illness. Required if "Out of State" selected.
⇒	<i>Imported City</i>	Indicate city where patient acquired illness.
→	Imported County	Indicate county where patient acquired illness. Required if "Out of jurisdiction, from another jurisdiction" selected.
→	Transmission Mode	Select "Zoonotic," for most situations where animal exposure is indicated. Select "airborne" for most Welder's anthrax cases. For other situations, select most appropriate mode.
	Detection Method	
→	Confirmation Method	Select method used to determine case status. Laboratory confirmed or laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information manually and associate with the investigation. If case is reported as "confirmed," select "laboratory confirmed." If case has any other status, select "laboratory report." Epidemiologically linked – case status selected is based on epidemiological linkage; enter information regarding epi-link in appropriate fields or comments.
	Confirmation Date	Date criteria for the case status of the case were met.
→	Case Status	Select Confirmed, Probable, Suspect or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.
General Comments		
	General Comments	

NBS Entry Guidelines for Notification

Notifications are required for confirmed, probable and suspect cases.

Arbovirus, Neuroinvasive and Non-neuroinvasive

General Information

Please complete a [Arboviral Case Investigation Form \(state.tx.us\)](http://state.tx.us) and route to the Zoonosis Control Branch through your regional Zoonosis Control Program.

Select the appropriate condition based on both the virus identified and the symptoms (neuroinvasive or non-neuroinvasive, as described above).

Arbovirus, neuroinvasive and non-neuroinvasive

<i>Neuroinvasive Disease:</i>	<i>Non-neuroinvasive Disease:</i>
10058 Cache Valley virus	10066 Cache Valley virus
10054 California serogroup virus	10061 California serogroup virus
10053 Eastern equine encephalitis virus	10062 Eastern equine encephalitis virus
10078 Jamestown Canyon virus	10079 Jamestown Canyon virus
10059 Japanese encephalitis virus	10068 Japanese encephalitis virus
10081 La Crosse virus	10082 La Crosse virus
10057 Powassan virus	10063 Powassan virus
10051 St. Louis encephalitis virus	10064 St. Louis encephalitis virus
10055 Venezuelan equine encephalitis virus	10067 Venezuelan equine encephalitis virus
10056 West Nile virus	10049 West Nile virus
10052 Western equine encephalitis virus	10065 Western equine encephalitis virus
<i>Other disease categories:</i>	
11718 California encephalitis virus disease	
10073 Chikungunya virus disease	
10093 Colorado tick fever virus disease	
50237 Flavivirus disease, not otherwise specified	
11712 Keystone virus disease	
10072 Other arboviral diseases, not otherwise specified	
11734 Snowshoe hare virus disease	
10074 Tick-borne Encephalitis viruses	
11724 Trivittatus virus disease	

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>

Lab Report

	NBS Field Name	Description/Instructions
⇒	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇒	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇒	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select appropriate source, usually Serum or Cerebral Spinal Fluid
	Specimen Site	Select appropriate response from drop-down list.
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	Select hospitalized, outpatient, or unknown.
	Pregnant	Select Yes, No, or Unknown.
	Weeks	Enter number of weeks pregnant.
Test Result(s)		
➔	Resulted Test and Test Result(s)	Refer to table below and use appropriate fields below.
⇒	Coded Result	Refer to table below.
⇒	Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒	Text Result	Refer to table below.
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	Select corrected, final, preliminary or results pending.
	Result comments	Enter comments as needed.
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), <u>entering data in</u> these fields is optional. Click on when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results

Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Isolation of virus from tissue, blood, CSF, or other body fluid	Arbovirus Culture (short search "arbo")	ARBOVIRUS IDENTIFIED (short search "arbo")	Organism: Select virus identified (short search for "virus")
Viral antigen	Virus antigen	Run short search for virus and select antigen or test (e.g., Saint Louis	Coded Result: "positive," "negative," or "indeterminate"-or-

	(short search "virus antigen" and select antigen or test for the appropriate virus)	encephalitis virus antigen)	Numeric Result: value and units, and Reference Range Text Result: describe test type
PCR	Virus PCR (short search virus and select appropriate PCR test)	Run short search for virus and select appropriate PCR test (e.g., Saint Louis encephalitis virus, PCR)	Coded Result: "positive," "negative," or "indeterminate"-or- Numeric Result: value and units, and Reference Range
Virus-specific IgM or IgG antibodies	Virus antibody (short search "virus antibody" and select antibody or test for the appropriate virus)	Run short search for virus and select antibody, IgM or IgG (e.g., Saint Louis encephalitis virus antibody, IgM)	Coded Result: "positive," "negative," or "indeterminate"-or- Numeric Result: value and units or titer, and Reference Range
Virus-specific neutralizing antibodies	Virus antibody (short search "virus antibody" and select antibody or test for the appropriate virus)	Run short search for virus and select antibody (e.g., Saint Louis encephalitis virus antibody)	Coded Result: "positive," "negative," or "indeterminate" AND- Numeric Result: titer value and Reference Range AND- Text Result: Enter test method (PRNT).

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Zoonosis - Will default based on condition chosen
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.

Investigation		
NBS Field Name		Description/Instructions
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆Date a non-negative condition specific laboratory result was ordered (e.g., specimen collection date), or ◆Date of physician diagnosis, or ◆Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.

Investigation		
NBS Field Name		Description/Instructions
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
→	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	"Physician" auto populates if investigation is created from a lab report. Conduct search for "Physician" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	<i>Hospital</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter admission date.
⇒	<i>Discharge Date</i>	If patient hospitalized, enter discharge/transfer date.
⇒	<i>Total duration of stay in the hospital (in days)</i>	Duration will auto-populate if "Admission Date" and "Discharge date" are entered. If admission date is same as discharge date, enter 1.

Investigation		
NBS Field Name		Description/Instructions
	Hospitalized at a Second Hospital	Select Yes, No, or Unknown.
	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date
	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
	Hospital Duration 2	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed
	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
	Hospital 3 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
→	Laboratory Test Table	Enter every virus-specific test performed relevant to the virus being reported, regardless of result . Do not include results for other viruses that were ruled out. Select "Add" after completing the following five fields for each test to add it to the table.
→	Test Type	Select appropriate response from drop-down list, based on specimen and assay type.
→	Test Result/Interpretation	Select Positive, Equivocal, Negative or Not Done.
→	Specimen Type	Select appropriate response from drop-down list.
→	Specimen Collection Date	Enter collection date of specimen.
→	Performing Lab Type	Select "CDC Lab," "Commercial Laboratory" or "State Public Health Lab."
Add		

Investigation		
NBS Field Name	Description/Instructions	
when the Diagnostic Lab Test Findings section is completed and add additional lab results as needed.		
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ◆ Date a condition specific laboratory test was positive
→	Illness Onset Date	Enter date of illness onset. If illness onset date is unknown, enter the hospital admission date. If patient was not hospitalized, enter specimen collection date.
	Age at Onset	Enter number. Default is years. Use days if <1 month, months for ≥1 month and <1 year, and years for ≥1 year. Note: Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.
	Age at Onset Units	Use the drop-down list to select, days, months, etc. Note: Unit will auto-populate if "Date of Birth" and "Illness Onset Date" are entered.
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
→	Date of Death	Enter date of death if applicable.
→	Fever	Select Yes, No, or Unknown.
	Max Temp(F)	If "Yes," enter highest temperature, if known.
→	Chills	Select Yes, No, or Unknown.
⇒	Headache	Select Yes, No, or Unknown.
⇒	Anorexia	Select Yes, No, or Unknown.
⇒	Conjunctivitis	Select Yes, No, or Unknown.
⇒	Retro-orbital pain	Select Yes, No, or Unknown.
⇒	Severe malaise	Select Yes, No, or Unknown.
⇒	Nausea/vomiting	Select Yes, No, or Unknown.
⇒	Diarrhea	Select Yes, No, or Unknown.
⇒	Stiff neck	Select Yes, No, or Unknown.
⇒	Muscle weakness	Select Yes, No, or Unknown.
⇒	Myalgia	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Joint/Bone pain</i>	Select Yes, No, or Unknown.
⇒	<i>Rash</i>	Select Yes, No, or Unknown.
	Describe	If "Yes," enter description of rash.
⇒	<i>Vertigo</i>	Select Yes, No, or Unknown.
→	Altered taste	Select Yes, No, or Unknown.
→	Abnormal reflexes	Select Yes, No, or Unknown.
→	Nerve palsies	Select Yes, No, or Unknown.
→	Ataxia	Select Yes, No, or Unknown.
→	Altered mental state	Select Yes, No, or Unknown.
→	Confusion	Select Yes, No, or Unknown.
→	Seizures	Select Yes, No, or Unknown.
→	Paralysis	Select Yes, No, or Unknown.
→	CSF pleocytosis	Select Yes, No, or Unknown.
→	Demyelinating neuropathy	Select Yes, No, or Unknown.
→	Neuritis	Select Yes, No, or Unknown.
⇒	<i>Arthritis</i>	Select Yes, No, or Unknown.
⇒	<i>Persistent Vomiting</i>	Select Yes, No, or Unknown.
⇒	<i>Oral Ulcer</i>	Select Yes, No, or Unknown.
	Other Symptoms	Enter additional symptoms as needed.
→	Dengue patient?	Select No (separate investigation template exists for dengue).
	Abdominal pain	N/A
	Leukopenia	N/A
	Extravascular fluid accumulation	N/A
	Positive tourniquet test	N/A
	Petechiae	N/A
	Purpura/Ecchymosis	N/A
	Mucosal bleeding	N/A
	Liver enlargement	N/A
	Thrombocytopenia	N/A
	Increasing hematocrit	N/A

Investigation		
NBS Field Name		Description/Instructions
	Severe plasma leakage with respiratory distress	N/A
	Severe bleeding	N/A
	Severe organ involvement	N/A
	Elevated liver transaminases	N/A
	Impaired consciousness	N/A
⇒	<i>Is the Patient Pregnant?</i>	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
	Pregnancy Complications	
	Pregnancy Outcome	
	Mother's Last Menstrual Period Before Delivery	
	Newborn Complications	Leave blank for non-newborns.
	Mother-Infant Case ID Linkage 1	N/A
	Mother-Infant Case ID Linkage 2	N/A
	Mother-Infant Case ID Linkage 3	N/A
	Is patient enrolled in the US Zika Pregnancy Registry?	
Epidemiologic		
➔	Clinical Syndrome	Select most appropriate description of illness for neuroinvasive cases; for non-neuroinvasive cases, select "febrile illness."
	Other Clinical Syndrome	If "Other Clinical," enter clinical syndrome.
	Clinical Syndrome, Secondary	Select most appropriate description of illness.

Investigation		
NBS Field Name		Description/Instructions
	Other Clinical Syndrome, Secondary	If "Other Clinical," enter clinical syndrome.
→	Blood donor	Select Yes, No, or Unknown.
→	Date of Donation	Enter date of donation.
→	Identified by Blood Donor Screening	Select Yes, No, or Unknown.
→	Blood Transfusion Received	Select Yes, No, or Unknown.
→	Organ Donor	Select Yes, No, or Unknown.
→	Organ Transplant Received	Select Yes, No, or Unknown.
→	Breast Fed infant	Select Yes, No, or Unknown. Indicates whether the patient is a newborn who was breastfeeding before illness onset.
→	Lab acquired	Select Yes, No, or Unknown. Only indicate "Yes" if disease acquired in a laboratory setting.
⇒	<i>Average number of hours spent outdoors each day (in 30 days prior to onset)</i>	Select appropriate response from drop-down list.
→	Type of Arbovirus	Select specific infecting Arbovirus. If condition is Other Arbovirus, select "flavivirus" if appropriate (e.g., West Nile and SLE could not be distinguished) or "arbovirus"
	Dengue (DENV) Serotype	N/A
→	CDC Publish Indicator	Select "yes" to share with CDC.
	Is this case part of an outbreak?	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
	Outbreak Name	Select outbreak name from drop-down list.
→		

Investigation			
NBS Field Name		Description/Instructions	
	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous – patient acquired the infection in their home jurisdiction. International – patient acquired the infection while outside of US. In State, Out of Jurisdiction– patient acquired the infection while in another jurisdiction within TX. Out of State – patient acquired the infection while traveling within US but outside of TX; specify state. Imported, but not able to determine source state and/or county– patient acquired the infection outside home jurisdiction and within the US but unable to determine where. Unknown – unable to determine.
➔	Imported Country	Indicate country where patient acquired infection. Required if “International” selected.	
➔	Imported State	Indicate state where patient acquired infection. Required if “Out of State” selected.	
⇒	Imported City	Indicate city where patient acquired infection.	
➔	Imported County	Indicate county where patient acquired infection. Required if “In State, Out of Jurisdiction” selected.	
➔	Transmission Mode	Select most appropriate disease transmission method, most likely “vector-borne transmission.”	
	Detection Method	Select appropriate response from drop-down list.	

Investigation			
NBS Field Name		Description/Instructions	
→	Confirmation Method	Indicate method(s) used to determine case status. Select lab confirmed or lab report.	Laboratory confirmed or laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information manually and associate with the investigation.
	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited, to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.	
	Country of Usual Residence	Select country of usual residence from drop-down list.	
	Country of Birth	Select country of birth from drop-down list.	
	Binational Reporting Criteria	Select binational reporting criteria from drop-down list (Use Ctrl to select more than one).	
Public Health Control Measures			
	Date initial public health control measures were initiated	Enter date public health control measures were initiated.	
	Public Health control measures used	Select public health control measures used from drop-down list (Use Ctrl to select more than one).	
	Other Public Health control measures used	If "other," enter other control measure(s) used.	

Investigation		
NBS Field Name		Description/Instructions
	Indicate barriers to timely initiation of control measures	Select any barriers to timely initiation of control measures from drop-down list (Use Ctrl to select more than one).
	Other Indicate barriers to timely initiation of control measures	If "other," enter other barriers to timely initiation of control measures.
General Comments		
	General Comments	Enter comments as needed.

Ascariasis

General Information

An Ascariasis Investigation Report Form is required and can be found at;

<https://www.dshs.texas.gov/sites/default/files/EAIDU/investigation/forms/Ascariasis-Investigation-Form.pdf> . Please upload a copy of the investigation form to NEDSS or if another surveillance system is used, email a copy of the investigation form to Central Office and the Regional Office.

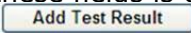
Information on treatment and prevention measures can be found in the *Infectious Disease Control Investigation Guidance*:

<http://www.dshs.texas.gov/EAIDU/investigation/Investigation-Guidance.doc>

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.), then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS - Infectious Disease <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Stool=Fecal for identification of eggs; Sputum, gastric washings, or other appropriate fluid for identification of larvae; and mouth, anus, or nose for identification of adult worms; or Other (describe in Lab Comments) if necessary.
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	If "Yes" is selected, enter the number of weeks.

Lab Report		
NBS Field Name		Description/Instructions
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	Coded Result	Refer to table below.
⇒	Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒	Text Result	Refer to table below.
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

<i>Ordered Test, Resulted Test and Test Results</i>			
Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
Fecal Ova and Parasites	Leave Blank	Ova and Parasites – Result (short search: Parasite)	List the species in the “Text Result” section of the lab report.
Fecal Ova and Parasites – Concentrated	Leave Blank	Ova and Parasites – Result (short search: Parasite)	List the species in the “Text Result” section of the lab report.
Larval Identification from respiratory secretions	Leave Blank	Helminth - macroscopic/microscopic (short search: helminth) OR Helminth – Result (short search: helminth)	List the species in the “Text Result” section of the lab report)
Adult worm identification	Leave Blank	Helminth - macroscopic/microscopic (short search: helminth) OR Helminth – Result (short search: helminth)	List the species in the “Text Result” section of the lab report)

Parasite identification	Leave Blank	Parasite identification- (short search: parasite)	List the species in the "Text Result" section of the lab report. List the methodology (e.g., PCR, NAAT, sequencing) in the "Result Comments" section of the lab report. This test should usually be reserved for molecular results.

After the information is entered in Lab Report, press "Submit" or "Submit and Create Investigation" button, as needed. If the lab report was created by mistake, press the "Cancel" button.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by [and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
➔	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	<i>Program Area</i>	IDEAS - Infectious Disease - Will default based on condition.
➔	<i>Investigation Start Date</i>	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Not required for Ascariasis
⇒	<i>Investigation Status</i>	Defaults to "Open" Change to "Closed" when investigation and data entry are completed.
	<i>State Case ID</i>	
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	<i>Date of Report</i>	Enter the earliest date a provider (e.g, physician, hospital, laboratory) reported to any public health department. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.

Investigation		
NBS Field Name		Description/Instructions
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a condition specific laboratory test was positive ◆ Date a condition specific diagnosis was assigned by a physician based upon adult worm identification
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician, or others. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Organization</i>	"Reporting Organization" auto-populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider, if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
→	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter 1 st admission date.
→	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	<i>Total duration of stay in the hospital</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospitalized at a Second Hospital</i>	If known, select Yes or No
⇒	<i>Hospital 2</i>	Enter new hospitals as needed.
⇒	<i>Hospital 2 Admission Date</i>	If patient hospitalized, enter 2 nd admission date.
⇒	<i>Hospital 2 Discharge Date</i>	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	<i>Hospital 2 Duration</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.

Investigation			
NBS Field Name		Description/Instructions	
⇒	Hospital 3	Enter new hospitals as needed.	
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.	
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.	
⇒	Hospital 3 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.	
→	Specimen Collection Date	Enter collection date of earliest specimen(e.g, stool or adult worm) that supported case classification if applicable.	
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of the condition specific laboratory result.	
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>	
	Illness End Date		
	Illness Duration		
	Illness Duration Units		
⇒	Age at Onset	Enter number and unit. Default is years. Use Days if < 1 Month, months for ≥ 1 month and < 1 year, and Years for ≥ 1 year.	
⇒	Age at Onset Units	Use the drop-down list next to age to select, days, months, etc.	
	Is the patient pregnant?		
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .	
→	Date of Death	Enter Date of Death	
Epidemiologic			
⇒	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.	
⇒	Is this patient a food handler?	Select Yes, No, or Unknown.	
→	Is this case part of an outbreak?	If applicable, select "Yes"	
→	Outbreak Name	Select outbreak name from drop-down list. If an outbreak name was not found in drop-down list, contact the NEDSS Project Office to have an outbreak name entered.	
→	Epi-linked to laboratory confirmed case?	Select Yes or No. If "Yes" is selected, enter Case ID of epi-linked case.	
→	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
→	Where was the disease acquired?	Select the jurisdiction where disease was acquired	Indigenous, within jurisdiction – if the patient did not travel internationally during the previous two years (or during their lifetime if less than two years old) and may have been exposed to a within-jurisdiction soil environment hospitable to helminths.

Investigation			
NBS Field Name		Description/Instructions	
			Out of Country – if the patient contracted the illness after/while traveling internationally, during the past two years (or during their lifetime if less than two years old), or during the first two years after immigrating to the US. Out of jurisdiction, from another jurisdiction – if the patient contracted the illness after/while traveling internationally during the past two years (or during their lifetime if less than two years old), or during the first two years after immigrating to the US. Out of State – if the patient contracted the illness but did not travel internationally during the previous two years (or during their lifetime if less than two years old) and may have been exposed to an out-of-state soil environment hospitable to helminths after traveling within the US but outside of TX. Unknown – there is insufficient information to determine which jurisdiction the patient contracted the illness.
→	Imported Country	Indicate country where patient contracted the illness.	
⇒	<i>Imported State</i>	Indicate state where patient contracted the illness.	
⇒	<i>Imported City</i>	Indicate city where patient contracted the illness.	
⇒	<i>Imported County</i>	Indicate county where patient contracted the illness.	
	Transmission Mode		
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select laboratory confirmed, epidemiologically linked, or clinical diagnosis.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments. Clinical Diagnosis – case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider.
	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition.	

Investigation		
NBS Field Name		Description/Instructions
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year, if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.
General Comments		
	General Comments	Include information on exposure to a soil environment hospitable to helminths. Where was the patient's exposure (e.g., farm, ranch, domicile lacking adequate plumbing, recreational area, or another occupational site)? Is zoonotic transmission possible (e.g., exposure to pig manure)? What is the patient's travel history (e.g., travel location, duration, household members who traveled)?

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Babesiosis

General Information

Please complete a [Babesiosis Case Report Form \(state.tx.us\)](https://www.dshs.texas.gov/lab/mrs_mic_test_b.htm#Babesiosis) and route to the Zoonosis Control Branch through your regional Zoonosis Control office.

Blood smears from questionable cases should be referred to the DSHS laboratory in Austin for confirmation of the diagnosis:

https://www.dshs.texas.gov/lab/mrs_mic_test_b.htm#Babesiosis

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood venous, Serum, other appropriate source, or Other (describe in Lab Comments)
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.

Lab Report	
NBS Field Name	Description/Instructions
⇒ Coded Result	Refer to table below.
⇒ Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒ Text Result	Refer to table below.
⇒ Reference Range	If applicable, enter the reference range or cut-off value for normal results.
Result status	
⇒ Result comments	Enter any comments included with the lab report

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional.
Click on when the Test Result(s) section is completed and add additional lab results as needed.

Administrative	
Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Result/Organism
Intraerythrocytic <i>Babesia</i> organisms by light microscopy in a stained blood smear	Babesia smear (thick smear, thin smear) (short search "bab")	Babesia species, Giemsa stain (short search "giem") or BABESIA SP IDENTIFIED (long search "bab")	Coded Result: Select "detected" or "not detected"
Detection of <i>Babesia</i> spp. DNA in a whole blood specimen by polymerase chain reaction (PCR)	Babesia PCR (DNA or RNA) (short search "bab")	Babesia DNA, or-Babesia microti DNA (short search "bab")	Coded Result: Select "detected" or "not detected"
Detection of <i>Babesia</i> spp. genomic sequences in a whole blood specimen by nucleic acid amplification (NAT)	Babesia PCR (DNA or RNA) (short search "bab")	Babesia DNA, or-Babesia microti DNA (short search "bab")	Coded Result: Select "detected" or "not detected"
Antibody (IgG) titer by IFA	Babesia antibodies (short search "bab")	Babesia antibody, or-Babesia microti antibody, IgG (short search "bab")	Coded Result: Select "positive" or "negative" and Numeric Result: enter titer value and Text Result: if species other than <i>B. microti</i> , enter species antibody, IgG (e.g, <i>B. duncani</i> antibody, IgG)

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*.
Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	Zoonosis - Will default based on condition chosen.
→	Investigation Start Date	Enter Date Investigation began or, if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Not required for Babesiosis
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	Leave blank.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a non-negative condition specific laboratory result was ordered (e.g, specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.

Investigation		
NBS Field Name		Description/Instructions
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	"Physician" auto populates if investigation is created from a lab report. Conduct search for "Physician" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	<i>Hospital</i>	If hospitalized, search for "Hospital." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter 1 st admission date.
⇒	<i>Discharge Date</i>	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	<i>Total duration of stay in the hospital (in days)</i>	Duration will auto-populate if "Admission Date" and "Discharge Date" are entered. If admission date is same as discharge date, enter 1.
⇒	<i>Hospitalized at a Second Hospital</i>	Select Yes or No, if known
⇒	<i>Hospital 2</i>	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 2 Admission Date</i>	If patient hospitalized, enter 2 nd admission date.
⇒	<i>Hospital 2 Discharge Date</i>	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	<i>Hospital 2 Duration</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospital 3</i>	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 3 Admission Date</i>	If patient hospitalized, enter 3 rd admission date.
⇒	<i>Hospital 3 Discharge Date</i>	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	<i>Hospital 3 Duration</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification.

Investigation		
NBS Field Name		Description/Instructions
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ♦ Date of physician diagnosis (if known), or ♦ Date of the condition specific laboratory result.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: If unknown, enter date of hospital admission or, secondly, specimen collection date.</i>
	Illness End Date	Enter end date for illness, if known.
	Illness Duration	Enter number. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Duration is auto-populated if "Illness Onset Date" and "Illness End Date" are entered. If end date is same as onset date, enter 1.</i>
	Illness Duration Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>
⇒	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
⇒	Age at Onset Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Date of Death	If patient died from the illness, enter deceased date.
Epidemiologic		
	Is this person associated with a day care facility?	Not Required
	Is this person a food handler?	Not Required
⇒	<i>Is this case part of an outbreak?</i>	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.
	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown. Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and enter the NBS ID of the epi-linked case.
	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).

Investigation			
NBS Field Name		Description/Instructions	
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.
→	Imported Country	Indicate country where patient acquired illness. Required if “Out of Country” selected.	
→	Imported State	Indicate state where patient acquired illness. Required if “Out of State” selected.	
⇒	Imported City	Indicate city where patient acquired illness.	
→	Imported County	Indicate county where patient acquired illness. Required if “Out of jurisdiction, from another jurisdiction” selected.	
→	Transmission Mode	Select “Vectorborne” or appropriate mode.	
	Detection Method	Select appropriate response from drop-down list.	
→	Confirmation Method	Select method used to determine case status.	Laboratory confirmed or Laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information manually and associate with the investigation.
	Confirmation Date	Enter date when the criteria for case status were met.	
→	Case Status	Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year, if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.	
General Comments			
	General Comments	Enter comments as needed. For probable cases, describe the symptoms and the supporting laboratory evidence and/or basis of epidemiological linkage.	

NBS Entry Guidelines for Notification

Notifications are required for confirmed, probable and suspect cases. Suspect cases will not be included in case counts but are being tracked for programmatic review.

Botulism, foodborne

General Information

For all suspected botulism cases, contact EAIDU as soon as possible if not already in contact.

The DSHS Laboratory is the only lab in the state that can confirm botulism.

Botulism cases might have isolates of other species which may or may not be correctly identified. Other species of *Clostridium* (e.g., *C. baratii* or *C. butyricum*) may cause botulism and isolates should be sent to the DSHS lab for confirmation.

For individual cases, use [Foodborne Botulism Alert Summary \(state.tx.us\)](#). Please send a copy of the form to Central Office (foodbornetexas@dshs.texas.gov) via the Regional Office.

For Foodborne Outbreaks* use [cdcabi.pdf \(state.tx.us\)](#). Please send a copy of the investigation form to Central Office.

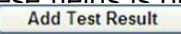
Note: As required by [Texas Administrative Code](#) (TAC) all *Clostridium botulinum* isolates must be submitted to the DSHS laboratory.

**Foodborne Outbreaks: A foodborne outbreak is defined as the occurrence of two or more cases of a similar illness associated with a suspect common exposure.*

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Foodborne <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Serum; Stool = fecal; or Food sample (describe in Result Comments).
	Specimen Site	

Lab Report		
NBS Field Name		Description/Instructions
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Spec Collection	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Botulinum toxin detection, serum or stool	Clostridium botulinum Toxin (drop-down list)	Clostridium Botulinum Toxin (drop-down list)	Organism: Enter toxin type detected (short search "botulinum")
Culture of <i>Clostridium botulinum</i> in stool	Clostridium Culture (drop-down list)	Clostridium botulinum – Result (drop-down list)	Coded Result: Select "isolated" for <i>C. botulinum</i> isolates, or Text Result: Describe isolates of other species.

NBS Entry Guidelines for Investigation

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	IDEAS – Foodborne - Will default based on condition.
	State Case ID	
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇨	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇨	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇨	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter admission date(s).
⇒	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	Duration of Stay	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ◆ Date of the condition specific laboratory result, or ◆ Date of physician diagnosis (if known), or ◆ Date antitoxin was ordered, or ◆ Date identified as a symptomatic contact of implicated food
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	
	Illness Duration	
	Age at Onset/Age Type	
	Is the patient pregnant?	
	Does the patient have pelvic inflammatory disease?	
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
Epidemiologic		
⇒	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.
⇒	Is this patient a food handler?	Select Yes, No, or Unknown.
→	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
→	Outbreak Name	Select outbreak name from drop-down list.
⇒	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately. Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	Imported Country	Indicate country where patient became ill.

Investigation			
NBS Field Name		Description/Instructions	
⇒	Imported State	Indicate state where patient became ill (not TX).	
	Imported City	Indicate city where patient became ill.	
⇒	Imported County	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed or epi-linked.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in comments.
	Confirmation Date	Date criteria for the case status of the case were met	
→	Case Status	Select Confirmed, Probable, or Not a Case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.	
Administrative			
	General Comments		
Custom Fields			
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a condition specific laboratory was ordered, or ◆ Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or ◆ Date antitoxin was requested, or ◆ Date identified as a symptomatic contact of implicated food ◆	
Condition Specific Custom Fields			

Investigation		
NBS Field Name		Description/Instructions
→	Date Earliest Public Health Control Measure Initiated	Date of earliest public health intervention including: ◆ Contact EAIDU to discuss case, antitoxin request, and/or specimen collection ◆ Interview patient or household member to collect exposure history of foods or wound and others with potential symptoms. ◆ Arrange collection of suspected foods and/or contact EAIDU to arrange for testing of food specimens.
Day Care		
	Attend a day care center?	
	Work at a day care center?	
	Live with a day care center attendee?	
	What type of day care facility?	
	What is the name of the day care facility?	
	Is food prepared at this facility?	
	Does this facility care for diapered persons?	
Drinking Water Exposure		
	What is the source of tap water at home?	
	If "Other", specify other source of tap water at home:	
	If "Private Well", how was the well water treated at home?	
	What is the source of tap water at school/work?	
	If "Other", specify other source of tap water at school/work:	
	If "Private Well", how was the well water treated at school/work?	
	Did the patient drink untreated water in the 7 days prior to onset of illness?	
Underlying Conditions		
	Did patient have any of the following underlying conditions?	
	If "Diabetes Mellitus", specify whether on insulin:	
	If "Gastric Surgery", please specify type:	
	If "Hematologic Disease", please specify type:	
	If "Immunodeficiency", please specify type:	
	If "Organ Transplant", please specify organ:	

Investigation	
NBS Field Name	Description/Instructions
If "Other Liver Disease", please specify type:	
If "Other Malignancy", please specify type:	
If "Other Prior Illness", please specify:	
If "Other Renal Disease", please specify type:	
Related Cases	
Does the patient know of any similarly ill persons?	
If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?	
Are there other cases related to this one?	
FDD - Other Clinical Data	
Was botulism laboratory confirmed from patient specimen?	
Was <i>C. botulinum</i> isolated in culture from patient specimen?	
If food is known or thought to be the source, please specify food type:	
If "Other", please specify other food type:	
Was food tested?	
Was food positive for botulism?	
If food was positive, what was its toxin type?	
If "Other", please specify other toxin type:	

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Botulism, infant

General Information

For all suspected botulism cases, contact EAIDU as soon as possible if not already in contact.

The DSHS Laboratory is the only lab in the state that can confirm botulism.

Botulism cases might have isolates of other species which may or may not be correctly identified. Other species of *Clostridium* (e.g., *C. baratii* or *C. butyricum*) may cause botulism and isolates should be sent to the DSHS lab for confirmation.

Note: As required by [Texas Administrative Code \(TAC\)](#) all *Clostridium botulinum* isolates must be submitted to the DSHS laboratory.

For individual cases, use [Infant Botulism Investigation Form \(texas.gov\)](#). Please send a copy of the form to Central Office (foodbornetexas@dshs.texas.gov).

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
→	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
→	Program Area	Enter or edit to IDEAS – Foodborne Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Serum, Stool
	Specimen Site	
→	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	

Lab Report		
NBS Field Name		Description/Instructions
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Botulinum toxin detection, serum or stool	Clostridium botulinum Toxin (drop-down list)	Clostridium Botulinum Toxin (drop-down list)	Organism: Enter toxin type detected (short search "botulinum")
Culture of <i>Clostridium botulinum</i> in stool	Clostridium Culture (drop-down list)	Clostridium botulinum – Result (drop-down list)	Coded Result: Select "isolated" for <i>C. botulinum</i> isolates, or Text Result: Describe isolates of other species.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*.
Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
➔	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	<i>Program Area</i>	IDEAS – Foodborne - Will default based on condition.
	State Case ID	

Investigation		
NBS Field Name		Description/Instructions
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Enter Yes, No, or Unknown.
⇒	<i>Hospital Information</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter admission date(s).
⇒	<i>Discharge Date</i>	If patient hospitalized, enter discharge date(s).
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ◆ Date of the condition specific laboratory result, or ◆ Date of physician diagnosis (if known), or ◆ Date antitoxin was ordered

Investigation

NBS Field Name		Description/Instructions	
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>	
	Illness End Date		
	Illness Duration		
	Age at Onset/Age Type		
	Is the patient pregnant?		
	Does the patient have pelvic inflammatory disease?		
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .	
Epidemiologic			
	Is this patient associated with a day care facility?		
	Is this patient a food handler?		
⇒	<i>Is this case part of an outbreak?</i>	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.	
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	<i>Imported Country</i>	Indicate country where patient became ill.	
⇒	<i>Imported State</i>	Indicate state where patient became ill (not TX).	
	<i>Imported City</i>	Indicate city where patient became ill.	
⇒	<i>Imported County</i>	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case were met	
→	Case Status	Select Confirmed, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	

Investigation

NBS Field Name		Description/Instructions
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.

Administrative

	General Comments	

Custom Fields

→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or ◆ Date a condition specific laboratory was ordered, or ◆ Date antitoxin was requested

Day Care

	Attend a day care center?	
	Work at a day care center?	
	Live with a day care center attendee?	
	What type of day care facility?	
	What is the name of the day care facility?	
	Is food prepared at this facility?	
	Does this facility care for diapered persons?	

Drinking Water Exposure

	What is the source of tap water at home?	
	If "Other", specify other source of tap water at home:	
	If "Private Well", how was the well water treated at home?	
	What is the source of tap water at school/work?	
	If "Other", specify other source of tap water at school/work:	
	If "Private Well", how was the well water treated at school/work?	

Investigation		
NBS Field Name		Description/Instructions
	Did the patient drink untreated water in the 7 days prior to onset of illness?	
Underlying Conditions		
	Did patient have any of the following underlying conditions?	
	If "Diabetes Mellitus", specify whether on insulin:	
	If "Gastric Surgery", please specify type:	
	If "Hematologic Disease", please specify type:	
	If "Immunodeficiency", please specify type:	
	If "Organ Transplant", please specify organ:	
	If "Other Liver Disease", please specify type:	
	If "Other Malignancy", please specify type:	
	If "Other Prior Illness", please specify:	
	If "Other Renal Disease", please specify type:	
Related Cases		
	Does the patient know of any similarly ill persons?	
	If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?	
	Are there other cases related to this one?	
Other Clinical Data		
→	Was botulism laboratory confirmed from patient specimen?	Select yes if confirmed either by isolation of <i>C. botulinum</i> or by botulinum toxin detected in stool or serum regardless of species.
→	Was <i>C. botulinum</i> isolated in culture from patient specimen?	Select yes only if <i>C. botulinum</i> was isolated.

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Botulism, other/unspecified

General Information

For all suspected botulism cases, contact EAIDU as soon as possible if not already in contact.

The DSHS Laboratory is the only lab in the state that can confirm botulism.

Botulism cases might have isolates of other species which may or may not be correctly identified. Other species of *Clostridium* (e.g., *C. baratii* or *C. butyricum*) may cause botulism and isolates should be sent to the DSHS lab for confirmation.

Note: As required by [Texas Administrative Code \(TAC\)](#) all *Clostridium botulinum* isolates must be submitted to the DSHS laboratory.

For individual cases, please send a copy of the case notes and lab report(s) to Central Office (foodbornetexas@dshs.texas.gov).

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Foodborne Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select any appropriate specimen type including Serum; Stool = fecal, or Other (describe in Result Comments).
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	

Lab Report		
NBS Field Name		Description/Instructions
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Botulinum toxin detection, serum or stool	Clostridium botulinum Toxin (drop-down list)	Clostridium Botulinum Toxin (drop-down list)	Organism: Enter toxin type detected (short search "botulinum")
Culture of <i>Clostridium botulinum</i> in stool	Clostridium Culture (drop-down list)	Clostridium botulinum – Result (drop-down list)	Coded Result: Select "isolated" for <i>C. botulinum</i> isolates, or Text Result: Describe isolates of other species.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Summary	
➔ <i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ <i>Program Area</i>	IDEAS – Foodborne - Will default based on condition.
State Case ID	
➔ Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.

Investigation		
NBS Field Name		Description/Instructions
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Enter Yes, No, or Unknown.
⇒	<i>Hospital Information</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter admission date(s).
⇒	<i>Discharge Date</i>	If patient hospitalized, enter discharge date(s).
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of the condition specific laboratory result, or ♦ Date of physician diagnosis (if known), or ♦ Date antitoxin was ordered
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>

Investigation

NBS Field Name		Description/Instructions	
	Illness End Date		
	Illness Duration		
	Age at Onset/Age Type		
	Is the patient pregnant?		
	Does the patient have pelvic inflammatory disease?		
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .	
Epidemiologic			
⇒	<i>Is this patient associated with a day care facility?</i>	Enter Yes, No, or Unknown.	
⇒	<i>Is this patient a food handler?</i>	Enter Yes, No, or Unknown.	
➔	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
➔	Outbreak Name	Select outbreak name from drop-down list.	
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	<i>Imported Country</i>	Indicate country where patient became ill.	
⇒	<i>Imported State</i>	Indicate state where patient became ill (not TX).	
	<i>Imported City</i>	Indicate city where patient became ill.	
⇒	<i>Imported County</i>	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
➔	Confirmation Method	Select method used to determine case status. Select lab confirmed.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case were met	
➔	Case Status	Select Confirmed, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
➔	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
➔	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.	

Investigation		
NBS Field Name		Description/Instructions
Administrative		
	General Comments	
Custom Fields		
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or ◆ Date a condition specific laboratory was ordered, or ◆ Date antitoxin was requested ◆
Condition Specific Custom Fields		
→	Date Earliest Public Health Control Measure Initiated	Date of earliest public health intervention including: ◆ Contact EAIDU to discuss case, antitoxin request, and/or specimen collection ◆ Interview patient or household member to collect exposure history of foods or wound and others with potential symptoms. ◆ Arrange collection of suspected foods and/or contact EAIDU to arrange for testing of food specimens.
Day Care		
	Attend a day care center?	
	Work at a day care center?	
	Live with a day care center attendee?	
	What type of day care facility?	
	What is the name of the day care facility?	
	Is food prepared at this facility?	
	Does this facility care for diapered persons?	
Drinking Water Exposure		
	What is the source of tap water at home?	
	If "Other", specify other source of tap water at home:	
	If "Private Well", how was the well water treated at home?	
	What is the source of tap water at school/work?	
	If "Other", specify other source of tap water at school/work:	
	If "Private Well", how was the well water treated at school/work?	
	Did the patient drink untreated water in the 7 days prior to onset of illness?	
Underlying Conditions		
	Did patient have any of the following underlying conditions?	
	If "Diabetes Mellitus", specify whether on insulin:	

Investigation		
NBS Field Name		Description/Instructions
	If "Gastric Surgery", please specify type:	
	If "Hematologic Disease", please specify type:	
	If "Immunodeficiency", please specify type:	
	If "Organ Transplant", please specify organ:	
	If "Other Liver Disease", please specify type:	
	If "Other Malignancy", please specify type:	
	If "Other Prior Illness", please specify:	
	If "Other Renal Disease", please specify type:	
Related Cases		
	Does the patient know of any similarly ill persons?	
	If "Yes", did the health dept collect contact information about other similarly ill persons and investigate further?	
	Are there other cases related to this one?	
Other Clinical Data		
→	Was botulism laboratory confirmed from patient specimen?	Select yes if confirmed either by isolation of <i>C. botulinum</i> or by botulinum toxin detected in stool or serum regardless of species.
→	Was <i>C. botulinum</i> isolated in culture from patient specimen?	Select yes only if <i>C. botulinum</i> was isolated.

NBS Entry Guidelines for Notification
Notifications are required for confirmed cases.

Botulism, wound

General Information

For all suspected botulism cases, contact EAIDU as soon as possible if not already in contact.

The DSHS Laboratory is the only lab in the state that can confirm botulism.

Botulism cases might have isolates of other species which may or may not be correctly identified. Other species of *Clostridium* (e.g., *C. baratii* or *C. butyricum*) may cause botulism and isolates should be sent to the DSHS lab for confirmation.

Note: As required by [Texas Administrative Code \(TAC\)](#) all *Clostridium botulinum* isolates must be submitted to the DSHS laboratory.

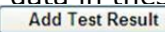
For individual cases, please send a copy of the case notes and lab report(s) to Central Office (foodbornetexas@dshs.texas.gov).

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*.

Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Foodborne <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Serum or Wound.
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	

Lab Report	
NBS Field Name	Description/Instructions
Test Result(s)	
➔ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔ Resulted Test	Refer to table below.
⇒ <i>Coded Result</i>	Refer to table below.
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒ <i>Text Result</i>	Refer to table below.
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Botulinum toxin detection, serum or stool	Clostridium botulinum Toxin (drop-down list)	Clostridium Botulinum Toxin (drop-down list)	Organism: Enter toxin type detected (short search "botulinum")
Culture of <i>Clostridium botulinum</i> in stool	Clostridium Culture (drop-down list)	Clostridium botulinum – Result (drop-down list)	Coded Result: Select "isolated" for <i>C. botulinum</i> isolates, or Text Result: Describe isolates of other species.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*.
Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Summary	
➔ <i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ <i>Program Area</i>	IDEAS – Foodborne - Will default based on condition.
State Case ID	
➔ Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔ Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.

Investigation		
NBS Field Name		Description/Instructions
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigator	Enter date investigation assigned to investigator.
Reporting Source		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	Reporting Source (Organization)	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	Reporter	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Enter Yes, No, or Unknown.
⇒	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter admission date(s).
⇒	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	Duration of Stay	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ◆ Date of the condition specific laboratory result, or ◆ Date of physician diagnosis (if known), or ◆ Date antitoxin was ordered

Investigation			
NBS Field Name		Description/Instructions	
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>	
	Illness End Date		
	Illness Duration		
	Age at Onset/Age Type		
	Is the patient pregnant?		
	Does the patient have pelvic inflammatory disease?		
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .	
Epidemiologic			
	Is this patient associated with a day care facility?		
	Is this patient a food handler?		
→	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
→	Outbreak Name	Select outbreak name from drop-down list.	
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	<i>Imported Country</i>	Indicate country where patient became ill.	
⇒	<i>Imported State</i>	Indicate state where patient became ill (not TX).	
	<i>Imported City</i>	Indicate city where patient became ill.	
⇒	<i>Imported County</i>	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed or clinical diagnosis.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Clinical Diagnosis – Case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider.
	Confirmation Date	Date criteria for the case status of the case were met	
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	

Investigation		
NBS Field Name		Description/Instructions
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.
Administrative		
	General Comments	
Custom Fields		
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or ◆ Date a condition specific laboratory was ordered, or ◆ Date antitoxin was requested ◆
Condition Specific Custom Fields		
→	Date Earliest Public Health Control Measure Initiated	Date of earliest public health intervention including: ◆ Contact EAIDU to discuss case, antitoxin request, and/or specimen collection ◆ Interview patient or household member to collect exposure history of foods or wound and others with potential symptoms. ◆ Arrange collection of suspected foods and/or contact EAIDU to arrange for testing of food specimens.
Day Care		
	Attend a day care center?	
	Work at a day care center?	
	Live with a day care center attendee?	
	What type of day care facility?	
	What is the name of the day care facility?	
	Is food prepared at this facility?	
	Does this facility care for diapered persons?	
Drinking Water Exposure		
	What is the source of tap water at home?	
	If "Other", specify other source of tap water at home:	
	If "Private Well", how was the well water treated at home?	
	What is the source of tap water at school/work?	

Investigation	
NBS Field Name	Description/Instructions
If "Other", specify other source of tap water at school/work:	
If "Private Well", how was the well water treated at school/work?	
Did the patient drink untreated water in the 7 days prior to onset of illness?	
Underlying Conditions	
Did patient have any of the following underlying conditions?	
If "Diabetes Mellitus", specify whether on insulin:	
If "Gastric Surgery", please specify type:	
If "Hematologic Disease", please specify type:	
If "Immunodeficiency", please specify type:	
If "Organ Transplant", please specify organ:	
If "Other Liver Disease", please specify type:	
If "Other Malignancy", please specify type:	
If "Other Prior Illness", please specify:	
If "Other Renal Disease", please specify type:	
Related Cases	
Does the patient know of any similarly ill persons?	
If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?	
Are there other cases related to this one?	
Other Clinical Data	
→ Was botulism laboratory confirmed from patient specimen?	Select yes if confirmed either by isolation of <i>C. botulinum</i> or by botulinum toxin detected in stool or serum regardless of species.
→ Was <i>C. botulinum</i> isolated in culture from patient specimen?	Select yes only if <i>C. botulinum</i> was isolated.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable case

Brucellosis

General Information

Please complete the [Brucellosis Case Investigation Form \(texas.gov\)](#) and route to the Zoonosis Control Branch through your regional Zoonosis Control Program. For situations where a laboratory exposure might have occurred, complete a [Brucellosis-Lab-Exposure-Questionnaire-0218.pdf \(texas.gov\)](#) for each potentially exposed individual.

Note: As required by [Texas Administrative Code \(TAC\)](#), all *Brucella* spp. isolates must be submitted to the DSHS Laboratory.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Select or edit to Zoonosis . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood venous; Cerebral spinal fluid; Serum; Abscess; Marrow (bone); other appropriate choice; or Other (describe in Result Comments).
	Specimen Site	Select from drop-down list.
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	

Lab Report	
NBS Field Name	Description/Instructions
Weeks	
Test Result(s)	
➔ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔ Resulted Test	Refer to table below.
⇒ Coded Result	Refer to table below.
⇒ Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒ Text Result	Refer to table below.
⇒ Reference Range	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Culture, any specimen source	Brucella species culture (drop-down list)	Brucella SP Identified (drop-down list)	Organism: Select species name for organism isolated (drop-down list)
Antibody detection, tube agglutination test	Brucella antibodies (drop-down list)	Brucella antibody (short search "brucella")	Coded Result: Enter "positive" or "negative" and Numeric Result: Enter titer
Brucella PCR	Brucella PCR (DNA or RNA) (drop-down list)	Brucella species, DNA or Result (e.g., Brucella canis – Result or Brucella melitensis, DNA) (short search "brucella")	Coded Result: Enter "positive," "negative," or "indeterminate" And Text Result: Add any General Information here if needed

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*.
Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Summary	
➔ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.

Investigation		
NBS Field Name		Description/Instructions
➔	Program Area	Zoonosis - Will default based on condition.
	State Case ID	
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Reporting Source (Type)	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Source (Organization)	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporting Provider" if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	<i>Hospital</i>	If hospitalized, search for "Hospital." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter admission date(s).
⇒	<i>Discharge Date</i>	If patient hospitalized, enter discharge date(s).

Investigation			
NBS Field Name		Description/Instructions	
⇒	Total duration of stay in the hospital (in days)	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.	
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of the condition specific laboratory result, or ♦ Date identified as a symptomatic contact of another case.	
→	Illness Onset Date	Enter "Illness Onset Date." Note: If unknown, enter date of hospital admission or, secondly, specimen collection date.	
	Illness End Date	Enter "Illness End Date." Note: Leave blank if end date is unknown or the patient has asymptomatic infection.	
	Illness Duration	Enter number and unit. If illness onset date is the same as end date, enter 1.	
	Age at Onset	Enter number and unit. Default is years. Use days if <1 month, months for ≥1 month and <1 year, and years for ≥1 year.	
→	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.	
	Does the patient have pelvic inflammatory disease?	Select Yes, No, or Unknown.	
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and enter date of death for <i>Deceased Date</i> .	
Epidemiologic			
	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.	
	Is this patient a food handler?	Select Yes, No, or Unknown.	
⇒	Is this case part of an outbreak?	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
⇒	Outbreak Name	Select outbreak name from drop-down list.	
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at unknown location.
→	Imported Country	Indicate country where patient acquired infection. Required if "Out of Country" selected.	
→	Imported State	Indicate state where patient acquired infection. Required if "Out of State" selected.	

Investigation			
NBS Field Name		Description/Instructions	
⇒	Imported City	Indicate city where patient acquired infection.	
→	Imported County	Indicate county where patient acquired infection. Required if "Out of jurisdiction, from another jurisdiction" selected.	
→	Transmission Mode	Select "Zoonotic," where animal exposure (e.g. field dressing, hunting, etc.) is indicated. Select "Foodborne" if unpasteurized dairy, undercooked meat, or similar exposure is reported. If multiple exposures are reported, or no exposure is identified, select "Indeterminate."	
	Detection Method	Select appropriate response from drop-down list.	
→	Confirmation Method	Indicate method(s) used to determine case status	Laboratory confirmed or laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information manually and associate with the investigation. If case is reported as "confirmed," select "laboratory confirmed." If case has any other status, select "laboratory report." Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.
	Confirmation Date	Enter the date criteria for the case status were met.	
→	Case Status	Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. See current http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited as needed to reflect the year of illness onset. For chronic cases that have not been previously reported, if onset is in closed data year, set to year of specimen collection.	
Administrative			
	General Comments	Enter comments as needed.	
Custom Fields			
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date a non-negative condition specific laboratory result was ordered (e.g., specimen collection date), or ♦ Date of physician diagnosis, or ♦ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ♦ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.	

Investigation		
NBS Field Name	Description/Instructions	
Animal Contact		
→ Did patient come in contact with an animal?	Select Yes, No, or Unknown.	
→ Type of animal	Select appropriate response from drop-down list. (Use Ctrl to select more than one.).	
⇒ <i>If "Other", please specify other type of animal</i>	Enter type(s) of animal.	
⇒ <i>Name and Location of Animal Contact</i>	Enter name(s) or location(s) of animal contact.	
	Did the patient acquire a pet prior to onset of illness?	
	Select Yes, No, or Unknown.	
	Applicable incubation period	Enter incubation period. For Brucellosis enter 7-21 days.
Underlying Conditions		
⇒ <i>Did patient have any of the following underlying conditions?</i>	Select appropriate response from drop-down list. (Use Ctrl to select more than one.)	
	If "Diabetes Mellitus", specify whether on insulin:	
	Select Yes, No, or Unknown.	
	If "Gastric Surgery", please specify type:	
	Enter type of gastric surgery.	
	If "Hematologic Disease", please specify type:	
	Enter type of hematologic disease.	
	If "Immunodeficiency", please specify type:	
	Enter type of immunodeficiency.	
	If "Organ Transplant", please specify organ:	
	Enter name(s) of organ.	
	If "Other Liver Disease", please specify type:	
	Enter type of liver disease.	
	If "Other Malignancy", please specify type:	
	Enter type of other malignancy.	
	If "Other Prior Illness", please specify:	
	Enter any other prior illness.	
	If "Other Renal Disease", please specify type:	
	Enter any other renal disease.	
Related Cases		
⇒ <i>Does the patient know if any similarly ill persons?</i>	Select Yes, No, or Unknown.	
⇒ <i>If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?</i>	Select Yes, No, or Unknown.	Note: Please enter details in the space provided for General Comments in the Administrative group on this Investigation.
⇒ <i>Are there other cases related to this one?</i>	Select "no, sporadic;" "unknown;" "yes, household;" or "yes, outbreak".	

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Campylobacteriosis

General Information

No form required for individual cases. Laboratory must be entered in an attached lab report or in comments.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Foodborne Waterborne <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Stool = fecal; other appropriate choice; or Other with description in Result Comments. All sources are acceptable.
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		

Lab Report	
NBS Field Name	Description/Instructions
➔ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔ Resulted Test	Refer to table below.
⇒ <i>Coded Result</i>	Refer to table below.
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒ <i>Text Result</i>	Refer to table below.
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional.
Click on when the Test Result(s) section is completed and add additional lab results as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
Culture, any specimen source	Culture, specimen source (e.g., "Culture, Stool") (short search "culture") or Campylobacter culture (drop-down list)	Campylobacter SP Identified (drop-down list or short search "campy")	Select genus and, if known, species from drop-down list or, if needed, use short search for "campy"
Antigen only (e.g., detection by EIA)	Leave blank	Campylobacter – Result (drop-down list)	Organism: select Campylobacter species from drop-down list AND Text Result: Antigen Only Enter the test method (if applicable and known), e.g., EIA
PCR (including GI Pathogen Panel)	Campylobacter, PCR (DNA or RNA)- search using keyword "Campy"	Campylobacter – Result (drop-down list)	Organism: select Campylobacter species from drop-down list AND Text Result: Enter the GI Panel type/brand (if applicable and known), e.g., FilmArray or BioFire, Luminex, Diatherix, etc.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*.
Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
→	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	<i>Program Area</i>	IDEAS – FoodborneWaterborne - Will default based on condition
	State Case ID	
→	<i>Investigation Start Date</i>	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	<i>Investigation Status</i>	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator
Reporting Source		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.

Investigation			
NBS Field Name		Description/Instructions	
⇒	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>	
⇒	Admission Date	If patient hospitalized, enter admission date(s).	
⇒	Discharge Date	If patient hospitalized, enter discharge date(s).	
⇒	Duration of Stay	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.	
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ◆ Date of specimen collection (preferred for lab confirmed cases), or ◆ Date of physician diagnosis, or ◆ Date of the condition specific laboratory result, or ◆ Date identified as a symptomatic contact of another case.	
⇒	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>	
	Illness End Date		
	Illness Duration		
	Age at Onset/Age Type		
	Is the patient pregnant?		
	Does the patient have pelvic inflammatory disease?		
⇒	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and enter date of death for <i>Deceased Date</i> .	
Epidemiologic			
	Is this patient associated with a day care facility?	Fill in the Day Care section.	
	Is this patient a food handler?	Fill in the Food Handler section.	
⇒	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
⇒	Outbreak Name	Select outbreak name from drop-down list.	
⇒	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	Imported Country	Indicate country where patient became ill.	
⇒	Imported State	Indicate state where patient became ill (not TX).	
	Imported City		
⇒	Imported County	Indicate county where patient became ill.	
	Transmission Mode		

Investigation			
NBS Field Name		Description/Instructions	
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed or epi-linked.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.
	Confirmation Date	Date criteria for the case status of the case was met	
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See the current Epi Case Criteria Guide which is available at http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.	
Administrative			
	General Comments	Enter comments as needed.	
Custom Fields			
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date of physician diagnosis, or ◆ Date a condition specific laboratory test was positive, or ◆ Date identified as a symptomatic contact of a case, whichever was earliest.	
Condition Specific Custom Fields			
⇒	Is this case epi-linked to a laboratory-confirmed case?	Select Yes, No, or Unknown.	
⇒	If epi-linked, case ID of epi-linked case:	Enter case ID (i.e., CAS-----TX01).of epi-linked case.	
Day Care			
⇒	Attend a day care center?	Select Yes, No, or Unknown.	
⇒	Work at a day care center?	Select Yes, No, or Unknown.	
⇒	Live with a day care center attendee?	Select Yes, No, or Unknown.	
⇒	What type of day care facility?	Select from drop-down list.	
⇒	What is the name of the day care facility?	Enter name of facility.	
⇒	Is food prepared at this facility?	Select Yes, No, or Unknown.	

Investigation		
NBS Field Name		Description/Instructions
⇒	Does this facility care for diapered persons?	Select Yes, No, or Unknown.
Food Handler		
⇒	Did patient work as a food handler after onset of illness?	Select Yes, No, or Unknown.
⇒	What was last date worked as a food handler after onset of illness?	If yes selected for above question, enter last date worked as food handler. Format: mm/dd/yyyy.
⇒	Where was patient a food handler?	If yes selected for above question, enter name of facility patient worked as a food handler.
Travel History		
⇒	Did patient travel prior to onset of illness?	Select Yes, No, or Unknown.
⇒	Applicable incubation period for this illness is	Enter incubation period. For Campylobacteriosis enter 2-5 days.
⇒	What was the purpose of the travel?	Select purpose of travel. (Use Ctrl to select more than one.)
⇒	If "Other", please specify other purpose of travel	
Please specify the destination(s)		
⇒	Destination 1 Type	Select the Domestic or International radio button.
⇒	Destination 1	Select the destination from the resulting drop-down list.
⇒	Mode of Travel	Select appropriate mode of travel from drop-down list.
⇒	Date of Arrival	Enter mm/dd/yyyy.
⇒	Date of Departure	Enter mm/dd/yyyy.
⇒	Destination 2 Type	Domestic or International
⇒	Destination 2	Select the destination from the resulting drop-down list.
⇒	Mode of Travel	Select from drop-down list.
⇒	Date of Arrival	Enter mm/dd/yyyy.
⇒	Date of Departure	Enter mm/dd/yyyy.
⇒	Destination 3 Type	Domestic or International
⇒	Destination 3	Select the destination from the resulting drop-down list.
⇒	Mode of Travel	Select from drop-down list.
⇒	Date of Arrival	Enter mm/dd/yyyy.
⇒	Date of Departure	Enter mm/dd/yyyy.
⇒	If more than 3 destinations, specify details here	
Drinking Water Exposure		
⇒	What is the source of tap water at home?	Select from drop-down list.
⇒	If "Other", specify other source of tap water at home	Enter source.
⇒	If "Private Well", how was the well water treated at home?	Select from drop-down list.

Investigation		
NBS Field Name	Description/Instructions	
⇒ What is the source of tap water at school/work?	Select from drop-down list.	
⇒ If "Other", specify other source of tap water at school/work?	Enter source.	
⇒ If "Private Well", how was the well water treated at school/work?	Select from drop-down list.	
⇒ Did the patient drink untreated water in the 7 days prior to onset of illness? (e.g., from a river while camping)	Select Yes, No, or Unknown.	
Recreational Water Exposure		
⇒ Was there recreational water exposure in the 7 days prior to illness?	Select Yes, No, or Unknown.	
⇒ What was the recreational water exposure type?	Select from drop-down list.	
⇒ If "Other," please specify other recreational water exposure type		
⇒ If "Swimming Pool", please specify swimming pool type	(Use Ctrl to select more than one.)	
⇒ If "Other", please specify other swimming pool type		
⇒ Name or location of water exposure	Enter details regarding name and location of water exposure.	
Animal Contact		
➔ Did patient come in contact with an animal?	Select Yes, No, or Unknown.	
⇒ Type of animal:	Select from drop-down list.	
⇒ If "Other", please specify other type of animal		
⇒ If "Other Amphibian", please specify other type of amphibian		
⇒ If "Other Mammal", please specify other type of mammal		
⇒ If "Other Reptile", please specify other type of reptile		
⇒ Name or location of Animal Contact	Enter name(s) or location(s) of animal contact.	
⇒ Did the patient acquire a pet prior to onset of illness?	Select Yes, No, or Unknown.	
⇒ Applicable incubation period for this illness is	Enter incubation period.	For Campylobacteriosis enter 2-5 days.
Underlying Conditions		
⇒ Did patient have any of the following underlying conditions?	Select underlying conditions. (Use Ctrl to select more than one.)	

Investigation			
NBS Field Name		Description/Instructions	
⇒	If "Diabetes Mellitus", specify whether on insulin		
⇒	If "Gastric Surgery", please specify type		
⇒	If "Hematologic Disease", please specify type		
⇒	If "Immunodeficiency", please specify type		
⇒	If "Organ Transplant", please specify organ		
⇒	If "Other Liver Disease", please specify type		
⇒	If "Other Malignancy", please specify type		
⇒	If "Other Prior Illness", please specify		
⇒	If "Other Renal Disease", please specify type		
Related Cases			
⇒	Does the patient know of any similarly ill persons?	Select Yes, No, or Unknown.	
⇒	If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?	Select Yes, No, or Unknown.	Note: Please enter details in the space provided for General Comments in the Administrative group on this Investigation.
⇒	Are there other cases related to this one?	Select "no, sporadic;" "unknown;" "yes, household;" or "yes, outbreak".	
FoodNet			
	FoodNet Case?	Not applicable in Texas	
	Was patient transferred from one hospital to another?	Not applicable in Texas	
	If "Yes", specify name of the hospital to which the patient was transferred	Not applicable in Texas	
	Was there a second hospitalization?	Not applicable in Texas	
	Admission Date	Not applicable in Texas	
	Discharge Date	Not applicable in Texas	
	Did the patient immigrate to the US within 7 days of specimen collection?	Not applicable in Texas	
	In case-control study?	Not applicable in Texas	
	If "Yes", case control study id number	Not applicable in Texas	
	Type of Outbreak	Not applicable in Texas	
	CDC EFORS Number	Not applicable in Texas	

Investigation	
NBS Field Name	Description/Instructions
Was case found during an audit?	Not applicable in Texas
Was the case interviewed by public health (i.e., state or local health department or FoodNet staff)?	Not applicable in Texas
Other Clinical Data	
Was the isolate identified as Campylobacter?	
What was the EIA result at clinical laboratory?	
What was the PCR result at clinical laboratory?	
What was the species result at clinical laboratory?	
What was the EIA result at SPHL?	
What was the PCR result at SPHL?	
What was the species result at SPHL?	
What was the PCR result at CDC?	

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Candida auris (C. auris)

General Information

- ◆ Additional *C. auris* information is available at: <https://www.cdc.gov/candida-auris/about/index.html>
 - ◆ Confirmed: A case with a confirmatory laboratory test for positive *C. auris* clinical or colonization/screening case. No separate lab entry is required other than what is within the investigation.
- NBS Entry Guidelines for Investigation
- Required fields are noted by → and **BOLD** and other preferred data entry fields by Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Case Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. The jurisdiction should be entered as the jurisdiction of the healthcare facility where the specimen was collected and not the jurisdiction of residency. After approval, jurisdiction will be transferred to the patient's residence. Investigators should add a comment prior to submitting notification if jurisdiction needs to be transferred to the patient's residential jurisdiction, upon case approval.
→	Program Area	Antibiotic Resistance/MDRO
→	Investigation Start Date	Enter date investigation began.
→	Investigation Status	Defaults to "Open" Change to "Closed" when investigation and data entry are completed prior to submitting notification.
→	Shared Indicator	Auto populates to "Yes" (checked box).
→	Investigator	Search or enter "Quick Code Lookup" to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
	Investigator selected	
⇒	Date Assigned to Investigation	Enter the date the investigation was assigned to the investigator.
→	Date of Report	Enter the earliest date first reported to public health . Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Date Reported to County	Date first reported to County. If the regional office is acting as the local health department, record the date received by the regional office.
→	Date Reported to State	Date first reported to County. If the regional office is acting as the local health department, record the date received by the regional office.
⇒	Reporting Source Type	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. Note: If not found, search by city, etc. and then enter new Provider as needed.

Investigation

NBS Field Name		Description/Instructions
➔	Reporting Organization	Search or enter "Quick Code Lookup". Conduct search for "Reporting Organization" as needed. Note: If not found, search by city, etc. and then enter new Provider as needed.
	Reporting Organization Selected	Can leave blank.
	Reporting Provider	Can leave blank.
	Reporting Provider Selected	Can leave blank.
⇒	Reporting County	Enter the county of the reporting organization.
Clinical		
	Physician	Search or enter "Quick Code Lookup". Conduct search for "Physician" as needed. Note: If not found, enter new Provider as needed.
➔	Was the patient admitted to a HCF (healthcare facility)?	Was patient in any type of healthcare facility at the time of specimen collection (for any reason), including a long-term care facility like a nursing home? Select Yes, No, or Unknown. If answering " No " to this question, the next applicable question will activate and is required.
➔	Hospital/Healthcare Facility (HCF):	Search for or use the "Quick Code Lookup" for name of facility. Note: If facility is not found, search by city, etc. and then enter New Organization as needed.
➔	Admission Date	Enter date patient was admitted to a healthcare facility.
⇒	Discharge Date	Enter date patient was discharged from the facility. If the patient expires at the healthcare facility, enter the date the patient expired.
	Total duration of stay in the hospital (in days)	This field calculates duration of stay as discharge minus admission date for listed hospital stay.
➔	Was the patient visit due to an outpatient/ wound clinic/ ER, etc. visit only?	Select No, Unknown, or Yes. Note: This field will activate only if the admission question above is answered as a No, in which case this field must be answered. Outpatient surgery and home health are considered an outpatient visit.
➔	Date of Outpatient visit:	Should represent the day of specimen collection.
➔	Outpatient Facility:	Enter "Quick Code Lookup" or conduct search for "Healthcare Facility" as needed. Note: If facility is not found, search by city, etc. and then enter New Organization as needed.
⇒	Were MDRO control measures (per MDRO Guidance) implemented at the admitting HCF?	Select NA, No, Unknown, or Yes.
HCF Patient Admitted From		
➔	Facility Type (patient admitted from)	Select the type of facility where the patient came from prior to being admitted or prior to outpatient visit. If other, free text "Other Facility Type".

Investigation

Investigation		
NBS Field Name		Description/Instructions
⇒	Patient admitted from facility:	Search for name of facility patient came from prior to visit or enter "Quick Code Lookup". Note: If facility is not found, search by city, etc. and then enter New Organization as needed.
⇒	Was this facility notified of MDRO? (Patient admitted from)?	Select No, Unknown, or Yes.
⇒	Were control measures (per EAIDG Guidance) implemented at facility patient came from?	Select NA, No, Unknown, or Yes.
HCF Patient Discharged to		
⇒	Facility Type (patient discharged to)	Select location patient was discharged to at time of investigation. If other, free text "Other Facility Type".
⇒	Patient Discharged to Facility	Search for or enter "Quick Code Lookup" for name of Healthcare Facility patient was discharged to. Note: If facility is not found, search by city, etc. and then enter New Organization as needed.
⇒	Was facility notified of MDRO? (Patient discharged to):	Select No, Unknown, or Yes.
⇒	Were control measures (per EAIDG Guidance) implemented at facility patient was discharged to?	Select NA, No, Unknown, or Yes.
Condition		
➔	Diagnosis Date	Enter the date result was finalized and <i>C. auris</i> or <i>Candida</i> spp. identified. Typically, this is the date the lab report was finalized, not the date it was reported to public health.
➔	Date of Symptom Onset	Enter date specimen was collected.
➔	Did <i>C. auris</i> contribute to death?	Select No, Unknown, or Yes. If the patient died, select Yes.
➔	Date of death	This question is required if "Yes" entered for "Did patient die?". Ensure this date matches the date of death in the patient tab.
Epidemiologic Information		
⇒	Is this case part of an outbreak?	Select No, Unknown or Yes. Recommend selecting Unknown instead of No unless there is a known outbreak.
⇒	Outbreak name	
⇒	Where was the disease acquired?	Select Indigenous if no travel history outside of jurisdiction has occurred.
⇒	Imported Country	Select country(ies) where disease was acquired.
⇒	Imported State	Select state where disease was acquired.
Travel and Healthcare		
In the year prior to specimen collection		
➔	Was overnight healthcare received within the USA, but outside the patient's state of residence?	Select No, Unknown, Yes. If Yes, select Domestic destination state(s).

Investigation		
NBS Field Name		Description/Instructions
→	Domestic destination state(s)	If question above is answered Yes, this is required. Select applicable states of travel 12 months prior to specimen collection.
→	Did the patient travel internationally?	Select No, Unknown, Yes. If Yes, select International Destinations(s).
→	International Destination(s)	If question above is answered Yes, this is required. Select applicable locations where patient traveled 12 months prior to specimen collection.
→	Received overnight healthcare outside the USA:	Select No, Unknown, Yes.
→	Countries in which overnight healthcare was received:	If Yes to question above, this question is required.
Laboratory Information		
⇒	Performing Laboratory Specimen ID:	Enter the laboratory specimen ID.
⇒	State Lab Specimen ID:	Enter the state lab ID for the same specimen.
	WGS ID Number:	If applicable, enter the WGS ID for this isolate – can be obtained from HAI Epi if not able to locate.
→	Specimen Collection Date	Enter the date the specimen was collected.
→	Specimen Source	Select the specimen source from the drop down. If “Swab (specimen)” is selected, fill out next question. Refer to <i>C. auris</i> specimen source table for common selection options.
→	Swab Site	If specimen was a swab, select the type that was collected. This is required if “Swab (specimen)” was selected in previous question, otherwise it is N/A and can be left blank.
→	Test Type	This is required for saving a lab entry; Select the type of test performed for this lab: PCR, Automatic biochemical/phenotypic test, DNA Sequencing, MALDI-TOF, Non-PCR culture-independent diagnostic test, or “Other, specify.” If “Other, specify” specify via free text in next field. Note: Many laboratories use MALDI-TOF to identify <i>C. auris</i> ;
→	Test Result	◆ Select the interpretation result of the qualitative test performed: indeterminate, negative, positive, unsatisfactory, or indeterminate: the test result could not be determined, unknown <i>C. auris</i> status. ◆ Negative: the test did not detect <i>C. auris</i> ◆ Positive: the test detected <i>C. auris</i> ◆ Unsatisfactory: Specimen was not acceptable for testing, and the test was not run Click on Add when completed and add additional lab results as needed.
Specimen Information		
⇒	Patient Status at Time of Specimen Collection:	Select patient status at specimen collection time period: Autopsy, Inpatient, Long Term Care Facility, Long-term Acute Care Hospital, Other, Outpatient, or Unknown; If “Other” is selected, fill out next question “Other Location of Specimen Collection”

Investigation		
NBS Field Name		Description/Instructions
⇒	County of facility where specimen was collected:	Select the county (and state) of the facility where the specimen was collected; If "Other" is selected, fill out next question "Other County of facility where specimen was collected." Drop down contains all counties and states in the USA.
Previous History		
⇒	Previously counted as a colonization or screening case?	*Only for condition <i>Candida auris</i> , clinical* Cannot answer for condition "Candida auris, screening" This question is only applicable if a patient was previously reported as a colonization/screening case and is now being reported as a clinical case.
⇒	Previously Reported State Case Number 1-5:	If patient is currently being reported as a clinical case and patient was previously counted as a colonization/screening case, please provide the related Colonization/Screening <i>C. auris</i> Case ID(s). Please provide the related Previously Reported Case ID(s) if patient was previously counted as a colonization/screening case of <i>C. auris</i> or a CP-CRE case.
⇒	History of infection or colonization with another MDRO?	Select whether the patient has a history of infection or colonization with another MDRO: No, Unknown, or Yes.
⇒	If patient has a history of infection or colonization with another MDRO, indicate the MDRO:	If patient has a history of infection or colonization with another MDRO, indicate the MDRO. If "Other, specify is selected," designate in the next field.
Exposure History		
⇒	Was the patient admitted to an Intensive Care Unit?	Select whether patient was admitted to an ICU: No, Unknown, or Yes.
⇒	At the time of specimen collection, did patient have a tracheostomy tube?	Select whether patient had a tracheostomy tube at the time of specimen collection: No, Unknown, or Yes.
⇒	At the time of specimen collection, was patient on a ventilator?	Select whether patient was on a ventilator at the time of specimen collection: No, Unknown, or Yes.
⇒	In the 90 days prior to specimen collection date, did the patient stay in a long-term care facility?	Select whether the patient had a stay in a long-term care facility in the 90 days before specimen collection date: No, Unknown, or Yes. If Yes, answer next question.
⇒	Long-term Care Facility Type	If patient had a stay in a long-term care facility in the 90 days before specimen collection date, indicate the type of long-term care facility; If "Other, specify" is selected, fill out Other Type in next question
	Additional HCF Name	Search or enter Quick Code Lookup or conduct search for Healthcare Facility as needed. Note: If facility is not found, search by city, etc. and then enter new Organization as needed. Enter the name of long-term care facility the patient was at in last 90 days before specimen collection date.
	Admission Date	Enter admission date.

Investigation

NBS Field Name		Description/Instructions
	Discharge Date	Enter discharge date. Click on Add when completed and add additional HCF information as needed.
Investigation		
→	Confirmation Method	Select only Laboratory confirmed or Laboratory report as method used to determine case status; other options will result in notification rejection.
→	Case Status	Select Confirmed, or Not a Case according to the case definition. Out-of-state cases should be marked as Not a Case. Probable or Suspect case definition does not exist for <i>C. auris</i> .
→	MMWR Week	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.
	General comments	The jurisdiction that is entering the case should add a note in the general comment box to DSHS central office to request jurisdiction change if needed upon case approval or note that case is out of jurisdiction. Once the case is reviewed and approved, the approver will update the jurisdiction to the jurisdiction of residency for aggregate reporting purposes.

NBS Entry Guidelines for Notification

Notifications are required for all investigations with confirmed case status

Carbapenem-resistant Enterobacterales

General Information

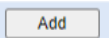
Note: Additional CRE information is available at: <https://www.cdc.gov/cre/about/index.html>. Consult with an HAI/AR epidemiologist to determine when to re-report an ongoing MDRO, how to organize multiple lab reports of the same condition, and with any other questions related to MDRO investigations. Criteria to Distinguish a New Case from an Existing Case:

- ◆ If the same organism was identified, specimens collected and reported within 12 months of initial lab collection should be associated with the initial investigation.
- ◆ Specimens collected and reported after 12 months of an initial confirmed lab result require a new investigation.
- ◆ If the same CRE organism is identified in two body sites (ex: urine and blood) and collected the same day this requires two lab entries associated to one investigation.
- ◆ If different CRE organisms are identified in the same culture, enter them under the same "Ordered Test", but this requires a case investigation for each CRE organism.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by [and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	<i>Ordering Provider</i>	
➔	Program Area	Enter or edit to Antibiotic Resistance/MDRO . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. The jurisdiction should be entered as the jurisdiction of the healthcare facility where the specimen was collected and not the jurisdiction of residency. After approval, jurisdiction will be transferred to the patient's residence. Investigators should add a comment prior to submitting notification if jurisdiction needs to be transferred to the patient's residential jurisdiction, upon case approval.
⇒	<i>Lab Report Date</i>	Enter date result was reported. Typically, this is the date the culture report and antibiotic susceptibility test (MIC) was finalized, not the date it was reported to public health.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
	Pregnancy status	Can leave blank.

Lab Report		
NBS Field Name		Description/Instructions
Test Result(s)		
➔	Ordered Test	Refer to figure below.
⇒	Accession Number	Enter the unique ID assigned to specimen.
➔	Specimen Source	Enter the source from which the specimen was taken. Enter same source as in the Ordered Test: ex: Blood – venous; Sputum – Trach Aspirate.
	Specimen Site	Use this space to further define the source, such as right thigh.
➔	Specimen Collection Date/Time	Enter date specimen collected.
Resulted Test		
	Coded Result	Refer to figure below for instructions. Alternatively, the lab may be scanned as a PDF and attached to the investigation under the Supplemental Info tab. If the original lab report was submitted through NBS via electronic lab report (ELR), one of the following steps should be completed: • Add a comment within the ELR <i>Lab Report Comments</i> section stating the carbapenem(s), the numeric result (if available) and the interpretive flag, or ♦ Under the Supplemental Info tab of the investigation, attach a PDF of the lab report that includes the AST results that support Epi Case Criteria, or Enter the lab report as described in the figure below.
	Numeric Result	
	Units	
	Text Result	
	Reference Range From	
	Reference Range To	
	Status	
	Result Comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

REQUIRED DATA

Specimen Source:
Select the source for the specimen from the drop-down options.

OPTIONAL DATA

Specimen Site:
Further define a site on the body if your specimen is a wound.

REQUIRED DATA

Coded Result:
Select the appropriate organism(s). If the result is Klebsiella without species information, select "Klebsiella species (organism)" from the drop-down list.

REQUIRED DATA

Result Method:
select the type of test used for "Result Method". Typically, most antibiotic susceptibilities are tested using the "MIC test".

REQUIRED DATA

Interpretive Flag:
Select Resistant, whether or not a numeric result is given.

NOTE*

Text Result: Only applicable for isolates meeting Epi Case Criteria portions "Positive for known carbapenemase resistance gene or a phenotypic test for carbapenemase production."

REQUIRED DATA

Ordered Test:
Search for the type of culture that was taken. For example, for a urine culture search "culture, u"

REQUIRED DATA

Enter "Date Specimen Collected"

REQUIRED DATA

Resulted Test:
Search for "microo". Select "Microorganism identified"

REQUIRED DATA*

Text Result:
Type either "Modified Hodge Test (MHT)" or "Mechanism Name (ex. KPC) identified by PCR"

REQUIRED DATA

Select "Manage Susceptibilities"

REQUIRED DATA

Drug Name:
Enter the Carbapenem Drug Name that the specimen tested "Resistant" to.

PREFERRED DATA

Numeric Result:
If available, free text the Numeric Result for that antibiotic.

NOTE

Select "Add" from the pop up window. Repeat steps for each resistant carbapenem on the lab report. Once complete, select "Add" on the main lab report page to add all susceptibility test results.

The screenshot shows a web-based form for entering laboratory data. At the top, there are fields for 'Ordered Test', 'Accession Number', 'Specimen Source', 'Specimen Site', 'Specimen Collection Date/Time', and 'Patient Status at Specimen Collection'. Below these is a 'Resulted Test' section with a table header: 'Resulted Test', 'Coded Result / Organism Name', 'Numeric Result', 'Units', 'Text Result', 'Ref Range From', 'Ref Range To', 'Status', and 'Result Comments'. A message states 'No Data has been entered.' Below this is a search bar for 'Resulted Test: Microorganism Identified (T-57185)'. The 'Coded Result' is set to 'Klebsiella pneumoniae (organism)'. There are fields for 'Numeric Result', 'Units', and 'Text Result'. Below these are 'Reference Range From', 'Reference Range To', and 'Status' fields. A 'Result Comments' section is also present. The 'Susceptibilities' section has links for 'Manage Susceptibilities' and 'Track Isolate: Manage Track Isolate'. Below this is a 'Susceptibility Test' section with a table header: 'Drug Name', 'Result Method', 'Numeric Result', 'Units', 'Coded Result', and 'Interpretation'. A message states 'No Data has been entered.' Below this is a search bar for 'Drug Name: MEROPENEM'. The 'Result Method' is set to 'MIC test (minimum inhibitory concentration)'. The 'Numeric Result' is set to '>16'. There are fields for 'Units', 'Coded Result', and 'Interpretation'. Below this is a 'Lab Report Comments' section with an 'Add Comments' button. At the bottom, there is a 'Comments' section and an 'Other Information' section with a 'Lab Report Opened By' field. At the very bottom, there are buttons for 'Patient', 'Lab Report', 'Submit', 'Submit and Create Investigation', and 'Cancel'. A red box at the bottom center contains the text 'Click "Submit" or "Submit and Create Investigation"'. Arrows from the surrounding text boxes point to various fields in the form.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. The jurisdiction should be entered as the jurisdiction of the healthcare facility where the specimen was collected and not the jurisdiction of residency. After approval, jurisdiction will be transferred to the patient's residence. Investigators should add a comment prior to submitting notification if jurisdiction needs to be transferred to the patient's residential jurisdiction, upon case approval.
➔	Program Area	Antibiotic Resistance/MDRO
➔	Investigation Start Date	Enter date investigation began.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed prior to submitting notification.
➔	Shared indicator	Auto populates to "yes" (checked box).
⇨	State Case ID	
➔	Investigator	Search or enter Quick Code Lookup to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
➔	Date of Report	Enter the earliest date first reported to public health .
➔	Date Reported to County	Date first reported to County. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Date Reported to State	Date first reported to State, either Public Health Region or Central Office. The ELR date created should be listed if it is the earliest report date.
⇨	<i>Reporting Source Type</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Reporting Organization	Search or enter Quick Code Lookup or conduct search for "Reporting organization" as needed. <i>Note: If not found, search by city, etc. Enter new Organization as needed.</i>
	Reporting Provider	Can leave blank.

Investigation		
➔	Was the patient admitted to a HCF (healthcare facility)?	Was patient in any type of healthcare facility at the time of specimen collection (for any reason), including a long-term care facility like a nursing home? Select Yes, No, or Unknown. If answering no to this question, the next question will populate and is required.
➔	Was the patient visit due to an outpatient/wound clinic/ER, etc. visit only	Select No, Unknown, or Yes. NOTE: this field will populate only if the question above is answered as a no, in which case this field must be answered. NOTE: outpatient surgery and home health are considered an outpatient visit.
➔	Outpatient/wound clinic/ER visit date	Should represent the day of specimen collection.
➔	HCF (healthcare facility)	Search or Enter Quick Code Lookup for Healthcare Facility as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Admission Date	If patient was admitted to a healthcare facility, enter admission date(s).
⇒	<i>Discharge Date</i>	If patient was discharged from a healthcare facility, enter discharge date(s). If the patient expires at the healthcare facility, enter the date the patient expired.
⇒	<i>Total duration of stay in the hospital (in days)</i>	This field calculates duration of stay as discharge - admission date for listed hospital stay.
⇒	<i>Were MDRO control measures (per MDRO Guidance) implemented at the admitting HCF</i>	Select NA, No, Unknown, or Yes.
➔	Patient came from (facility type)	Select the type of facility where patient came from prior to being admitted or prior to outpatient visit. Select "unknown" if facility type is not known. Do not leave blank.
⇒	<i>Name of Facility (patient came from)</i>	Free text the name of the facility the patient came from prior to being admitted or prior to outpatient visit. Do not use abbreviations.
⇒	<i>Was facility patient came from notified of MDRO</i>	Select No, Unknown, or Yes.

Investigation		
⇒	Were control measures (per MDRO Guidance) implemented at facility the patient came from	Select NA, No, Unknown, or Yes.
⇒	Discharged to (facility type)	Select type of facility patient was discharged to, if applicable, or select patient expired or patient still admitted.
⇒	Name of facility discharged to	Free text the name of the facility the patient is discharged to if applicable. Do not use abbreviations.
⇒	Was facility patient discharged to notified of MDRO	Select No, Unknown, or Yes.
⇒	Were control measures (per MDRO Guidance) implemented at facility discharged to	Select NA, No, Unknown, or Yes.
⇒	Was the patient previously in a HCF within the past 6 months?	Select No, Unknown, or Yes.
⇒	Additional HCF (healthcare facility) Name	Capture all healthcare facility admissions within the past one month
⇒	Admission Date	
⇒	Discharge Date	
⇒	Click on  button to complete entry. Repeat until all healthcare facility admissions are entered.	
➔	Earliest Date Suspected	Enter the date result was finalized. Typically, this is the date the culture report and antibiotic susceptibility test (MIC) was finalized, not the date it was reported to public health.
➔	Diagnosis Date	Enter the date result was finalized. This is the date the culture report and antibiotic susceptibility test (MIC) was finalized, not the date it was reported to public health.
➔	Date of Symptom Onset	Enter date specimen was collected.
	Age at Onset	
	Age at Onset Units	
➔	Did the patient die	Select No, Unknown, or Yes. If yes , update Patient Info tab of the investigation to reflect new mortality information.
⇒	Did the MDRO contribute to death	Select No, Unknown, or Yes.
➔	Date of Death	Enter the date of death if yes selected for "Did the patient die."

Investigation		
⇒	Was the patient admitted to an intensive care unit	Select No, Unknown, or Yes.
⇒	ICU Admission Date	
⇒	Did the patient have indwelling/invasive devices at time of positive culture	Select No, Unknown, or Yes. Note: User can refer to the Device list under NBS Resources.
⇒	Type of Device	Make a selection from the drop-down menu, Use Ctrl to select more than one.
Laboratory		
➔	Date specimen collected	Enter the date when the specimen was collected from the patient.
➔	Pathogen identified	Select the pathogen that was identified in the culture. If there is more than one CRE organism identified in the culture, each of them requires a separate investigation. Therefore, do not select multiple organisms or conditions in the same culture.
⇒	Specify other Klebsiella species	
➔	Specimen Source	Select specimen source from drop-down menu options. Ex: sputum, tracheal aspirate, stool, urine clean catch, blood for any form of blood NOTE: If the same CRE is identified in two body sites (ex: wound and blood) and collected on the same day, select the source that was collected first. If they were collected at the same time, select either source and list the second source in the general comment box. Ensure lab reports associated to the investigation reflect this.
⇒	Specimen Site	Free text body site for specimen source. Ex: If specimen source is a wound, specimen site would be further defined here, such as right thigh.
➔	Test Method	Select culture, MHT, PCR, or other from drop-down menu
Case Status		
⇒	Is this case part of an outbreak?	Select No, Unknown or Yes. Recommend selecting unknown instead of no, unless there is a known outbreak.
⇒	Outbreak name	
➔	Confirmation Method	Select only Laboratory confirmed or Laboratory report as method used to determine case status, other options will result in notification rejection.

Investigation		
→	Case Status	Select Confirmed, Not a Case or Unknown according to the case definition. See the Epi Case Criteria Guide . Out of state cases should be marked as Not a Case.
→	MMWR Week	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.
General Comments		
	General Comments	The jurisdiction that is entering the case should add a note in the general comment box to DSHS central office to request jurisdiction change upon case approval or noting case is out of jurisdiction. Once the case is reviewed and approved, the approver will update the jurisdiction to the jurisdiction of residency for aggregate reporting purposes.

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Chagas disease, acute

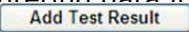
General Information

Please complete the [Chagas Disease Case Investigation Form \(state.tx.us\)](https://state.tx.us) and route to the Zoonosis Control Branch through your regional Zoonosis Control Program.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Blood venous, Serum, other appropriate source, or Other (describe in Lab Comments)
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇨	<i>Coded Result</i>	Refer to table below.
⇨	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.

Lab Report	
NBS Field Name	Description/Instructions
⇒ <i>Text Result</i>	Refer to table below.
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), <i>entering data in</i> these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
Wet mount microscopy	Wet preparation, Microscopic exam (short search "wet")	TRYPANOSOMA SP IDENTIFIED (long search, "trypan")	Coded Result: Enter "detected" or "not detected"
Blood smear	Blood parasites smear (thick smear, thin smear) (short search "smear")	TRYPANOSOMA SP IDENTIFIED (long search, "trypan")	Text Result: Enter species name
PCR or metagenomic sequencing	Trypanosoma cruzi DNA (long search "cruzi")	Trypanosoma cruzi DNA (long search "cruzi")	Coded Result: Enter "positive," "negative," or "indeterminate"

Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Lab Report	
NBS Field Name	Description/Instructions
Investigation Information	
➔ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ Program Area	Zoonosis - Will default based on condition chosen
➔ Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔ Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
➔ Shared Indicator	Yes
State Case ID	

Lab Report		
NBS Field Name		Description/Instructions
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a non-negative condition specific laboratory result was ordered (e.g, specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.

Lab Report		
NBS Field Name		Description/Instructions
⇒	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Additional hospitalizations?	Enter name of additional hospital.
⇒	Additional Hospital Name	Search for 2 nd hospital. Enter new hospitals as needed.
⇒	Admission Date	Enter admission date of additional hospitalization.
⇒	Discharge Date	Enter discharge/transfer date of additional hospitalization.
⇒	Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
	Click on Add button to complete entry. Repeat until all hospitalization data is entered.	
⇒	Hospital Discharge Diagnosis	Enter description of discharge diagnosis.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification if applicable.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of physician diagnosis, or ♦ Date a condition specific laboratory was positive. If diagnosis date is unknown, please enter the specimen collection date.
➔	Asymptomatic	Select Yes, No, or Unknown.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Enter specimen collection date if onset date is unknown or patient is asymptomatic.</i>
	Age at Onset	Enter number and unit. Default is years. Use days if <1 month, months for ≥1 month and <1 year, and years for ≥1 year.
	Age at Onset Units	Use the drop-down list next to it to select days, weeks, etc.
⇒	Onset of Illness Characteristic	Select "Abrupt" or "Gradual."
➔	Fever	Select Yes, No, or Unknown.
⇒	Max Temp(F)	Enter highest measured temperature in F.
⇒	Fever Duration (days)	Enter number of days fever persisted.
➔	Malaise	Select Yes, No, or Unknown.
➔	Nausea/vomiting	Select Yes, No, or Unknown.
➔	Diarrhea	Select Yes, No, or Unknown.
⇒	Dizziness	Select Yes, No, or Unknown.
➔	Lymphadenopathy	Select Yes, No, or Unknown.
➔	Chest Pain	Select Yes, No, or Unknown.

Lab Report		
NBS Field Name		Description/Instructions
⇒	Cardiac Arrhythmias	Select Yes, No, or Unknown.
⇒	Palpations	Select Yes, No, or Unknown.
➔	Myocarditis	Select Yes, No, or Unknown.
⇒	Presyncope	Select Yes, No, or Unknown.
⇒	Syncope	Select Yes, No, or Unknown.
	Dilated Cardiomyopathy	Select Yes, No, or Unknown.
⇒	Difficulty Breathing	Select Yes, No, or Unknown.
	Difficulty Swallowing	Select Yes, No, or Unknown.
⇒	Swelling in Feet and/or Ankles	Select Yes, No, or Unknown.
➔	Romana's Sign	Select Yes, No, or Unknown.
➔	Chagoma	Select Yes, No, or Unknown.
⇒	Chagoma Onset Date	Enter date of Chagoma onset.
⇒	Location of Chagoma	Describe Chagoma location.
➔	Hepatosplenomegaly	Select Yes, No, or Unknown.
	Mega Colon	Select Yes, No, or Unknown.
	Megaesophagus	Select Yes, No, or Unknown.
➔	Other Symptoms or Clinical Signs	Describe other signs and symptoms.
➔	Patient Pregnant	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
⇒	Number of weeks gestation	If pregnant, enter the number of gestational weeks pregnant
⇒	Patient Breastfeeding	Select Yes, No, or Unknown.
⇒	Number of weeks breastfed	If breastfed, enter the number of weeks that baby has been breastfed
⇒	Blood Donor	Select Yes, No, or Unknown.
⇒	Date of donation	Enter the date of the blood donation
⇒	Name of Blood Bank	Enter the name of the blood donation center
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Date of Death	Enter date of death.
Laboratory		
⇒	Wet Mount Collection Date	Enter date of specimen collection.
⇒	Wet Mount Result	Enter a description of the test results.
⇒	Blood Smear Collection Date	Enter date of specimen collection.
⇒	Blood Smear Result	Select negative, not done, positive, or unknown for Blood Smear lab result.
⇒	ELISA Specimen Date	Enter date of specimen collection.
⇒	ELISA Result	Select negative, not done, positive, or unknown for ELISA lab result.
⇒	IFA Specimen Date	Enter date of specimen collection.
⇒	IFA Result	Select negative, not done, positive, or unknown for IFA lab result.
⇒	PCR Specimen Date	Enter date of specimen collection.

Lab Report		
NBS Field Name		Description/Instructions
⇒	PCR Result	Select negative, not done, positive, or unknown for PCR lab result.
⇒	RIPA Specimen Date	Enter date of specimen collection.
⇒	RIPA Result	Select negative, not done, positive, or unknown for RIPA lab result.
⇒	TESA Collection Date	Enter date of specimen collection.
⇒	TESA Result	Select negative, not done, positive, or unknown for TESA lab result.
⇒	Culture Date	Enter date of specimen collection.
⇒	Culture Result, Isolate	Enter a description of the test results.
⇒	Other Test Name	Enter a name or description of other test.
⇒	Other Specimen Collection Date	Enter date of specimen collection.
⇒	Other Result	Enter a description of the test results.
⇒	Were Triatomids Submitted?	Select Yes, No, or Unknown.
⇒	Date Triatomids Collected	Enter date collected.
⇒	Triatomid Collection Location	Describe location by address and habitat.
⇒	Host	Select host of triatomid submitted, if relevant.
⇒	Triatomid Species	Select <i>Triatoma gerstaeckeri</i> ; <i>Triatoma indictiva</i> ; <i>Triatoma lecticularia</i> ; <i>Triatoma neotomae</i> ; <i>Triatoma protracta</i> ; <i>Triatoma rubida</i> ; <i>Triatoma sanguisuga</i> ; or Other
⇒	If other, Triatomid species	Enter other species identified.
⇒	Number submitted	Enter number of triatomids submitted for each species.
⇒	PCR Result	Enter PCR result for triatomid species.
Click on Add button to complete entry. Repeat until results for all species submitted are entered.		
Treatment		
➔	Was the patient treated For Chagas Disease?	Select Yes, No, or Unknown.
⇒	Nifurtimox?	Select Yes, No, or Unknown.
⇒	Benznidazole?	Select Yes, No, or Unknown.
⇒	Other Treatment Meds Used?	Select Yes, No, or Unknown.
⇒	Specify other medication	Enter other treatment medication
Click on Add button to complete entry. Repeat until all other treatment medications are entered.		
Epidemiologic		
➔	Triatomids present at patient's residence?	Select Yes, No, or Unknown.
➔	History of contact with triatomines?	Select Yes, No, or Unknown.
➔	Has the patient ever had a blood transfusion?	Select Yes, No, or Unknown.
➔	Date of Transfusion	If yes, provide date of blood transfusion

Lab Report		
NBS Field Name		Description/Instructions
→	Blood Transfusion Location	If yes, provide location where blood transfusion occurred
→	Did patient consume any food containing acai berries or drink acai berry juice, imported raw sugar cane juice, palm wine, or fresh squeezed juice from an unregulated vendor?	Select Yes, No, or Unknown. If yes, please provide details: (need free text box if "yes" selected)
→	Has the patient ever lived outside of the United States for longer than 30 days?	Select Yes, No, or Unknown.
→	Did the patient travel outside his/her country of residence within 60 days of onset?	Select Yes, No, or Unknown.
Out of US Residence >30 days		
→	Country of residence	Select most recent country of residence outside of US.
→	City/State of residence	Enter city or state of residence in country.
⇒	<i>Duration Country of residence; Units</i>	Enter number of months or years if more appropriate. Use the drop-down list next to it to select months or years.
⇒	<i>Date Arrived Country of residence</i>	Enter first year resided in country. If specific date is unknown enter 1 st day of month that approximates date of arrival.
⇒	<i>Date Departed Country of residence</i>	Enter last year of continuous residence in country. If specific date is unknown enter 1 st day of month that approximates date of departure and reflects the approximate time between arrival and departure.
⇒	<i>Was Location in Country Rural?</i>	Select Yes, No, or Unknown.
Click on Add button to complete entry. Repeat until all countries of residence > 30 days are entered.		
Travel Locations within 60 days prior to onset		
→	Country of Travel	Select most recent country traveled to within 60 days of onset.
→	City/State of Travel	Enter city or state of travel in country.
⇒	<i>Duration of stay</i>	Enter duration of travel in country. Select duration units from drop-down list.
⇒	<i>Date of Arrival to Travel Destination</i>	Enter first date of travel in country.
⇒	<i>Date of Departure from Travel Destination</i>	Enter last date of travel in country.
⇒	<i>Was Location in Country Rural?</i>	Select Yes, No, or Unknown.
Click on Add button to complete entry. Repeat until all countries visited within 60 days of onset are entered.		

Lab Report			
NBS Field Name		Description/Instructions	
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous, within jurisdiction Out of Country – patient acquired illness outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.
→	Imported Country	Indicate country where patient acquired illness. Required if “Out of Country” selected.	
→	Imported State	Indicate state where patient acquired illness. Required if “Out of State” selected.	
⇒	<i>Imported City</i>	Indicate city where patient acquired illness.	
→	Imported County	Indicate county where patient acquired illness. Required if “Out of jurisdiction, from another jurisdiction” selected.	
→	Transmission Mode	If transmission by triatomid exposure, select “Vectorborne;” Transfusion/Transplant, select “Bloodborne;” Transplacental, select “Transplacental transmission.”	
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed.	Laboratory confirmed - laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed or Not a Case according to the case definition.	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
General Comments			
	General Comments		

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Chagas disease, chronic

General Information

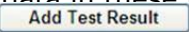
Please complete the [Chagas Disease Case Investigation Form \(state.tx.us\)](https://state.tx.us) and route to the Zoonosis Control Branch through your regional Zoonosis Control Program.

Please refer to the DSHS website for guidance on Chagas disease testing: [Chagas IgG | Texas DSHS](#)

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - the earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to the table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Blood venous, Serum, other appropriate source, or Other (describe in Lab Comments)
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to the table below and use appropriate fields below.
➔	Resulted Test	Refer to the table below.
⇨	<i>Coded Result</i>	Refer to the table below.
⇨	<i>Numeric Result</i>	Refer to the table below. Enter units in the 2 nd box.

Lab Report		
NBS Field Name		Description/Instructions
⇒	Text Result	Refer to the table below.
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
<i>Trypanosoma cruzi</i> ELISA or LFA	Trypanosoma cruzi Ab (long search "trypan")	Trypanosoma cruzi Ab (long search, "trypan")	Coded Result: Enter "detected" or "not detected" Numeric Result: enter value (if applicable)
<i>Trypanosoma cruzi</i> blood donor screening	Trypanosoma cruzi Ab (long search "trypan")	Trypanosoma cruzi Ab (long search, "trypan")	Coded Result: Enter "detected" Test Result: Enter "blood donor screening"

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by [and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Information	
➔ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ Program Area	Zoonosis - Will default based on condition chosen
➔ Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔ Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
➔ Shared Indicator	Yes
	State Case ID

Investigation		
NBS Field Name		Description/Instructions
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigation	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a non-negative condition specific laboratory result was ordered (e.g., specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
→	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Reporting Provider	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Additional hospitalizations?	Enter name of additional hospital.
⇒	Additional Hospital Name	Search for 2 nd hospital. Enter new hospitals as needed.
⇒	Admission Date	Enter admission date of additional hospitalization.
⇒	Discharge Date	Enter discharge/transfer date of additional hospitalization.
⇒	Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
	Click on  button to complete entry. Repeat until all hospitalization data is entered.	
⇒	Hospital Discharge Diagnosis	Enter description of discharge diagnosis.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification if applicable.
➔	Diagnosis Date	Enter Diagnosis Date as evidence by: ♦ Date of physician diagnosis, or ♦ Date a condition specific laboratory was positive.
➔	Asymptomatic	Select Yes, No, or Unknown.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Enter specimen collection date if onset date is unknown. If onset of symptoms occurred in previous reporting year, leave onset date blank and enter in notes.</i>
	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for > 1 month and < 1 year, and years for > 1 year.
	Age at Onset Units	Use the drop-down list next to it to select days, weeks, etc.
⇒	Onset of Illness Characteristic	Select "Abrupt" or "Gradual".
⇒	Fever	Select Yes, No, or Unknown.
⇒	Max Temp(F)	Enter highest measured temperature in F.
⇒	Fever Duration (days)	Enter number of days fever persisted.
⇒	Malaise	Select Yes, No, or Unknown.
⇒	Nausea/vomiting	Select Yes, No, or Unknown.
⇒	Diarrhea	Select Yes, No, or Unknown.
⇒	Dizziness	Select Yes, No, or Unknown.
⇒	Lymphadenopathy	Select Yes, No, or Unknown.
➔	Chest Pain	Select Yes, No, or Unknown.
➔	Cardiac Arrhythmias	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
→	Palpations	Select Yes, No, or Unknown.
→	Myocarditis	Select Yes, No, or Unknown.
→	Presyncope	Select Yes, No, or Unknown.
→	Syncope	Select Yes, No, or Unknown.
→	Dilated Cardiomyopathy	Select Yes, No, or Unknown.
⇒	<i>Difficulty Breathing</i>	Select Yes, No, or Unknown.
⇒	<i>Difficulty Swallowing</i>	Select Yes, No, or Unknown.
⇒	<i>Swelling in Feet and/or Ankles</i>	Select Yes, No, or Unknown.
⇒	<i>Romaña's Sign</i>	Select Yes, No, or Unknown.
⇒	<i>Chagoma</i>	Select Yes, No, or Unknown.
⇒	<i>Chagoma Onset Date</i>	Enter date of Chagoma onset.
⇒	<i>Location of Chagoma</i>	Describe Chagoma location.
→	Hepatosplenomegaly	Select Yes, No, or Unknown.
→	Mega Colon	Select Yes, No, or Unknown.
→	Megaesophagus	Select Yes, No, or Unknown.
→	Other Symptoms or Clinical Signs	Describe other signs and symptoms.
→	Patient Pregnant	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
⇒	<i>Number of weeks gestation</i>	If pregnant, enter the number of gestational weeks pregnant
⇒	<i>Patient Breastfeeding</i>	Select Yes, No, or Unknown.
⇒	<i>Number of weeks breastfed</i>	If breastfed, enter the number of weeks that baby has been breastfed
→	Blood Donor	Select Yes, No, or Unknown.
→	Date of donation	Enter the date of the blood donation
→	Name of Blood Bank	Enter the name of the blood donation center
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
→	Date of Death	Enter date of death.
Laboratory		
⇒	<i>Wet Mount Collection Date</i>	Enter date of specimen collection.
⇒	<i>Wet Mount Result</i>	Enter a description of the test results.
⇒	<i>Blood Smear Collection Date</i>	Enter date of specimen collection.
⇒	<i>Blood Smear Result</i>	Select negative, not done, positive, or unknown for Blood Smear lab result.
→	ELISA Specimen Date	Enter date of specimen collection.
→	ELISA Result	Select negative, not done, positive, or unknown for ELISA lab result.
⇒	<i>IFA Specimen Date</i>	Enter date of specimen collection.
⇒	<i>IFA Result</i>	Select negative, not done, positive, or unknown for IFA lab result.
⇒	<i>PCR Specimen Date</i>	Enter date of specimen collection.

Investigation		
NBS Field Name		Description/Instructions
⇒	PCR Result	Select negative, not done, positive, or unknown for PCR lab result.
⇒	RIPA Specimen Date	Enter date of specimen collection.
⇒	RIPA Result	Select negative, not done, positive, or unknown for RIPA lab result.
➔	TESA Collection Date	Enter date of specimen collection.
➔	TESA Result	Select negative, not done, positive, or unknown for TESA lab result.
⇒	Culture Date	Enter date of specimen collection.
⇒	Culture Result, Isolate	Enter a description of the test results.
⇒	Other Test Name	Enter a name or description of other test.
⇒	Other Specimen Collection Date	Enter date of specimen collection.
⇒	Other Result	Enter a description of the test results.
⇒	Were Triatomids Submitted?	Select Yes, No, or Unknown.
⇒	Date Triatomids Collected	Enter date collected.
⇒	Triatomid Collection Location	Describe location by address and habitat.
⇒	Host	Select host of triatomid submitted, if relevant.
⇒	Triatomid Species	Select <i>Triatoma gerstaeckeri</i> ; <i>Triatoma indictiva</i> ; <i>Triatoma lecticularia</i> ; <i>Triatoma neotomae</i> ; <i>Triatoma protracta</i> ; <i>Triatoma rubida</i> ; <i>Triatoma sanguisuga</i> ; or Other
⇒	If other, Triatomid species	Enter other species identified.
⇒	Number submitted	Enter number of triatomids submitted for each species.
⇒	PCR Result	Enter PCR result for triatomid species.
Click on Add button to complete entry. Repeat until results for all species submitted are entered.		
Treatment		
➔	Was the patient treated For Chagas Disease?	Select Yes, No, or Unknown.
⇒	Nifurtimox?	Select Yes, No, or Unknown.
⇒	Benznidazole?	Select Yes, No, or Unknown.
⇒	Other Treatment Meds Used?	Select Yes, No, or Unknown.
⇒	Specify other medication	Enter other treatment medication
Click on Add button to complete entry. Repeat until all other treatment medications are entered.		
Epidemiologic		
➔	Triatomids present at patient's residence?	Select Yes, No, or Unknown.
➔	History of contact with triatomines?	Select Yes, No, or Unknown.
➔	Has the patient ever had a blood transfusion?	Select Yes, No, or Unknown.
➔	Date of Transfusion	If yes, provide date of blood transfusion
➔	Blood Transfusion Location	If yes, provide location where blood transfusion occurred

Investigation	
NBS Field Name	Description/Instructions
→ Did patient consume any food containing acai berries or drink acai berry juice, imported raw sugar cane juice, palm wine, or fresh squeezed juice from an unregulated vendor?	Select Yes, No, or Unknown. If yes, please provide details: (need free text box if "yes" selected)
→ Has the patient ever lived outside of the United States for longer than 30 days?	Select Yes, No, or Unknown.
→ Did the patient travel outside his/her country of residence within 60 days of onset?	Select Yes, No, or Unknown.
Out of US Residence >30 days	
→ Country of residence	Select most recent country of residence outside of US.
→ City/State of residence	Enter city or state of residence in country.
⇒ Duration Country of residence; Units	Enter number of months or years if more appropriate. Use the drop-down list next to it to select months or years.
⇒ Date Arrived Country of residence	Enter first year resided in country. If specific date is unknown enter 1 st day of month that approximates date of arrival.
⇒ Date Departed Country of residence	Enter last year of continuous residence in country. If specific date is unknown enter 1 st day of month that approximates date of departure and reflects the approximate time between arrival and departure.
⇒ Was Location in Country Rural?	Select Yes, No, or Unknown.
Click on Add button to complete entry. Repeat until all countries of residence > 30 days are entered.	
Travel Locations within 60 days prior to onset	
→ Country of Travel	Select most recent country traveled to within 60 days of onset.
→ City/State of Travel	Enter city or state of travel in country.
⇒ Duration of stay	Enter duration of travel in country. Select duration units from drop-down list.
⇒ Date of Arrival to Travel Destination	Enter first date of travel in country.
⇒ Date of Departure from Travel Destination	Enter last date of travel in country.
⇒ Was Location in Country Rural?	Select Yes, No, or Unknown.
Click on Add button to complete entry. Repeat until all countries visited within 60 days of onset are entered.	

Investigation			
NBS Field Name		Description/Instructions	
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous, within jurisdiction Out of Country – patient acquired illness outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.
→	Imported Country	Indicate country where patient acquired illness. Required if “Out of Country” selected.	
→	Imported State	Indicate state where patient acquired illness. Required if “Out of State” selected.	
⇒	Imported City	Indicate city where patient acquired illness.	
→	Imported County	Indicate county where patient acquired illness. Required if “Out of jurisdiction, from another jurisdiction” selected.	
→	Transmission Mode	If transmission thought to be by triatomid exposure, select “Vectorborne;” Transfusion/Transplant, select “Bloodborne;” Transplacental, select “Transplacental transmission.”	
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed.	Laboratory confirmed or Laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. For Probable cases, a sample should be forwarded to CDC for confirmatory testing. If sample tests negative, change status to Not A Case. If sample tests positive, change status to Confirmed. See current: Disease Surveillance and Epidemiology Health Practitioner Guidance and Training Texas DSHS	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
General Comments			
	General Comments		

NBS Entry Guidelines for Notification

Notifications are required for confirmed, probable, and suspect cases. Suspect cases will not be included in case counts but are being tracked for programmatic review.

Chagas disease, congenital

General Information

Please complete the [Chagas Disease Case Investigation Form \(state.tx.us\)](https://state.tx.us) and route to the Zoonosis Control Branch through your regional Zoonosis Control Program.

Please refer to the DSHS website for more guidance on Chagas disease testing:

[Chagas IgG | Texas DSHS](#)

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Blood venous, Serum, other appropriate source, or Other (describe in Lab Comments)
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇨	<i>Coded Result</i>	Refer to table below.

Lab Report

	NBS Field Name	Description/Instructions
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional.
 Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.

Administrative	
	Comments

Ordered Test, Resulted Test and Test Results

Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
Wet mount microscopy	Wet preparation, Microscopic exam (short search "wet")	TRYPANOSOMA SP IDENTIFIED (long search, "trypan")	Coded Result: Enter "detected" or "not detected"
Blood smear	Blood parasites smear (thick smear, thin smear) (short search "smear")	TRYPANOSOMA SP IDENTIFIED (long search, "trypan")	Text Result: Enter species name
PCR or metagenomic sequencing	Trypanosoma cruzi DNA (long search "cruzi")	Trypanosoma cruzi DNA (long search "cruzi")	Coded Result: Enter "positive," "negative," or "indeterminate"

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation

	NBS Field Name	Description/Instructions
Investigation Information		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Zoonosis - Will default based on condition chosen
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
➔	Shared Indicator	Yes
	State Case ID	N/A

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a non-negative condition specific laboratory result was ordered (e.g, specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Additional hospitalizations?	Enter name of additional hospital.
⇒	Additional Hospital Name	Search for 2 nd hospital. Enter new hospitals as needed.
⇒	Admission Date	Enter admission date of additional hospitalization.
⇒	Discharge Date	Enter discharge/transfer date of additional hospitalization.
⇒	Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
Click on Add button to complete entry. Repeat until all hospitalization data is entered.		
⇒	Hospital Discharge Diagnosis	Enter description of discharge diagnosis.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification if applicable.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of physician diagnosis, or ♦ Date a condition specific laboratory was positive. If diagnosis date is unknown, please enter specimen collection date.
➔	Asymptomatic	Select Yes, No, or Unknown.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Enter specimen collection date if onset date is unknown. If onset of symptoms occurred in previous reporting year, leave onset date blank and enter in notes.</i>
	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for > 1 month and < 1 year, and years for > 1 year.
	Age at Onset Units	Use the drop-down list next to it to select days, weeks, etc.
⇒	Onset of Illness Characteristic	Select "Abrupt" or "Gradual."
⇒	Fever	Select Yes, No, or Unknown.
⇒	Max Temp(F)	Enter highest measured temperature in F.
⇒	Fever Duration (days)	Enter number of days fever persisted.
⇒	Malaise	Select Yes, No, or Unknown.
⇒	Nausea/vomiting	Select Yes, No, or Unknown.
⇒	Diarrhea	Select Yes, No, or Unknown.
⇒	Dizziness	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Lymphadenopathy</i>	Select Yes, No, or Unknown.
⇒	<i>Chest Pain</i>	Select Yes, No, or Unknown.
➔	Cardiac Arrhythmias	Select Yes, No, or Unknown.
⇒	<i>Palpations</i>	Select Yes, No, or Unknown.
➔	Myocarditis	Select Yes, No, or Unknown.
⇒	<i>Presyncope</i>	Select Yes, No, or Unknown.
⇒	<i>Syncope</i>	Select Yes, No, or Unknown.
➔	Dilated Cardiomyopathy	Select Yes, No, or Unknown.
⇒	<i>Difficulty Breathing</i>	Select Yes, No, or Unknown.
⇒	<i>Difficulty Swallowing</i>	Select Yes, No, or Unknown.
⇒	<i>Swelling in Feet and/or Ankles</i>	Select Yes, No, or Unknown.
⇒	<i>Romaña's Sign</i>	Select Yes, No, or Unknown.
⇒	<i>Chagoma</i>	Select Yes, No, or Unknown.
⇒	<i>Chagoma Onset Date</i>	Enter date of Chagoma onset.
⇒	<i>Location of Chagoma</i>	Describe Chagoma location.
➔	Hepatosplenomegaly	Select Yes, No, or Unknown.
⇒	<i>Mega Colon</i>	Select Yes, No, or Unknown.
⇒	<i>Megaesophagus</i>	Select Yes, No, or Unknown.
➔	Other Symptoms or Clinical Signs	Describe other signs and symptoms.
⇒	<i>Patient Pregnant</i>	N/A
⇒	<i>Number of weeks gestation</i>	N/A
➔	Patient Breastfeeding	Select Yes, No, or Unknown.
➔	Number of weeks breastfed	If breastfed, enter the number of weeks that baby has been breastfed
⇒	<i>Blood Donor</i>	N/A
⇒	<i>Date of donation</i>	N/A
⇒	<i>Name of Blood Bank</i>	N/A
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Date of Death	Enter date of death.
Laboratory		
⇒	<i>Wet Mount Collection Date</i>	Enter date of specimen collection.
⇒	<i>Wet Mount Result</i>	Enter a description of the test results.
➔	Blood Smear Collection Date	Enter date of specimen collection.
➔	Blood Smear Result	Select negative, not done, positive, or unknown for Blood Smear lab result.
⇒	<i>ELISA Specimen Date</i>	Enter date of specimen collection.
⇒	<i>ELISA Result</i>	Select negative, not done, positive, or unknown for ELISA lab result.
⇒	<i>IFA Specimen Date</i>	Enter date of specimen collection.

Investigation		
NBS Field Name		Description/Instructions
⇒	IFA Result	Select negative, not done, positive, or unknown for IFA lab result.
➔	PCR Specimen Date	Enter date of specimen collection.
➔	PCR Result	Select negative, not done, positive, or unknown for PCR lab result.
⇒	RIPA Specimen Date	Enter date of specimen collection.
⇒	RIPA Result	Select negative, not done, positive, or unknown for RIPA lab result.
⇒	TESA Collection Date	Enter date of specimen collection.
⇒	TESA Result	Select negative, not done, positive, or unknown for TESA lab result.
⇒	Culture Date	Enter date of specimen collection.
⇒	Culture Result, Isolate	Enter a description of the test results.
⇒	Other Test Name	Enter a name or description of other test.
⇒	Other Specimen Collection Date	Enter date of specimen collection.
⇒	Other Result	Enter a description of the test results.
⇒	Were Triatomids Submitted?	N/A
⇒	Date Triatomids Collected	N/A
⇒	Triatomid Collection Location	N/A
⇒	Host	N/A
⇒	Triatomid Species	N/A
⇒	If other, Triatomid species	N/A
⇒	Number submitted	N/A
⇒	PCR Result	N/A
Click on Add button to complete entry. Repeat until results for all species submitted are entered.		
Treatment		
➔	Was the patient treated For Chagas Disease?	Select Yes, No, or Unknown.
⇒	Nifurtimox?	Select Yes, No, or Unknown.
⇒	Benznidazole?	Select Yes, No, or Unknown.
⇒	Other Treatment Meds Used?	Select Yes, No, or Unknown.
⇒	Specify other medication	Enter other treatment medication
Click on Add button to complete entry. Repeat until all other treatment medications are entered.		
Epidemiologic		
➔	Triatomids present at patient's residence?	Select Yes, No, or Unknown.
➔	History of contact with triatomines?	Select Yes, No, or Unknown.
➔	Has the patient ever had a blood transfusion?	Select Yes, No, or Unknown.

Investigation	
NBS Field Name	Description/Instructions
➔ Date of Transfusion	If yes, provide date of blood transfusion
➔ Blood Transfusion Location	If yes, provide location where blood transfusion occurred
➔ Did patient consume any food containing acai berries or drink acai berry juice, imported raw sugar cane juice, palm wine, or fresh squeezed juice from an unregulated vendor?	Select Yes, No, or Unknown. If yes, please provide details: (need free text box if "yes" selected)
➔ Has the patient ever lived outside of the United States for longer than 30 days?	Select Yes, No, or Unknown.
➔ Did the patient travel outside his/her country of residence within 60 days of onset?	Select Yes, No, or Unknown.
Out of US Residence >30 days	
➔ Country of residence	Select most recent country of residence outside of US.
➔ City/State of residence	Enter city or state of residence in country.
⇒ <i>Duration Country of residence; Units</i>	Enter number of months or years if more appropriate. Use the drop-down list next to it to select months or years.
⇒ <i>Date Arrived Country of residence</i>	Enter first year resided in country. If specific date is unknown enter 1 st day of month that approximates date of arrival.
⇒ <i>Date Departed Country of residence</i>	Enter last year of continuous residence in country. If specific date is unknown enter 1 st day of month that approximates date of departure and reflects the approximate time between arrival and departure.
⇒ <i>Was Location in Country Rural?</i>	Select Yes, No, or Unknown.
Click on Add button to complete entry. Repeat until all countries of residence > 30 days are entered.	
Travel Locations within 60 days prior to onset	
➔ Country of Travel	Select most recent country traveled to within 60 days of onset.
➔ City/State of Travel	Enter city or state of travel in country.
⇒ <i>Duration of stay</i>	Enter duration of travel in country. Select duration units from drop-down list.
⇒ <i>Date of Arrival to Travel Destination</i>	Enter first date of travel in country.
⇒ <i>Date of Departure from Travel Destination</i>	Enter last date of travel in country.
⇒ <i>Was Location in Country Rural?</i>	Select Yes, No, or Unknown.
Click on Add button to complete entry. Repeat until all countries visited within 60 days of onset are entered.	

Investigation		
NBS Field Name		Description/Instructions
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field. Use location where gestational parent is thought to have acquired infection. Indigenous, within jurisdiction Out of Country – patient acquired illness outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.
→	Imported Country	Indicate country where patient acquire illness. Required if “Out of Country” selected.
→	Imported State	Indicate state where patient acquired illness. Required if “Out of State” selected.
⇒	Imported City	Indicate state where patient acquired illness.
→	Imported County	Indicate state where patient acquired illness. Required if “Out of jurisdiction, from another jurisdiction” selected.
→	Transmission Mode	Select “Transplacental transmission.”
	Detection Method	
→	Confirmation Method	Select method used to determine case status. Laboratory confirmed – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case were met.
→	Case Status	Select Confirmed or Not a Case according to the case definition.
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
General Comments		
	General Comments	

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Cholera

General Information

For individual cases use [CDC Cholera and Other Vibrio Surveillance Report](#) (COVIS Form). For instructions to complete the COVIS form see the [Vibriosis/COVIS Form guidance](#). Please send a copy of the investigation form to Central Office via the Regional Office.

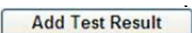
Note: Illnesses caused by strains of ***V. cholerae*** other than toxigenic ***V. cholerae*** O1 or O139 should not be reported as cases of cholera. (See [Vibriosis, other or unspecified](#).)

**Foodborne Outbreaks: A foodborne outbreak is defined as the occurrence of two or more cases of a similar illness associated with a suspect common exposure.*

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Waterborne <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select "Stool = fecal;" "Vomitous," or "Blood venous"
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	

Lab Report	
NBS Field Name	Description/Instructions
Test Result(s)	
➔ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔ Resulted Test	Refer to table below.
⇒ <i>Coded Result</i>	Refer to table below.
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒ <i>Text Result</i>	Refer to table below.
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Culture	Culture, specimen source (e.g., "Culture, Stool") or Clostridium Culture (short search "culture") -or- Vibrio cholera culture (drop-down list)	VIBRIO CHOLERA IDENTIFIED (short search "cholera") -or- Vibrio SP Identified (short search "vibrio")	Short search "cholera" - Select genus and species names for organism isolated as well as serogroup (i.e. O1 or O139), biotype (i.e. El Tor or classical), and serotype (i.e. Inaba, Ogawa, or Hikojima). Text Result: Indicate if organism is toxigenic. Indicate serogroup, biotype, and serotype if not indicated above.
Cholera Antibody	Vibrio cholera antibody (short search "cholera")	Vibrio cholera antibody, or Vibrio cholera antibody, IgG, or Vibrio cholera antibody, IgM (short search "cholera")	Coded Result: "positive," "negative," or "indeterminate" -or- Numeric Result and Reference Range.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Summary	

Investigation		
NBS Field Name		Description/Instructions
→	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	<i>Program Area</i>	IDEAS – Waterborne - Will default based on condition
	State Case ID	
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
⇒	<i>Hospital Information</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter admission date(s).

Investigation		
NBS Field Name	Description/Instructions	
⇒ Discharge Date	If patient hospitalized, enter discharge date(s).	
⇒ Duration of Stay	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.	
→ Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ◆ Date of physician diagnosis (if known), or ◆ Date a condition specific laboratory test was positive, or ◆ Date identified as a symptomatic contact of another case	
→ Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>	
Illness End Date		
Illness Duration		
Age at Onset		
Is the patient pregnant?		
Does the patient have pelvic inflammatory disease?		
→ Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .	
Epidemiologic		
	Is this patient associated with a day care facility?	
	Is this patient a food handler?	Fill in the Food Handler section.
→ Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
→ Outbreak Name	Select outbreak name from drop-down list.	
⇒ Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX Out of State – patient became ill while traveling within US but outside of TX
⇒ Imported Country	Indicate country where patient became ill.	
⇒ Imported State	Indicate state where patient became ill.	
Imported City		
⇒ Imported County	Indicate county where patient became ill.	
Transmission Mode		
Detection Method		

Investigation			
NBS Field Name		Description/Instructions	
→	Confirmation Method	Indicate method(s) used to determine case status. Select lab confirmed or epi-linked.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.
	Confirmation Date	Date criteria for the case status of the case were met	
→	Case Status	Select Confirmed or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
Administrative			
	General Comments		
Custom Fields			
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date of physician diagnosis, or ◆ Date a condition specific laboratory test was positive, whichever was earliest.	
Food Handler			
→	Did patient work as a food handler after onset of illness?	Select Yes, No, or Unknown.	
⇒	<i>What was last date worked as a food handler after onset of illness?</i>		
⇒	<i>Where was patient a food handler?</i>		
Travel History			
⇒	<i>Did patient travel prior to onset of illness?</i>	Select Yes, No, or Unknown.	
⇒	<i>Applicable incubation period for this illness is:</i>	Enter incubation period	For Cholera enter a few hours to 5 days.
⇒	<i>What was the purpose of the travel?</i>	Select purpose of travel (Use Ctrl to select more than one).	
⇒	<i>If "Other", please specify other purpose of travel:</i>		

Investigation		
NBS Field Name		Description/Instructions
	Please specify the destination(s):	
⇒	Destination 1 Type:	Select the Domestic or International radio button.
⇒	Destination 1	Select the destination from the resulting drop-down list.
⇒	Mode of Travel:	Select appropriate mode of travel from drop-down list.
⇒	Date of Arrival:	
⇒	Date of Departure:	
⇒	Destination 2 Type:	Select the Domestic or International radio button.
⇒	Destination 2	Select the destination from the resulting drop-down list.
⇒	Mode of Travel:	Select appropriate mode of travel from drop-down list.
⇒	Date of Arrival:	
⇒	Date of Departure:	
⇒	Destination 3 Type:	Select the Domestic or International radio button.
⇒	Destination 3	Select the destination from the resulting drop-down list.
⇒	Mode of Travel:	Select appropriate mode of travel from drop-down list.
⇒	Date of Arrival:	
⇒	Date of Departure:	
⇒	If more than 3 destinations, specify details here:	
Drinking Water Exposure		
⇒	What is the source of tap water at home?	Select appropriate response from drop-down list.
⇒	If "Other", specify other source of tap water at home:	
⇒	If "Private Well", how was the well water treated at home?	Select appropriate response from drop-down list.
⇒	What is the source of tap water at school/work?	Select appropriate response from drop-down list.
⇒	If "Other", specify other source of tap water at school/work:	
⇒	If "Private Well", how was the well water treated at school/work?	Select appropriate response from drop-down list.
⇒	Did the patient drink untreated water in the 7 days prior to onset of illness?	Select Yes, No, or Unknown.
Recreational Water Exposure		
➔	Was there recreational water exposure in the 7 days prior to illness?	Select Yes, No, or Unknown.
⇒	What was the recreational water exposure type?	Select recreational water exposure type (Use Ctrl to select more than one).
⇒	If "Other", please specify other recreational water exposure type:	
⇒	If "Swimming Pool", please specify swimming pool type:	(Use Ctrl to select more than one)

Investigation		
NBS Field Name		Description/Instructions
⇒	If "Other", please specify other swimming pool type:	
⇒	Name or location of water exposure:	Enter details regarding name and location of water exposure.
Seafood Exposure		
⇒	Has the patient eaten seafood in the last 14 days?	Select Yes, No, or Unknown.
⇒	Was the seafood eaten undercooked?	Select Yes, No, or Unknown.
⇒	Was the seafood eaten raw?	Select Yes, No, or Unknown.
⇒	If "Yes", type of raw seafood:	Select from drop-down list.
⇒	If "Other Shellfish", specify type of other shellfish:	
⇒	If "Other Fish", specify type of other fish:	
⇒	Where was raw seafood obtained?	Select from drop-down list.
⇒	If "Other", specify other source where raw seafood was obtained:	
⇒	Date raw seafood consumed:	
⇒	Time raw seafood consumed:	Enter hh:mm. Also select the radio button for either AM or PM.
⇒	If the type of raw seafood was "Oysters," are shipping tags available from suspect lot?	Select Yes, No, or Unknown.
⇒	If shipping tags are available, name of shippers who handled suspected raw oysters:	Enter name of shippers who handled suspected raw oysters. Please also include certification numbers if on tags.
Underlying Conditions		
⇒	Did patient have any of the following underlying conditions?	Select underlying conditions (Use Ctrl to select more than one).
⇒	If "Other Prior Illness", please specify:	
⇒	If "Diabetes Mellitus", specify whether on insulin:	Select Yes, No, or Unknown.
⇒	If "Gastric Surgery", please specify type:	
⇒	If "Hematologic Disease", please specify type:	
⇒	If "Immunodeficiency", please specify type:	
⇒	If "Other Liver Disease", please specify type:	
⇒	If "Other Malignancy", please specify type:	
⇒	If "Other Renal Disease", please specify type:	

Investigation		
NBS Field Name		Description/Instructions
⇒	If "Organ Transplant", please specify organ:	
Related Cases		
⇒	Does the patient know of any similarly ill persons?	Select Yes, No, or Unknown.
⇒	If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?	Select Yes, No, or Unknown. Note: Please enter details in the space provided for General Comments in the Administrative group on this Investigation.
⇒	Are there other cases related to this one?	Select "no, sporadic;" "unknown;" "yes, household;" or "yes, outbreak".
FoodNet		
	FoodNet Case?	Not applicable in Texas
	Was patient transferred from one hospital to another?	Not applicable in Texas
	If "Yes", specify name of the hospital to which the patient was transferred	Not applicable in Texas
	Was there a second hospitalization?	Not applicable in Texas
	Admission Date	Not applicable in Texas
	Discharge Date	Not applicable in Texas
	Did the patient immigrate to the US within 7 days of specimen collection?	Not applicable in Texas
	In case-control study?	Not applicable in Texas
	If "Yes", case control study id number	Not applicable in Texas
	Type of Outbreak	Not applicable in Texas
	CDC EFORS Number	Not applicable in Texas
	Was case found during an audit?	Not applicable in Texas
	Was the case interviewed by public health (i.e., state or local health department or FoodNet staff)?	Not applicable in Texas
Signs and Symptoms		
➔	Time of onset of illness:	Enter hh:mm and select AM or PM.
➔	Did the patient have diarrhea?	Select Yes, No, or Unknown.
➔	If "Yes," please specify maximum number of stools per 24 hours:	Enter number.
➔	Did the patient have a fever?	Select Yes, No, or Unknown.
➔	If "Yes," please specify temperature:	Enter temperature and select Fahrenheit or Celsius.
➔	Did the patient have cellulitis?	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>If "yes," please specify the location:</i>	
→	Did the patient have Bullae?	
⇒	<i>If "Yes," please specify the location:</i>	
→	Did the patient have any of the following signs or symptoms:	Select from drop-down list.
→	If "Other," please specify other signs or symptoms:	
Other Clinical Data		
→	Did the patient have any sequelae?	Select from drop-down list.
→	If "Other," please specify other sequelae:	
→	Did the patient take an antibiotic as treatment for this illness?	Select Yes, No, or Unknown. (Note: Please add treatment details in the treatment record.)
→	Were other organisms isolated from the same specimen that yielded Vibrio?	Select Yes, No, or Unknown. (Note: The organism should be specified on the Lab Report.)
⇒	<i>Was the patient receiving any of the following treatments or taking any of the following medications in the 30 days before this Vibrio illness began?</i>	Select from drop-down list. (Note: Please add treatment details in the treatment record.)
Other Epidemiological Data		
→	In the 7 days before illness began, was patient's skin exposed to any of the following:	Select from drop-down list.
⇒	<i>If patient's skin was exposed, please specify date patient's skin was exposed:</i>	Enter mm/dd/yyyy.
⇒	<i>If patient's skin was exposed, please specify time patient's skin was exposed:</i>	Enter hh:mm and select AM or PM.
⇒	<i>In the 7 days prior to onset of illness, please specify the activity that resulted in patient's skin exposure:</i>	Select from drop-down list.
⇒	<i>If "Other," please specify other activity:</i>	

Investigation		
NBS Field Name		Description/Instructions
→	If patient was exposed to a body of water, please specify body of water type:	Select from drop-down list.
⇒	<i>If "Other," please specify other body of water type:</i>	
→	If patient was exposed to body of water, please specify body of water location:	
→	If skin was exposed, did the patient sustain a wound during this exposure or have a pre-existing wound?	Select Yes, No, or Unknown.
⇒	<i>If "Yes," please specify how wound occurred and site on patient's body:</i>	(Note: Please enter details in the space provided for General Comments in the Administrative group of this Investigation.)
V. Cholerae 01 or 0139 Data		
	If patient was infected with <i>V. Cholerae 01</i> or <i>O139</i> , to which of the following risks was the patient exposed in the 4 days prior to onset of illness?	Select risk exposures. <i>(Use Ctrl to select more than one).</i>
	If "Other", please specify other <i>V. Cholerae 01</i> or <i>O139</i> risk:	
	If "Foreign Travel", had the patient been educated in Cholera prevention measure prior to travel?	
	If "Other", please specify other source of Cholera prevention education:	
	Has patient ever received a Cholera vaccine?	

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases

Coronavirus Disease 2019 (Covid-19/SARS-CoV-2)

General Information

Criteria to distinguish a new case of COVID-19 from reports or notifications which should not be enumerated as a new case for surveillance

The following should be enumerated as a new case:

- SARS-CoV-2 sequencing results from the new positive specimen and a positive specimen from the most recent previous case demonstrate a different lineage,

OR

- Person was most recently enumerated as a confirmed or probable case with onset date (if available) or first positive specimen collection date for that classification >90 days prior[‡],

OR

- Person was previously reported but not enumerated as a confirmed or probable case (i.e., suspect)^{‡‡}, but now meets the criteria for a confirmed or probable case.

‡Some individuals, e.g., severely immunocompromised persons, can shed SARS-CoV-2 detected by molecular amplification tests >90 days after infection. For severely immunocompromised individuals, clinical judgment should be used to determine if a repeat positive test is likely to result from long term shedding and therefore not be enumerated as a new case. CDC defines severe immunocompromise as certain conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count of <200, combined immunodeficiency disorder, receipt of prednisone > 20mg/day for more than 14 days.

‡‡Repeat suspect cases should not be enumerated.

Deaths:

Use the following guidance to determine whether to select “Yes” for “Did the patient die from this illness?”

- A COVID-19 associated death is defined for surveillance purposes as a confirmed or probable case with no period of complete recovery between the illness and death.
- A death should not be reported if after review and consultation there is an alternative agreed upon cause of death which is unrelated to an infectious process (e.g., an adult with a positive SARS-CoV- 2 test whose death clearly resulted from trauma after a car accident would not qualify as a COVID- 19 associated death)

For General Information and guidance see:

[COVID-19 \(Coronavirus Disease 2019\) | Texas DSHS](#) and <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>.

A complete list can be found at: [People with Certain Medical Conditions and COVID-19 Risk Factors | COVID-19 | CDC](#)

NBS Entry Guidelines for Laboratory Reports

Note: If there is an existing lab in NEDSS, do not manually enter a report. Create an investigation from the existing lab report if no investigation has been entered for the patient.

Required data entry fields are noted by ➔ and **BOLD** and preferred data entry fields by ⇨ and *italics*.

Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report	
NBS Field Name	Description/Instructions
Order Information	

Lab Report

NBS Field Name		Description/Instructions
→	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
→	Program Area	Enter COVID-19 . Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" (i.e., public health department from dropdown list) based on the available information in that order: (1) patient address if available, (2) location of patient's provider, or (3) location of reporting facility. <i>Note: Owning jurisdiction (i.e., by patient address) is determined if patient resides at address for at least 30 days or meets criteria set for immigrants, detainees and refugees set in the guidance with the link below</i> https://www.dshs.texas.gov/sites/default/files/coronavirus/docs/DeterminingTXResidency.pdf
	Shared Indicator	Defaults to checked.
⇒	Lab Report Date	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇒	Pregnancy Status	Select Yes, No, or Unknown at time of specimen collection.
	Weeks	
⇒	Ordered Test	Leave Blank.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Select as appropriate: <i>Serum; Blood, venous; Sputum; Bronchial; Pleural fluid (thoracentesis fld); or Other (fill in nasopharynx and/or oropharynx, or trachea), as Appropriate</i>
	Specimen Site	

Lab Report		
NBS Field Name		Description/Instructions
➔	Specimen Collection Date/Time:	Enter date specimen collected. For whole genome sequencing (WGS) test results, it is particularly important to enter specimen collection date when the sample was <u>initially</u> collected as historical samples may be tested at later dates.
	Patient Status at Specimen Collection	
Test Result(s)		
➔	Resulted Test	Search for " SARS " and select " Long List. " Select the closest match to the lab you have. <i>General Information in the table below.</i>
➔	Coded Result	Positive or Detected can be used for positive results.
⇒	<i>Numeric Result</i>	If applicable. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	For PCR or Antigen Testing, leave blank. For whole genome sequencing results enter the SARS-CoV-2 PANGO lineage detected if lineage is determined. (e.g, B.1.1.7., B.1.617.2, AY.2, etc.) If lineage is determined do not enter additional text such as 'detected' or 'SARS-CoV-2'.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results. <i>Normally it is Negative.</i>
	Result status	
⇒	<i>Result comments</i>	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Lab Report Comments		
☐	Comments	
Other Information		
⇒	Lab Report Opened By:	

Ordered Test, Resulted Test and Test Results			
Description	➔ Resulted Test	➔ Coded Result	⇒ Result Comments
Novel Coronavirus	Search and Type: "SARS." Select: Long List. Select the closest match to the lab info you have. <i>Additional info below.</i>	Positive or Detected can be used for a positive result.	Any General Information about the lab that was not shown in the "Resulted Test" field.
Description	➔ Resulted Test	➔ Test Result	Result Comments
Novel Coronavirus Whole Genome Sequencing Test Result	Search and type: LOINC code. Select: Long List. Select the closest match to the lab info you have. <i>Additional info below.</i>	Enter SARS-CoV-2 PANGO lineage detected if lineage is determined. (e.g, B.1.1.7., B.1.617.2., AY.2., etc.) If lineage is determined do	Any General Information about the lab that was not shown in the "Resulted Test" field.

Ordered Test, Resulted Test and Test Results			
		<u>not</u> enter additional text such as 'detected' or 'SARS-CoV-2'.	

Unsure what test codes to use? Look up some test codes in the COVID Simple lab or COVID extended reports under 'resulted_test_cd' and look at the 'result_test_type.' There you will find whether the test type is PCR or antigen. The exact test utilized may not be located on the list; however, ensuring proper test type (e.g., PCR or antigen) is entered will allow for accurate reporting of confirmed and probable cases.

Popular Resulted Test Codes for:

PCR:

- **94309-2** (SARS-CoV-2 (COVID-19) RNA [Presence] in Specimen by NAA with probe detection)
- **94500-6** - SARS-CoV-2 RNA Resp QI NAA+probe

Antigen:

- **94558-4** (SARS-CoV-2 (COVID-19) Ag [Presence] in Respiratory specimen by Rapid immunoassay)
- **96119-3** (SARS-CoV-2 (COVID-19) Ag [Presence] in Upper respiratory specimen by Immunoassay)
- **97097-0** (SARS-CoV-2 (COVID-19) Ag [Presence] in Upper respiratory specimen by Rapid immunoassay)
- **95209-4** - SARS coronavirus+SARS coronavirus 2,
- **Ag 95209-3**, or **Ag 94558-4**
- **but* any listed in the "SARS" search with 'Ag' in it can be used for COVID antigen tests.

Whole Genome Sequencing:

- **96895-8** SARS-CoV-2 lineage Spec

NBS Entry Guidelines for Investigation

Required data entry fields are noted by ➔ and **BOLD** and preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Patient Tab		
NBS Field Name		Description/Instructions
Patient Information		
➔	Information as of Date	Enter today's date when patient demographics is entered. <i>Note: "Information as of Date" defaults to today's date when a new patient is entered. Other "As of Date" fields for each section will appear when editing patient data.</i>
	Comments	
➔	Last Name	The patient's last name.
➔	First Name	The patient's first name.
	Middle Name	The patient's middle name or initial.
	Suffix	The patient's name prefix (i.e. Jr. Sr. etc.).
➔	Date of Birth	Date of birth in MMDDYYYY format.
	Reported Age	Patient's age at time of case investigation.
⇨	<i>Reported Age Units</i>	Patient age units at time of case investigation

	Country of Birth	
→	Current Sex	Patient's current sex.
→	Is the patient deceased?	Select Yes, No, or Unknown.
→	Deceased Date	Date on which the patient died.
	Marital Status	Select marital status from dropdown list.
→	Street Address 1	Enter subject's residential address. Note: It is preferable to enter the patient's physical address. Use standard abbreviations without periods.
	Street Address 2	
→	City	
→	State	State of residence of the subject. <i>Note: Will auto-populate if Texas zip code is entered first.</i>
→	Zip	
→	County	Select "County" in which patient resides. If the patient's residency is unknown and it cannot be ascertained, then select the following county based on the available information in that order: (1) County of patient's provider (i.e., the county of the hospital or clinic where the patient was seen), or (2) County of reporting facility or the jurisdiction of the investigation (whichever is appropriate). <i>Note: You must have a state selected in order for the "County" drop down box to appear.</i>
→	Country	
→	Home Phone	Contact home phone number for subject.
	Work Phone	
	Ext.:	
→	Cell Phone	Contact cell phone number for subject.
	Email	
→	Ethnicity	Ethnic origin or ethnicity is based on the individual's self-identity of the subject as Hispanic or Latino.
→	Race	Field containing one or more codes that broadly refer to the subject's race(s). <i>Note: DSHS and the Center for Health Statistics categorize public health and population data by race/ethnicity categories as determined by the Texas State Data Center (TXSDC). Link: https://demographics.texas.gov/</i>
	Does this case have any tribal affiliation?:	Select Yes, No, or Unknown.
	Tribe Name(s)	
	Enrolled Tribal Member?:	

Case Information Tab		
NBS Field Name		Description/Instructions
Investigation Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" (i.e., public health department from dropdown list) based on the available information in that order: (1) patient address if available, (2) location of patient's provider, or (3) location of reporting facility. <i>Note: Owning jurisdiction (i.e., by patient address) is determined if patient resides at address for at least 30 days or meets criteria set for immigrants, detainees and refugees set in Guidance for Determining Texas Residency Document for Immigrants, Refugees, and Detainees.</i>
	THT Jurisdiction	Will default to blank, unless automatically filled if record was imported from THT/CCIS.
	THT Source Type:	Select "THT Source Type" from dropdown list.
	Record Source:	Select the system in which the record was initially started.
→	Program Area	COVID-19 - Will default based on condition.
→	Investigation Program Start Date	Enter Date Investigation began by: (1) "Investigation Start Date" on Case Report Form (CRF)), or (2) if no follow up was done, enter the date thereport was received. <i>Note: Investigator start date is the date the case investigation was initiated; Defaults to investigation create date if not completed.</i>
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
→	Shared Indicator	Defaults to checked.
	State Case ID	Leave blank. <i>Note: States use this field to link NEDSS investigations back to their own state investigations.</i>
⇒	<i>THT Case ID</i>	Case ID that is used in THT/CCIS.
	Call Status	Select "call status" from dropdown list. <i>Note: Call status is Calculated in CCIS</i>
	Reason	Select "reason" from dropdown list.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of: (1) the person who completed the investigation, or (2) the person who could answer NBS data entry inquiries.

⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date the event or illness was first reported by the reporting source (e.g., physician, lab report) to the public health (i.e., local/county/state health department). <i>Note: Date will auto-populate when investigation is created from a lab report (e.g., ELR¹), but may be edited if the report was received earlier from another provider.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county public health department. (See "Date of Report" on CRF.) <i>Note: If the regional health department is acting as the county/local health department, record the date received by the regional office.</i>
→	Earliest Date Reported to State	Enter earliest date source of information was reported to the state health department (regional or central office). <i>Note: ELR date created should be listed if it is the earliest report date.</i>
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity (e.g., laboratory, facility, provider). For cases identified by a health department during an investigation, select "other state and local agencies." <i>Note: If none of the categories apply, note source in comments.</i>
	Reporting Organization	The name of the reporting organization that provided the information to report the case. Reporting Organization auto-populates if investigation is created from a <i>lab</i> report (e.g., ELR). If not auto-populated, conduct search for reporting organization as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Conduct search for reporting provider if known.

¹ **ELR:** Electronic Lab Report

Case Info Tab	
NBS Field Name	Description/Instructions

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

→	MMWR Week	Auto-populates based on data entry date (i.e., the MMWR Week in which the case should be counted). <i>Note: At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR Week should be edited to the last MMWR Week (52 or 53) of the preceding MMWR calendar.</i>
→	MMWR Year	Auto-populates based on data entry date (i.e., The MMWR Year in which the case should be counted). <i>Note: This does not need to be edited. However, at the beginning of the year, the MMWR Week and year should be edited as needed to either the last MMWR Week of the preceding calendar year or the first MMWR Week of the following year so the MMWR Year reflects the year in which the case occurred.</i>
General Comments		
	General Comments	Add notes about the case and investigation as needed. Please note: SARS-CoV-2 variant of concern and variant of interest cases identified prior to electronic reporting of whole genome sequencing results may be noted using general comments section (i.e. "B.1.1.7 Variant").

Exposure Tab		
NBS Field Name		Description/Instructions
Place of Residence		
⇒	<i>Is the patient a U.S. resident?</i>	Select Yes, No, or Unknown.
⇒	<i>Country of Usual Residence</i>	Select country from dropdown list.
⇒	<i>Which would best describe where the patient was staying at the time of illness onset?</i>	Select residence type: <i>Private residence; Homeless; Homeless shelter; Assisted living facility; Long term acute care; Long term care facility; Rehabilitation facility; Hospice; State living facility; Military base; Quarantine facility, military or other; Hotel; Jail; Prison; Detention Facility; Unknown; Other residence type</i>
⇒	<i>Residence Description:</i>	If Other residence type is selected, enter a description of the residence. <i>Note: If prison is selected or the case is a TDCJ resident or staff, enter the unit number here and enter "TDCJ" and Unit for address 2 on the patient tab. Transfer the investigation to the jurisdiction of the unit.</i>
⇒	<i>Current Occupation:</i>	Enter occupation.

⇒	<i>Unemployed:</i>	Select Yes, No, or Unknown.
⇒	<i>Student:</i>	Select Yes, No, or Unknown.
⇒	<i>Name of School:</i>	Enter name of school including level (HS, MS, Elem, Pre- K, etc.).
	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.
	Is this patient a food handler?	Select Yes, No, or Unknown.
→	During the 14 days prior to onset (or diagnostic date if case is asymptomatic), did the patient have close contact with another COVID- 19 case (probable or confirmed)?	Select Yes, No, or Unknown. <i>Note: Use diagnostic date if onset date is unknown or case is asymptomatic.</i>
⇒	<i>ere they ill at the time of contact?</i>	Select Yes, No, or Unknown.
⇒	<i>Is the contact a U.S. case?</i>	Select Yes, No, or Unknown.
⇒	<i>Is the contact an international case?</i>	Select Yes, No, or Unknown.
⇒	<i>In which country was the contact diagnosed with 2019 n-CoV?</i>	Select country from dropdown list.
⇒	<i>Is the patient a suspected community transmission case (i.e., have no known exposure risk factors)?</i>	Select Yes if there is no travel and no known exposure to a COVID case. Select No if there is a known exposure or travel to an outbreak area in the previous 14 days. Select Unknown if travel is unknown and exposure to a case is no or

		unknown.
➔	Is the patient a health care worker?	Select Yes, No, or Unknown.
⇒	<i>Does the patient have history of being in a healthcare facility (as a patient, worker, or visitor)?</i>	Select Yes, No, or Unknown.
⇒	<i>Did this person care for a COVID-19 patient?</i>	Select Yes, No, or Unknown.
⇒	<i>Is the patient in a cluster of severe acute respiratory illness in which nCoV is being evaluated?</i>	Select Yes, No, or Unknown.
➔	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office (NEDSS@dshs.texas.gov) to have an outbreak name assigned.
➔	Outbreak Name	If yes above, choose outbreak name from pull-down list
➔	Outbreak Name 2	If the patient is part of the cohort for 2 outbreaks, enter the name of the second outbreak.
	THT outbreak name	Autofilled. Reflects assigned outbreak name in the THT system for investigation imported from THT.
Exposure Information		
➔	International Travel	In the 14 days prior to illness onset, did the patient have International Travel (Y/N/U). Record travel locations and dates in table and click on Add until all travel in time frame is recorded.
➔	Domestic Travel (<i>outside of normal state of residence</i>)	In the 14 days prior to illness onset, did the patient have Domestic Travel (<i>outside of normal state of residence</i>) (Y/N/U). Record travel locations and dates in table and click on Add until all travel in time frame is recorded.
⇒	<i>Travel City</i>	Enter city patient traveled to.
⇒	<i>Travel State</i>	Select state patient traveled to.
⇒	<i>Travel Country</i>	Select country patient traveled to.
⇒	<i>Date Arrived</i>	Select date of arrival.
⇒	<i>Date Left</i>	Select date of departure or leave blank if still at there.
Click on button to complete entry. Repeat until all travel data is entered.		
	Additional Travel Information	Add any additional relevant information such as mode of transportation and flight/cruise information or known exposures during travel.

	DGMQ ID	If case has a DGMQ notification from a flight or cruise, enter the DGMQ number if known.	
	Cruise ship or vessel travel as passenger or crew member	Was the case identified as a passenger on a cruise with one or more cases identified? Y/N/U.	
	Specify Name of Ship or Vessel	Enter name of cruise ship and other information that identifies the exposure group.	
⇒	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous , within Jurisdiction Out of Country – patient became ill while traveling outside of US Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX Out of State – patient became ill while traveling within US but outside of TX
⇒	Imported Country	Indicate country where patient became ill.	
⇒	Imported State	Indicate state where patient became ill.	
⇒	Imported City	Indicate city where patient became ill.	
⇒	Imported County	Indicate county where patient became ill.	
	Binational Reporting Criteria	Select binational reporting criteria from drop-down list (Use Ctrl to select more than one).	

Clinical Tab		
NBS Field Name		Description/Instructions
Signs and Symptoms		
→	Date of First Positive Specimen Collection	Enter collection date of earliest specimen that supports case classification if applicable.
→	Diagnosis Date	Enter Diagnosis Date as evidenced by: ◆ Date of the condition specific laboratory result <i>Notes: Diagnosis Date is required if onset date is unknown.</i>
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date of positive lab report ◆ Date of clinical diagnosis (if probable case status based on clinical criteria and no lab test (i.e., date patient was identified by physician or public health investigator as a symptomatic contact of a confirmed or suspected COVID-19 case).
→	Date of Symptom Onset	Enter "Illness Onset Date." ("Date of symptom onset" from CRF.). <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection. Diagnosis date is required if onset date is blank.</i>

⇒	Date of Symptom Resolution	Enter "Illness End Date." <i>Note: Leave blank if illness end date is unknown or the patient has asymptomatic infection.</i>
	Illness Duration	Duration in days, months, or years will be auto-calculated based on onset and illness resolution dates.
	Illness Duration Units	Units of illness duration calculation will auto-fill.
⇒	Age at Onset	Age at onset will be auto-calculated based on onset and date of birth.
⇒	Age at Onset Units	Units for age calculation will auto-fill.
⇒	Long COVID Indicator	<i>Indicator of persistent positivity by PCR test over 30 days or longer. This is distinct from ongoing reports of symptoms of COVID-19.</i>
➔	Symptoms present during course of illness	Select Yes, No (asymptomatic case), or Unknown. "Yes" is required to enter symptoms.
	For all symptoms, (1) select "Yes" if checked or listed in other symptoms from CRF, (2) select "No" if asked and not checked on CRF, (3) select "Unknown" if not asked on CRF. If symptoms = "No" or "Unknown" skip all of the symptom questions.	
⇒	Fever >100.4 F (38C):	Select Yes if recorded temperature is 100.4 F or higher. Select No if no fever or fever <100.4 F. Select Unknown response is marked unknown.
⇒	Highest measured temperature:	Enter highest measured temp in °F if 100.4 or higher.
⇒	Subjective fever (felt feverish):	Select Yes if fever is checked and no temperature is recorded or recorded temperature is <100.4 F. Select No if no fever is indicated. Select Unknown response is marked unknown.
⇒	Cough (new onset or worsening of chronic cough):	Select Yes, No, or Unknown.
⇒	Sore throat:	Select Yes, No, or Unknown.
⇒	Shortness of breath (dyspnea):	Select Yes, No, or Unknown.
⇒	Chills:	Select Yes, No, or Unknown.
⇒	Headache:	Select Yes, No, or Unknown.
⇒	Muscle aches (myalgia):	Select Yes, No, or Unknown.
⇒	Vomiting:	Select Yes, No, or Unknown.
⇒	Abdominal pain or Tenderness:	Select Yes, No, or Unknown.
⇒	Diarrhea (=3 loose/looser than normal stools/24hr period):	Select Yes, No, or Unknown.
⇒	New Olfactory and Taste Disorder:	Select Yes, No, or Unknown.
⇒	Loss of appetite:	Select Yes, No, or Unknown.

⇒	<i>Fatigue or malaise:</i>	Select Yes, No, or Unknown.
⇒	<i>Runny nose (rhinorrhea):</i>	Select Yes, No, or Unknown.
⇒	<i>Wheezing:</i>	Select Yes, No, or Unknown.
⇒	<i>Chest Pain:</i>	Select Yes, No, or Unknown.
⇒	<i>Other Symptoms:</i>	Type description of other symptoms.
⇒	<i>Symptom Notes:</i>	Type additional notes about symptoms.
Medical History		
→	Does the patient have any underlying health conditions? If yes, please select status of each of the following:	Select Yes, No, or Unknown.
	If underlying conditions (ULC) = "Yes" - for all ULC, (1) select "Yes" if checked or listed in other ULC(s) from CRF, (2) select "No" if asked and not checked on CRF, (3) select "Unknown" if not asked on CRF. If ULC = "No" or "Unknown" skip all of the condition questions.	
→	Is the patient pregnant?	If patient is female, select Yes, No, or Unknown.
⇒	<i>Due Date:</i>	<i>If patient is pregnant, provide estimated due date.</i>
⇒	<i>Diabetes Mellitus I or II:</i>	Select Yes, No, or Unknown.
⇒	<i>Cardiovascular disease:</i>	Select Yes, No, or Unknown.
⇒	<i>Hypertension:</i>	Select Yes, No, or Unknown.
⇒	<i>Chronic Pulmonary Disease:</i>	Select Yes, No, or Unknown.
⇒	<i>Chronic Kidney Disease:</i>	Select Yes, No, or Unknown.
⇒	<i>Cerebrovascular Disease:</i>	Select Yes, No, or Unknown.
⇒	<i>HIV with CD4 T lymphocyte count <200</i>	Select Yes, No, or Unknown.
⇒	<i>Cystic Fibrosis Disease:</i>	Select Yes, No, or Unknown.
⇒	<i>Dementia and other Neurological Diseases:</i>	Select Yes, No, or Unknown.
⇒	<i>Disabilities (e.g. Down syndrome, spinal cord injuries, etc.)</i>	Select Yes, No, or Unknown.
⇒	<i>Mental Health Conditions</i>	Select Yes, No, or Unknown.
⇒	<i>Substance Use Disorder</i>	Select Yes, No, or Unknown.
⇒	<i>Tuberculosis (TB)</i>	Select Yes, No, or Unknown.
⇒	<i>Smoking- Current or Former:</i>	Select Yes, No, or Unknown.

⇒	<i>Chronic Liver Disease:</i>	Select Yes, No, or Unknown.

Clinical Tab		
NBS Field Name		Description/Instructions
⇒	<i>Autoimmune Disorders and Immunosuppressive Conditions (e.g. solid organ transplant, long term usage of corticosteroids, etc.):</i>	Select Yes, No, or Unknown.
⇒	<i>Asthma:</i>	Select Yes, No, or Unknown.
⇒	<i>Hemoglobin disorders (e.g., sickle cell disease, thalassemia):</i>	select Yes, No, or Unknown.
⇒	<i>Overweight (BMI ≥ 25 kg/m²), Obesity (BMI ≥ 30 kg/m²), (Severe Obesity (BMI ≥ 40 kg/m²):</i>	Select Yes, No, or Unknown.
Hospitalization Information		
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
→	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter admission date(s).
→	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	<i>Total Duration of Stay in the Hospital (in days):</i>	The duration of stay will be auto calculated when admission and discharge dates are entered.
→	Was the patient admitted to ICU?	Select Yes, No, or Unknown.
⇒	<i>ICU Admission Date</i>	Select date admitted to ICU.
Clinical Information		
→	Intubation	Select Yes, No, or Unknown.
→	Did the patient receive ECMO?	Select Yes, No, or Unknown.
→	Did the patient receive mechanical ventilation:	Select Yes, No, or Unknown.
⇒	<i>Total days with Mechanical Ventilation:</i>	Enter number of days. If ongoing, enter number of days as of interview.
→	Was the patient diagnosed with pneumonia (clinical or radiologic)?	Select Yes, No, or Unknown.

→	Was the patient diagnosed with acute respiratory distress syndrome?	Select Yes, No, or Unknown.
→	Was the patient diagnosed with severe acute respiratory distress syndrome?	Select Yes, No, or Unknown.
⇒	<i>Did the patient have an abnormal chest X-ray?:</i>	Select Yes, No, Unknown, or Not Applicable.
⇒	<i>Did the patient have an abnormal EKG?:</i>	Select Yes, No, Unknown, or Not Applicable.
→	Did the patient die from this illness?	Select Yes, No, Unknown, or Not Applicable.
⇒	<i>Does the patient have another diagnosis/etiology for their respiratory illness?:</i>	Select Yes, No, or Unknown.
⇒	<i>Specify other diagnosis:</i>	Type a description of the other diagnosis.
⇒	<i>Is patient isolated at home?:</i>	Select Yes, No, or Unknown.
⇒	<i>Reinfection Indicator:</i>	Select Yes, No, or Unknown according to the DSHS COVID-19 Reinfection Guidance
COVID-19 Vaccination Information		
→	Did subject ever receive a disease-containing vaccine?:	Select Yes, No, or Unknown.
⇒	<i>Vaccination Doses Prior to Onset:</i>	Number of vaccine doses against this disease prior to illness onset.
⇒	<i>Date of Last Dose Prior to Illness Onset:</i>	Enter date of last vaccine dose against this disease prior to illness onset.
⇒	<i>Subject's Vaccination Status:</i>	Select value from dropdown list: fully vaccinated, partially vaccinated, unvaccinated.
⇒	Vaccinated per ACIP ² Recommendations:	Select Yes, No, or Unknown.
⇒	Reason Not Vaccinated Per ACIP Recommendations:	If no not vaccinated, select reason patient not vaccinated as recommended by ACIP
⇒	Vaccine History Comments:	Comments about the patient's vaccination history; please include vaccine manufacturer name (Pfizer, Moderna, Janssen/Johnson and Johnson)
⇒	<i>Were there any SARS- CoV-2 RNA or antigen positive tests with collection dates <45 days before the:</i>	Were there any SARS-CoV-2 RNA or antigen detected on a respiratory specimen collected <45 days before the most recent positive test. Select Yes, No, or Unknown.
→	Vaccine Breakthrough Case:	Select Yes, No, or Unknown according to the: DSHS Coronavirus Disease 2019 (COVID-19) Vaccine Breakthrough Case Guidance (texas.gov)

⇒	Were there any SARS- CoV-2 RNA or Ag positive tests >14 days after completing primary vaccine series?:	Select Yes, No, or Unknown.

Lab Results Tab		
NBS Field Name		Description/Instructions
Respiratory Diagnostic Testing		
⇒	Positive non- COVID respiratory tests:	Select all values of non-COVID respiratory tests with positive results that apply: <i>Influenza rapid Ag A, Influenza rapid Ag B, Influenza rapid Ag A/B, Influenza A PCR, Influenza B PCR, RSV, Human metapneumovirus, Parainfluenza 1-4, Adenovirus, Rhinovirus, Enterovirus, Coronavirus (non-COVID-19 serotypes OC43, 229E, HKU1, NL63), Mycoplasma pneumoniae, Chlamydia pneumoniae, Other</i>
⇒	Other Positive non- COVID respiratory tests:	If other, describe other positive respiratory test.
⇒	Negative respiratory tests:	Select all values of non-COVID respiratory tests with negative results that apply: <i>Influenza rapid Ag A, Influenza rapid Ag B, Influenza rapid Ag A/B, Influenza A PCR, Influenza B PCR, RSV, Human metapneumovirus, Parainfluenza 1-4, Adenovirus, Rhinovirus, Enterovirus, Coronavirus (non-COVID-19 serotypes OC43, 229E, HKU1, NL63), Mycoplasma pneumoniae, Chlamydia pneumoniae, Other</i>
⇒	Other Negative respiratory tests:	If other, describe other negative respiratory test.
⇒	COVID-19 Variant	Select COVID-19 variant from dropdown list. Note: COVID-19 variants include variants of concern and variants of interest.
⇒	Other COVID-19 Variant	Enter PANGO lineage named on sequencing report if not included in drop down list COVID-19 Variant.
⇒	Reason for sequencing	Selected Values: <i>Diagnostic Target Failure, Epi-Linkage to a Known Variant of Concern Case, Epi-Linkage to an Outbreak, General Surveillance, Monoclonal Antibody Treatment Failure, Pediatric Death, Persistent COVID Infection, Reinfection Evaluation, Severe/Unusual Illness Presentation, Travel History to Location with Known Variant of Concern Circulation, Vaccine Breakthrough</i>
COVID-19 Laboratory Findings		
Record the earliest positive COVID test that supports the selected case status.		
⇒	Performing Lab Type:	Select <i>CDC Lab, Commercial Lab, or Public Health Lab.</i>
➔	COVID Test Result:	Select <i>Indeterminate, Negative, Not Done, Pending, or Positive.</i>

Lab Results Tab		
NBS Field Name		Description/Instructions
→	COVID Test Type:	Select <i>Antibody, IgG; Antibody, IgM; Antibody, whole; Molecular amplification (MA) test, such as PCR; Non-MA antigen test; or Other.</i>
⇒	<i>Other COVID Test Type:</i>	Describe other test type.
⇒	<i>COVID Specimen Source:</i>	Select <i>Bronchoalveolar lavage, Nasopharyngeal Swab, Oropharyngeal swab, Postmortem, Serum, Sputum, Stool, Tracheal aspirate, Urine, or Other.</i>
⇒	<i>Other COVID Specimen Source:</i>	Describe "other" specimen type.
⇒	<i>COVID Other Postmortem Source:</i>	Describe "other" postmortem specimen type.
⇒	<i>COVID Specimen ID:</i>	Enter specimen ID.
→	Specimen Collection Date:	Enter date specimen was collected.
→	COVID Date Resulted:	Enter date specimen was resulted.
→	COVID Lab:	Select <i>CDC, DSHS Austin, LRN - Corpus Christi/Nueces Co, LRN - Dallas County, LRN - El Paso, LRN - Houston HD, LRN - Lubbock, LRN - San Antonio Metro, LRN - South Texas, LRN - Tarrant, LRN - Tyler UTHSCT/PHLET, or Commercial.</i>
→	COVID Commercial Lab Name:	If testing source is not a CDC or other public health lab, enter name of commercial or hospital lab reporting the test result.
	Click on _____ button and repeat until all relevant COVID labs are entered.	
	Test Result Comments	

Contact Records Tab		
NBS Field Name		Description/Instructions
Contact Investigation		
	Contact Investigation Priority:	Enter High, Low, Medium or No Contact.
	Infectious Period From:	Enter date infectious period began, either 2 days prior to initial positive test or 2 days prior to symptom onset, whichever is first.
	Infectious Period To:	Enter date infectious period ends.
	Case Investigation Status	Select Open or Closed.
	Contact Investigation Comments:	Type any additional comments.

	Infectious Period To:	Enter date infectious period ends.
	Case Investigation Status	Select Open or Closed.
	Contact Investigation Comments:	Type any additional comments.
	Infectious Period To:	Enter date infectious period ends.
	Case Investigation Status	Select Open or Closed.
	Contact Investigation Comments:	Type any additional comments.

Interviews

	Date of Interview	Enter the date interview conducted.
	Interviewer	Enter first and last name of interviewer.
	Interviewee	Enter first and last name of individual being interviewed.
	Role	Enter the role.
	Type	Enter type of contact.
	Location	Enter location
	Interview Status	Enter interview status.

Contact Records

	Date Named (i.e., contacts named by patient)	Select date from calendar that case named the exposed individual.
	Contact Record ID	Enter contact record ID.
	Name	Enter contact name.
	Priority	Select high, medium, low, or no contact.
	Disposition	Select contact disposition from list.
	Investigation ID	Enter investigation ID.

Supplemental Info Tab

NBS Field Name	Description/Instructions
Associations	
Notes and Attachments	
History	

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable

Cronobacter in infants

General Information

For all suspected Cronobacter cases, contact EAIDU as soon as possible: if not already in contact (foodbornetexas@dshs.texas.gov).

For individual cases, use "Cronobacter Investigation Form". Please send a copy of the form to Central Office (foodbornetexas@dshs.texas.gov).

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#)

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
→	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
[	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
[	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
→	Program Area	Enter or edit to IDEAS – Foodborne Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	Lab Report Date	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
[	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Sterile sites: Select Blood venous; Cerebral spinal fluid; Pleural fluid (thoracentesis fld); Synovial fluid (Joint fluid); or Other (describe in Result Comments). (See normally sterile site definition in the current Disease Surveillance and Epidemiology Health Practitioner Guidance and Training Texas DSHS)
	Specimen Site	
→	Date Specimen Collected	Enter date specimen collected.

Lab Report		
NBS Field Name		Description/Instructions
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Culture, any specimen source	Culture, specimen source (if available), e.g., "Culture, blood" or "Culture, stool)	Cronobacter SP Identified (drop-down list)	Organism: Cronobacter

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#)

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
➔	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	<i>Program Area</i>	IDEAS – Foodborne - Will default based on condition.
	State Case ID	
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open". Change to "Closed" when investigation and data entry are completed.

Investigation		
NBS Field Name		Description/Instructions
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigator	Enter date investigation assigned to investigator.
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report, but may be edited if the report was received earlier from another provider.
➔	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	Reporting Source (Organization)	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	Reporter	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Enter Yes, No, or Unknown.
⇒	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date". Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter admission date(s).
⇒	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	Duration of Stay	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of the condition specific laboratory result, or ♦ Date of physician diagnosis (if known), or ♦ Date antitoxin was ordered
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	

Investigation	
NBS Field Name	Description/Instructions
Illness Duration	
Age at Onset/Age Type	
Is the patient pregnant?	
Does the patient have pelvic inflammatory disease?	
→ Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
Epidemiologic	
Is this patient associated with a day care facility?	
Is this patient a food handler?	
⇒ <i>Is this case part of an outbreak?</i>	If applicable, select "Yes" and select the corresponding "Outbreak Name". Contact the NEDSS Project Office to have an outbreak name entered.
⇒ <i>Outbreak Name</i>	Select outbreak name from drop-down list.
⇒ <i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately. Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒ <i>Imported Country</i>	Indicate country where patient became ill.
⇒ <i>Imported State</i>	Indicate state where patient became ill (not TX).
<i>Imported City</i>	Indicate city where patient became ill.
⇒ <i>Imported County</i>	Indicate county where patient became ill.
Transmission Mode	
Detection Method	
→ Confirmation Method	Select method used to determine case status. Select lab confirmed. Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
Confirmation Date	Date criteria for the case status of the case were met
→ Case Status	Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. Investigation form coming soon at: Investigation Forms Texas DSHS
→ MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.

Investigation		
NBS Field Name		Description/Instructions
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
Administrative		
	General Comments	
Custom Fields		
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or ◆ Date a condition specific laboratory was ordered, or ◆ Date antitoxin was requested
Day Care		
	Attend a day care center?	
	Work at a day care center?	
	Live with a day care center attendee?	
	What type of day care facility?	
	What is the name of the day care facility?	
	Is food prepared at this facility?	
	Does this facility care for diapered persons?	
Drinking Water Exposure		
	What is the source of tap water at home?	
	If "Other", specify other source of tap water at home:	
	If "Private Well", how was the well water treated at home?	
	What is the source of tap water at school/work?	
	If "Other", specify other source of tap water at school/work:	
	If "Private Well", how was the well water treated at school/work?	
	Did the patient drink untreated water in the 7 days prior to onset of illness?	

Investigation	
NBS Field Name	Description/Instructions
Underlying Conditions	
Did patient have any of the following underlying conditions?	
If "Diabetes Mellitus", specify whether on insulin:	
If "Gastric Surgery", please specify type:	
If "Hematologic Disease", please specify type:	
If "Immunodeficiency", please specify type:	
If "Organ Transplant", please specify organ:	
If "Other Liver Disease", please specify type:	
If "Other Malignancy", please specify type:	
If "Other Prior Illness", please specify:	
If "Other Renal Disease", please specify type:	
Related Cases	
Does the patient know of any similarly ill persons?	
If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?	
Are there other cases related to this one?	
Other Epidemiological Data	
→ Did the patient consume powdered infant formula (PIF) within 7 days prior to illness onset?	Select yes, no, or unknown
If "Yes", enter the name and brand of PIF	
→ Was the patient exposed to a non-PIF product (e.g. breast milk, powdered milk, herbal tea, etc)	Select yes, no, or unknown
If "Yes", enter the name of the product	

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Cryptosporidiosis

General Information

No form required for individual cases.

For Cryptosporidiosis please, use the [CryptoNet](#) form and send the form to foodbornetexas@dshs.texas.gov and cc your Regional Office.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Waterborne Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Stool = fecal, other appropriate choice, or Other with description in Result Comments. All sources are acceptable.
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.

Lab Report		
	NBS Field Name	Description/Instructions
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Microscopic examination (ex.O&P)	Cryptosporidium Smear, Stool (drop-down list)	Cryptosporidium – Result (drop-down list)	Organism: Cryptosporidium (organism) or Cryptosporidium parvum (organism) (drop-down list or short search "cryptosp") Note: Ova and parasite (O&P) is microscopic examination.
Cryptosporidium enzyme immunoassay (EIA/ELISA)	Cryptosporidium antigen (short search "cryptosp")	Cryptosporidium, ELISA (short search "cryptosp")	Coded Result: "positive," "negative," or "indeterminate" -or- Numeric Result and Reference Range.
Cryptosporidium PCR	Cryptosporidium antigen (short search "cryptosp")	Cryptosporidium, PCR (short search "cryptosp")	Organism: Cryptosporidium (organism) or Cryptosporidium parvum (organism) (drop-down list or short search "cryptosp")
Direct Fluorescent Antibody (DFA)	Cryptosporidium antibodies (short search "cryptosp")	Cryptosporidium, DFA (short search "cryptosp")	Coded Result: "positive", "negative", or "indetermine"

Note: For manually entered Cryptosporidium antigen lab result, please specify the testing method used to detect Cryptosporidium antigen.

DFA, PCR, EIA/ELISA, stool smear, and O&P meet lab criteria for confirmed case.

Immunochromatographic card/rapid card test meet lab criteria for probable case.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
→	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	<i>Program Area</i>	IDEAS – Waterborne - Will default based on condition
	State Case ID	
→	<i>Investigation Start Date</i>	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	<i>Investigation Status</i>	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Was the patient hospitalized for this illness?</i>	Enter Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter admission date(s).
⇒	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	Duration of Stay	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of specimen collection (preferred for lab confirmed cases), or ♦ Date of physician diagnosis, or ♦ Date of the condition specific laboratory result, or ♦ Date identified as a symptomatic contact of another case
⇒	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	
	Illness Duration	
	Age at Onset/Age Type	
	Is the patient pregnant?	
	Does the patient have pelvic inflammatory disease?	
⇒	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
Epidemiologic		
	Is this patient associated with a day care facility?	
	Is this patient a food handler?	Fill in the Food Handler section.
⇒	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
⇒	Outbreak Name	Select outbreak name from drop-down list.
⇒	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately. Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.

Investigation		
NBS Field Name		Description/Instructions
⇒	Imported Country	Indicate country where patient became ill.
⇒	Imported State	Indicate state where patient became ill (not TX).
	Imported City	Indicate city where patient became ill.
⇒	Imported County	Indicate county where patient became ill.
	Transmission Mode	
	Detection Method	
→	Confirmation Method	Select method used to determine case status. Select lab confirmed or epi-linked. Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.
	Confirmation Date	Date criteria for the case status of the case was met
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. Cryptosporidiasis has no Investigation Form
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
Administrative		
	General Comments	
Custom Fields		
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date of physician diagnosis, or ♦ Date a condition specific laboratory test was positive, or ♦ Date identified as a symptomatic contact of a case, whichever was earliest.
Day Care		
⇒	Attend a day care center?	Enter Yes, No, or Unknown.
⇒	Work at a day care center?	Enter Yes, No, or Unknown.
⇒	Live with a day care center attendee?	Enter Yes, No, or Unknown.
⇒	What type of day care facility?	Select from drop-down list.

Investigation		
NBS Field Name		Description/Instructions
⇒	What is the name of the day care facility?	Enter name of facility.
⇒	Is food prepared at this facility?	Select Yes, No, or Unknown.
⇒	Does this facility care for diapered persons?	Select Yes, No, or Unknown.
Food Handler		
⇒	Did patient work as a food handler after onset of illness?	Select Yes, No, or Unknown.
⇒	What was last date worked as a food handler after onset of illness?	If yes selected for above question, enter last date worked as food handler. Format: mm/dd/yyyy.
⇒	Where was patient a food handler?	If yes selected for above question, enter name of facility patient worked as a food handler.
Travel History		
⇒	Did patient travel prior to onset of illness?	Select Yes, No, or Unknown.
⇒	Applicable incubation period for this illness is	Enter incubation period. For Cryptosporidiosis enter 14 days.
⇒	What was the purpose of the travel?	Select purpose of travel. (Use Ctrl to select more than one.)
⇒	If "Other", please specify other purpose of travel:	
Please specify the destination(s):		
⇒	Destination 1 Type:	Select the Domestic or International radio button.
⇒	Destination 1	Select the destination from the resulting drop-down list.
⇒	Mode of Travel:	Select appropriate mode of travel from drop-down list.
⇒	Date of Arrival:	Enter mm/dd/yyyy.
⇒	Date of Departure:	Enter mm/dd/yyyy.
⇒	Destination 2 Type:	Domestic or International
⇒	Destination 2	Select the destination from the resulting drop-down list.
⇒	Mode of Travel:	Select from drop-down list.
⇒	Date of Arrival:	Enter mm/dd/yyyy.
⇒	Date of Departure:	Enter mm/dd/yyyy.
⇒	Destination 3 Type:	Domestic or International
⇒	Destination 3	Select the destination from the resulting drop-down list.
⇒	Mode of Travel:	Select from drop-down list.
⇒	Date of Arrival:	Enter mm/dd/yyyy.
⇒	Date of Departure:	Enter mm/dd/yyyy.
⇒	If more than 3 destinations, specify details here:	
Drinking Water Exposure		
⇒	What is the source of tap water at home?	Select from drop-down list.
⇒	If "Other", specify other source of tap water at home:	Enter source.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>If "Private Well", how was the well water treated at home?</i>	Select from drop-down list.
⇒	<i>What is the source of tap water at school/work?</i>	Select from drop-down list.
⇒	<i>If "Other", specify other source of tap water at school/work?</i>	Enter source.
⇒	<i>If "Private Well", how was the well water treated at school/work?</i>	Select from drop-down list.
⇒	<i>Did the patient drink untreated water in the 7 days prior to onset of illness? (e.g., from a river while camping)</i>	Select Yes, No, or Unknown.
Recreational Water Exposure		
⇒	<i>Was there recreational water exposure in the 7 days prior to illness?</i>	Select Yes, No, or Unknown.
⇒	<i>What was the recreational water exposure type?</i>	Select from drop-down list.
⇒	<i>If "Other," please specify other recreational water exposure type:</i>	
⇒	<i>If "Swimming Pool", please specify swimming pool type:</i>	(Use Ctrl to select more than one.)
⇒	<i>If "Other", please specify other swimming pool type:</i>	
⇒	<i>Name or location of water exposure:</i>	Enter details regarding name and location of water exposure.
Animal Contact		
⇒	<i>Did patient come in contact with an animal?</i>	Select Yes, No, or Unknown.
⇒	<i>Type of animal:</i>	Select from drop-down list.
⇒	<i>If "Other", please specify other type of animal:</i>	
⇒	<i>If "Other Amphibian", please specify other type of amphibian:</i>	
⇒	<i>If "Other Mammal", please specify other type of mammal::</i>	
⇒	<i>If "Other Reptile", please specify other type of reptile</i>	
⇒	<i>Name or location of Animal Contact:</i>	Enter name(s) or location(s) of animal contact.
⇒	<i>Did the patient acquire a pet prior to onset of illness?</i>	Select Yes, No, or Unknown.
⇒	<i>Applicable incubation period for this illness is:</i>	Enter incubation period. For Cryptosporidiosis enter 14 days.
Seafood Exposure		
⇒	<i>Has the patient eaten seafood in the last 14 days?</i>	Select Yes, No, or Unknown.
⇒	<i>Was the seafood eaten undercooked?</i>	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	Was the seafood eaten raw?	Select Yes, No, or Unknown.
⇒	If "Yes", type of raw seafood:	Select from drop-down list.
⇒	If "Other Shellfish", specify type of other shellfish:	
⇒	If "Other Fish", specify type of other fish:	
⇒	Where was raw seafood obtained?	Select from drop-down list.
⇒	If "Other", specify other source where raw seafood was obtained:	
⇒	Date raw seafood consumed:	
⇒	Time raw seafood consumed:	Enter hh:mm. Also select the radio button for either AM or PM.
⇒	If the type of raw seafood was "Oysters," are shipping tags available from suspect lot?	Select Yes, No, or Unknown.
⇒	If shipping tags are available, name of shippers who handled suspected raw oysters:	Enter name of shippers who handled suspected raw oysters. Please also include certification numbers if on tags.
Underlying Conditions		
⇒	Did patient have any of the following underlying conditions?	Select underlying conditions. (Use Ctrl to select more than one.)
⇒	If "Other Prior Illness", please specify:	
⇒	If "Diabetes Mellitus", specify whether on insulin:	
⇒	If "Gastric Surgery", please specify type:	
⇒	If "Hematologic Disease", please specify type:	
⇒	If "Immunodeficiency", please specify type:	
⇒	If "Other Liver Disease", please specify type:	
⇒	If "Other Malignancy", please specify type:	
⇒	If "Other Renal Disease", please specify type:	
⇒	If "Organ Transplant", please specify organ:	
Related Cases		
⇒	Does the patient know of any similarly ill persons?	Select Yes, No, or Unknown.
⇒	If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?	Select Yes, No, or Unknown. Note: Please enter details in the space provided for General Comments in the Administrative group on this Investigation.
⇒	Are there other cases related to this one?	Select "no, sporadic;" "unknown;" "yes, household;" or "yes, outbreak"

Investigation		
NBS Field Name		Description/Instructions
FoodNet		
	FoodNet Case?	Not applicable in Texas
	Was patient transferred from one hospital to another?	Not applicable in Texas
	If "Yes", specify name of the hospital to which the patient was transferred	Not applicable in Texas
	Was there a second hospitalization?	Not applicable in Texas
	Admission Date	Not applicable in Texas
	Discharge Date	Not applicable in Texas
	Did the patient immigrate to the US within 7 days of specimen collection?	Not applicable in Texas
	In case-control study?	Not applicable in Texas
	If "Yes", case control study id number	Not applicable in Texas
	Type of Outbreak	Not applicable in Texas
	CDC EFORS Number	Not applicable in Texas
	Was case found during an audit?	Not applicable in Texas
	Was the case interviewed by public health (i.e., state or local health department or FoodNet staff)?	Not applicable in Texas

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Cyclosporiasis

General Information

Please utilize the Cyclosporiasis Case Investigation Form, also known as the Cyclosporiasis National Hypothesis Generating Questionnaire (CNHGQ). This form is accessible on the DSHS website at the following link: <https://www.dshs.texas.gov/notifiable-conditions/investigation-forms> . Please use the Cyclosporiasis Investigation Form available on the DSHS website:

Please send a copy of the completed forms to Central Office via the Regional Office.

For lost to follow-up (LTF) cases, please request medical records. Please complete as much information obtained from medical/laboratory records (e.g., demographics, **symptoms**, onset date, travel, etc.) on the investigation form and send it to Central Office via the Regional Office, noting the case is LTF. Symptoms, specifically, are needed for probable and confirmed case status.

For cluster or outbreak investigations, ingredient-level analysis and, subsequently, a traceback investigation might be requested.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

All **SUB**-questions are filled in with this color.
Sub-questions need a prequal question answered with either Yes or Maybe to open.

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
→	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
→	Program Area	Enter or edit to IDEAS – Foodborne . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using the Transfer Ownership button.</i>

Lab Report		
NBS Field Name		Description/Instructions
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on the patient address if available, location of patient's provider, or the location of the reporting facility, in that order.
⇒	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with the current date. Enter the correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇒	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Stool = fecal, Duodenal fluid, Tissue small intestine Tissue ulcer (sic), or other appropriate selection, or select Other and describe in Lab Comment section.
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	Coded Result	Refer to table below.
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	Coded Result	Refer to table below.
⇒	Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒	Text Result	Refer to table below.
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Microscopic examination	Cyclospora Smear, Stool (drop-down list)	Cyclospora Identified (drop-down list)	Organism: Cyclospora (short search - "cyclosp"), or if appropriate,

			Cyclospora cayetanensis from drop-down list Note: Ova and parasite (O&P) exam is a microscopic examination. If an O&P lab states, "IF A CONFIRMATORY TEST IS DESIRED, PLEASE CONTACT THE LABORATORY...", the lab counts towards a confirmed case status.
Cyclospora PCR or CIDT	Parasite identification (short search "parasite")	Cyclospora, PCR (short search "cyclosp") Note: Report the type of PCR test under Text Result.	Organism: Cyclospora (short search - "cyclosp"), or if appropriate, Cyclospora cayetanensis from drop-down list

NBS Entry Guidelines for Investigation

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Case		
Investigation Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	IDEAS – Foodborne - Will default based on condition
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
→	Shared Indicator	Select "Yes."
	State Case ID	
⇨	<i>Investigator</i>	<i>Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.</i>
⇨	<i>Date Assigned to Investigator</i>	<i>Enter date investigation assigned to investigator.</i>

Investigation

NBS Field Name		Description/Instructions
⇒	Date Case Report Form Completed	Date the CNHGQ form is completed
⇒	Interview Status	Select from the drop-down list. ♦ Attempted to interview - if the investigator attempted to contact the patient, but could not reach the patient. ♦ Did not attempt to interview - If the investigator did not attempt to contact the patient, please specify the reason for not interviewing the patient in the comments section. ♦ Interviewed – complete information obtained - if the investigator was able to interview the patient and collect information. ♦ Interviewed - incomplete information obtained - If the investigator was able to interview the patient but could only complete a partial interview.
⇒	Was the patient interviewed by the public health?	Select Yes, No, or Unknown.
➔	Date of interview (or medical record review if no interview)	Enter the date of the initial interview attempt.
⇒	How many attempts were made to contact the case or surrogate?	Enter the date the interview was completed. If there was no interview with the case, enter the date the medical record review was completed.
⇒	Respondent for the Current Interview	Select from the drop-down list.
⇒	Other Respondent for the Current Interview	Free Text.
⇒	Case Lost To Follow-Up	Select Yes or No.
⇒	If case was lost to follow-up, was information extracted from the medical record?	Select Yes or No.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.

Investigation

NBS Field Name		Description/Instructions
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	Reporting (Organization)	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. Note: If not found, search by city, etc. and then enter new Provider as needed.
⇒	Reporter Provider	Search for "Reporter" (reporting provider) if known. Note: If not found, search by city, etc. and then enter new Provider as needed.
⇒	Physician	Search for "Physician" if known. Note: If not found, search by city, etc. and then enter new Provider as needed.

Epidemiologic

→	Is this case part of an outbreak?	Select Yes, No, or Unknown. If "Yes" is selected, after saving the investigation, proceed to the "Outbreaks" tab (available in view mode only, not in edit mode). Refer to the NEDSS Outbreak Management Guide for instructions on creating outbreak names and linking cases to outbreaks under the "Outbreak" tab. Note: Notify the Region and Central Office (foodbornetexas@dshs.texas.gov) about the outbreak. Note II: Please add the outbreak to the National Outbreak Reporting System (NORS) found in the System for Enteric Disease Response, Investigation, and Coordination (SEDRIC). Click HERE to learn more about NORS, including what is and is not reportable.

→	Binational Reporting Criteria	Select options from the drop-down list. Hold down the Ctrl key to choose multiple selections.
	Transmission Mode	Select from the drop-down list.
	Detection Method	Select from the drop-down list.
→	Confirmation Method	Indicate method(s) used to determine case status. Select lab confirmed or epidemiologically linked.. Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.
⇒	Confirmation Date	Date criteria for the case status of the case were met

→	Case Status	Select Confirmed , Probable or Not a Case according to the case definition. See the https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance .
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
Notification Comments to CDC		
General Comments		
⇒	General Comments	Free Text: Add pertinent case notes not captured elsewhere or other comments to help understand the nature of the case.
⇒	Notes to communicate anything additional about this case	Free Text: Add pertinent case notes not captured elsewhere or other comments to help understand the nature of the case.
Lab Interpretive		
Interpretive Lab Information		
→	Was laboratory testing done to confirm the diagnosis?	Select Yes, No, or Unknown.
Repeating Block Question: Begins		
→	Performing Laboratory Type	Select from the drop-down list.
→	Test Type	Select from the drop-down list.
⇒	Other Test Type	Free Text.
→	Test Result	Select positive.
→	Organism	Select <i>Cyclospora</i> .
	Test Result Comments	Add pertinent notes about the test.
→	Specimen Collection Date	Date specimen was collected.
	Lab Result Date	Date the lab results were available.
	Isolate Sent to State Public Health Lab	Date case's clinical sample was sent to the Texas DSHS lab.
	State Laboratory Confirmed	Date the Texas DSHS lab reported a positive lab for <i>Cyclospora</i> .
	Laboratory Other Details	Add pertinent notes not captured elsewhere
Repeating Block Question: Ends		
Click on Add when the Lab History entry is completed and add additional labs as needed.		
Co-Infection Information		
→	Did the patient have a lab-confirmed co-infection?	Select Yes, No, or Unknown.
⇒	Co-infection Type	Enter other detected organism(s) (Reportable and Not reportable)
Cyclosporiasis		
Condition		

→	Diagnosis Date	"Diagnosis Date" is required if Illness Onset Date is unknown. Enter "Diagnosis Date" as evidenced by: ◆ Date a specimen was collected (preferred for lab confirmed cases), or ◆ Date of physician diagnosis, or ◆ Date a condition specific laboratory test was positive, or - Date identified as a symptomatic contact of another case
→	Illness Onset Date	Enter "Illness Onset Date.": ◆ If the symptom onset date is unknown or there is no symptom(s) (asymptomatic), leave the Illness Onset Date blank and enter the Diagnosis Date only. ◆ MMWR week and year reflect the Illness onset date.
⇒	Illness End Date	Enter or select a date.
⇒	Illness Duration	Enter value.
	Illness Duration Units	Select from the drop-down list.
⇒	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
	Is the patient pregnant?	Select Yes, No, or Unknown.
→	Did the patient die from this illness?	Select Yes, No, or Unknown. If patient died from the illness, also go to the Patient tab and enter "Yes" for "Is the Patient Deceased?" and date of death for "Deceased Date."
→	Date of Death	Enter or select date.
Signs And Symptoms		
→	Did the patient experience any symptoms related to illness?	Select Yes, Maybe, No, or Unknown.
→	Diarrhea	Select Yes, Maybe, No, or Unknown.
⇒	Date diarrhea started	Enter or select a date.
⇒	Is the diarrhea ongoing?	Select Yes, Maybe, No, or Unknown.
⇒	Date diarrhea stopped	Enter or select a date.
→	Weight Loss	Select Yes, Maybe, No, or Unknown.
	What was the patient's baseline weight?	Enter weight and select lbs. or kg.
	How much weight was lost?	Enter weight and select lbs. or kg.
→	Fever	Select Yes, Maybe, No, or Unknown.
	Highest Measured Temperature	Enter the temperature and select Fahrenheit or Celsius.
→	Fatigue	Select Yes, Maybe, No, or Unknown.
→	Anorexia	Select Yes, Maybe, No, or Unknown.
→	Nausea	Select Yes, Maybe, No, or Unknown.
→	Vomiting	Select Yes, Maybe, No, or Unknown.
→	Abdominal Cramps	Select Yes, Maybe, No, or Unknown.
→	Other Symptom(s)	Select Yes, Maybe, No, or Unknown.
⇒	Specify Other Symptom(s)	Free Text: Enter other signs and symptoms.
⇒	Has the patient (or patient's child) symptoms stopped?	Select Yes, Maybe, No, or Unknown.

⇒		If yes, on what date did the patient (or patient's child) symptoms stop?	Enter or select date.
Clinical			
⇒	Physician		Search for "Physician" if known. Note: If not found, search by city, etc. and then enter new Provider as needed.
→	Was the patient hospitalized for this illness?		Select Yes, No, or Unknown.
⇒		Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.
⇒		Admission Date	If patient hospitalized, enter 1 st admission date.
⇒		Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
		Total Duration of Stay in the Hospital (in days)	Total stay is automatically calculated.
⇒		Was there a second hospitalization?	Select Yes, No, or Unknown.
		Second Hospitalization Admission Date	If patient hospitalized, enter 2 nd admission date.
		Second Hospitalization Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
		Second Hospitalization Duration of Hospital Stay (in days)	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒		Was patient transferred from one hospital to another?	Select Yes, No, or Unknown.
		If yes, specify name of the hospital to which the patient was transferred	Free Text: Enter Hospital name.
⇒		During any part of the hospitalization, did the patient stay in an ICU or CCU?	Select Yes, No, or Unknown.
		Patient's Outcome	Select from the drop-down list.
Immigration and Travel			
	The travel exposure window for the questions below is 14 DAYS, unless otherwise specified in the question/comment text. If you use a different time period, specify the number of days.		Set at 14 days prior to Illness Onset Date.

→	Did the patient travel 14 days prior to illness onset?		Select Yes, No, or Unknown. Please include any travel information (both domestic and international) from the 14 days before the Illness Onset Date. Review the medical records for LTF cases for any travel details and make a note of them, even if the travel dates are uncertain. Note: Domestic travel refers to any travel within the USA, including its territories (Puerto Rico, Guam, American Samoa, the U.S. Virgin Islands, and the Northern Mariana Islands) as well as travel to Canada. Note II: International travel refers to any travel outside the USA, its territories, and Canada during the 14 days before the Illness Onset date.																																			
→	Did the patient travel domestically?		Select Yes, No, or Unknown.																																			
→		Purchase or eat fresh foods in a county in their home state during the 14 days before illness onset?	If Yes is selected for domestic travel, select Yes, No, or Unknown.																																			
⇒		Purchase or eat fresh foods in any other US states or cities during the 14 days before illness?	If Yes is selected for domestic travel, select Yes, No, or Unknown.																																			
→	Did the patient travel internationally?		Select Yes, No, or Unknown.																																			
→		Purchase or eat fresh foods in any countries outside the US during the 14 days before illness onset?	If Yes is selected for international travel, select Yes, No, or Unknown.																																			
⇒	Notes about other countries		Free Text: Add pertinent notes not captured elsewhere.																																			
⇒	Repeating Block Question: Begins																																					
→	Was the travel domestic or international?		Select Domestic or International Travel Note: If the case traveled to multiple domestic and international destinations, each travel destination should be entered separately. Example: <table border="1"> <thead> <tr> <th>International Destination(s)</th> <th>Domestic Destination(s)</th> <th>City</th> <th>Date Of Arrival</th> <th>Date Of Departure</th> </tr> </thead> <tbody> <tr> <td>MOROCCO</td> <td></td> <td>Rabat</td> <td>10/21/2025</td> <td>10/23/2025</td> </tr> <tr> <td>MOROCCO</td> <td></td> <td>Tala</td> <td>10/14/2025</td> <td>10/24/2025</td> </tr> <tr> <td>AUSTRALIA</td> <td></td> <td>Melbourn</td> <td>10/13/2025</td> <td>10/17/2025</td> </tr> <tr> <td></td> <td>California</td> <td>San Francisco</td> <td>10/01/2025</td> <td>10/04/2025</td> </tr> <tr> <td></td> <td>Texas</td> <td>Austin</td> <td>10/13/2025</td> <td>10/24/2025</td> </tr> <tr> <td></td> <td>Texas</td> <td>Georgetown</td> <td></td> <td></td> </tr> </tbody> </table>	International Destination(s)	Domestic Destination(s)	City	Date Of Arrival	Date Of Departure	MOROCCO		Rabat	10/21/2025	10/23/2025	MOROCCO		Tala	10/14/2025	10/24/2025	AUSTRALIA		Melbourn	10/13/2025	10/17/2025		California	San Francisco	10/01/2025	10/04/2025		Texas	Austin	10/13/2025	10/24/2025		Texas	Georgetown		
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→	Travel to Country		Select a Country from the drop-down list.																																			
→	Travel to State		For Domestic Travel: Select a State from the drop-down list.																																			
→	Travel to County		For Domestic Travel: Select a County from the drop-down list.																																			

⇒		Travel to City	Free Text: Type in the city.
		Travel Mode	Choose the mode of travel from the drop-down list.
		Principal Reason for Travel	Select the Reason for Travel from the drop-down list.
→		Date of Arrival at Travel Destination	If the subject traveled, on what date did they arrive at their travel destination?
→		Date of Departure from Travel Destination	If the subject traveled, on what date did they depart from their travel destination?
		Duration of Stay	Duration of stay. Provide a number and then the units (days, hours, etc.)
⇒		Additional Travel Information	Free Text: Add pertinent notes not captured elsewhere. Example: Food history, events, resort information, reports of others' illnesses, etc.
Repeating Block Question: Ends			
Click on Add when the Travel entry is completed and add additional travel as needed.			
Event Exposure			
→		Did the patient attend any events or large gatherings where fresh food was served?	Select Yes, No, Maybe, or Unknown.
Repeating Block Question: Begins			
→		Event Type	Free Text: What type of event is the event (Example: church event, wedding, funeral, festival, and ectetc.)
→		Event Date Start	Enter or select the date the event beginbegins.
→		Event Date End	Enter or select a date the date the event ended.
→		Date attended event	Enter or select a date that the case attended the event.
→		Location of event (City, State)	Free text: Add the city, state of the event.
→		Foods eaten at event	Free Text: List the food that the case ate. If multiple people shared food with the case, please list the food the case did and did not eat.
Repeating Block Question: Ends			
Click on Add when the Event entry is completed and add additional events as needed.			
Contact Information			
→		Does the patient know of any other person who has been sick recently with a similar illness?	Select Yes, No, Maybe, or Unknown.
→		If yes/maybe, provide information about other ill person(s) including the NEDSS Case ID if available	Please provide the CASE ID (CAS....TX01) of other ill individuals.
⇒		<i>If yes/maybe, did the patient (or patient's child) live in the same household as the ill individual?</i>	Select Yes, No, or Unknown.
⇒		<i>If yes/maybe, did the patient (or patient's child) attend the same event as the ill individual?</i>	Select Yes, No, or Unknown.

⇒		If yes/maybe, did the patient (or patient's child) travel together with the ill individual?	Select Yes, No, or Unknown.
⇒		If yes/maybe, what other contact did the patient (or patient's child) have with the ill individual?	Free Text.
Establishment Exposure			
Prepared At The Home			
→		Did the patient eat fresh produce from a store? (e.g., market, farm, or other sources)	Select Yes, No, Maybe, or Unknown. Note: In the past 14 days prior to the Illness Onset Date or 30 days prior from the Diagnosis Date (if Illness Onset Date is unknown), add all grocery stores, warehouse stores, small markets, ethnic specialty markets, health food stores, co-ops, fish or meat specialty shops, farmer's markets or food directly from a farm, home delivery grocery services, meal delivery services, or any other sources to the repeating block below. Note II: If there are multiple chain locations involved in the case, list each unique address on a separate line in the repeating block below.
→		May we use your phone number/shopper card number to look up purchase history at the stores listed?	Select Yes or No.
→		Refused to give shopper card # or permission to use phone number to look up purchase history.	Select Yes or No.
⇒	Additional comments about grocery stores		Free Text: Add pertinent notes not captured elsewhere, including allergies or food items the case dislikes or would not eat.
Repeating Block Question: Begins			
→		Store Name	Free Text: The name of the location where the case purchased or was given produce. Note: A store name is necessary. If the case is unsure of the store name, type in Unknown (Example: Unknown Grocery Store -Can't Remember)
⇒		Store Type	Select from the drop-down list.
→		Store Street Address	Free Text.
→		Store City	Free Text.
→		Store State	Select from the drop-down list.
→		Store Zip Code	Free Text

→		Purchase Date	Enter or select date. Note: Purchase date is vital for <i>Cyclospora</i> outbreak investigations. Please ask the case to check their online order dates or their credit cards for purchase dates or to provide the best estimate of purchase date. Note: If case only has a date range or the date is unknown, please add it in the "Food Purchased and Consumed" section of the repeating block.
⇒		Food Purchased and Consumed	Free Text.
→		Shopper Card Number	Free Text. Note: If available, it is vital for outbreak investigations.
Repeating Block Question: Ends			
Click on Add when the location where the case bought fresh produce is completed. Add additional locations as needed.			
Prepared Outside The Home			
→		Did the patient eat produce from a restaurant? (e.g., National food chain, food trucks or deli's)	Select Yes, No, Maybe, or Unknown. Note: In the past 14 days from the Illness Onset Date or 30 days before Diagnosis Date (if Illness Onset Date is unknown), add all restaurants, national fast food chains, Mexican-style, Italian, seafood, Jamaican/Cuban/Caribbean, Chinese/Indian/Japanese/Asian, Middle Eastern/Arabic/Lebanese/African, vegetarian or vegan, barbecue or home-style, steakhouse or grill, all-you-can-eat buffet, sandwich shop or deli, diner, salad bar, take-out, breakfast or brunch, school institution, academic institutions, daycare, food truck, etc. Note II: If there are multiple chain locations involved in the case, list each unique address on a separate line in the repeating block below. Note III: If a meal is shared with the case, please include the restaurant in the repeating block below.
⇒		Additional comments about restaurant meals	Free Text: Add pertinent notes not captured elsewhere, including allergies or food items the case dislikes or would not eat.
Repeating Block Question: Begins			
→		Restaurant Name	Free Text. Note: If the case is unsure of the restaurant's name, type in Unknown (Example: Unknown Mexican Restaurant-Can't Remember)
→		Restaurant Street Address	Free Text.
→		Restaurant City	Free Text.
→		Restaurant State	Select from the drop-down list.
⇒		Restaurant Zip Code	Free Text

→			Enter or select a date. Note: This date is vital for <i>Cyclospora</i> outbreak investigations. Please ask the case to check their online order dates or their credit cards for purchase dates or to provide the best estimate of purchase date. Note: If case only has a date range or the date is unknown, please add it in the "Food Eaten at Restaurant" section of the repeating block.
→			Free Text. Note: List the food that the case ate. If multiple people shared food with the case, please list the food the case did and did not eat.
Repeating Block Question: Ends			
Click on Add when the restaurant the case ate at is completed. Add additional restaurants as needed.			
Fresh Produce Exposure			
Note: Select "no" for any item grown in the case's garden, but leave a note in the comments. Note II: "Mark Rest No" is available in each subsection below. Selecting "Mark Rest No" will change all questions within the sub-section to "no". The questions changed to "no" can be updated to another answer after "Mark Rest No" has been selected. Any answers already inputted before selecting "Mark Rest No" will be replaced with "no".			
Mark Rest No			
Fresh Herbs Exposures			
→		Basil, Fresh	Select Yes, No, Maybe, or Unknown.
⇒		<i>Basil, Sweet</i>	Select Yes, No, Maybe, or Unknown.
⇒		<i>Basil, Purple (e.g., purple leaves and stems)</i>	Select Yes, No, Maybe, or Unknown.
⇒		<i>Basil, Thai</i>	Select Yes, No, Maybe, or Unknown.
⇒		<i>Basil, Other</i>	Select Yes, No, Maybe, or Unknown.
⇒		<i>Specify Other Basil</i>	Free Text.
⇒		<i>Basil Eaten At Home</i>	Select Yes, No, Maybe, or Unknown.
⇒		<i>Basil Brand(s)</i>	Free Text.
⇒		<i>Basil Place(s) Purchased (Names, Locations)</i>	Free Text.
⇒		<i>Basil Eaten Outside Home</i>	Select Yes, No, Maybe, or Unknown.
⇒		<i>If basil was eaten outside the home, please list the name(s) of establishment(s) and location(s)</i>	Free Text.
→		Cilantro	Select Yes, No, Maybe, or Unknown.
⇒		<i>Cilantro Eaten At Home</i>	Select Yes, No, Maybe, or Unknown.
⇒		<i>Cilantro Brand(s)</i>	Free Text.

⇒		Cilantro Place(s) Purchased (Names, Locations)	Free Text.
⇒		Cilantro Eaten Outside Home	Select Yes, No, Maybe, or Unknown.
⇒		If cilantro was eaten outside the home, please list the name(s) of establishment(s) and location(s)	Free Text.
→		Parsley	Select Yes, No, Maybe, or Unknown.
→		Oregano	Select Yes, No, Maybe, or Unknown.
→		Thyme	Select Yes, No, Maybe, or Unknown.
→		Mint	Select Yes, No, Maybe, or Unknown.
→		Dill	Select Yes, No, Maybe, or Unknown.
→		Sage	Select Yes, No, Maybe, or Unknown.
→		Rosemary	Select Yes, No, Maybe, or Unknown.
→		Other Fresh Herbs	Select Yes, No, Maybe, or Unknown.
		Unknown Type of Herbs	Select Yes, No, Maybe, or Unknown.
→		Specify Other Fresh Herbs	Select Yes, No, Maybe, or Unknown.
⇒		Specify Other Fresh Herbs	Free Text.
⇒		Notes about fresh herbs	Free Text: Add pertinent herb notes not captured elsewhere.
Repeating Block Question: Begins			
⇒		Fresh Herb Purchase Location (if not listed above)	Free Text: Add the herb type and purchase location. Repeat as needed.
Repeating Block Question: Ends			
Click on Add when the herb purchase location entry is completed, and add additional ones as needed.			
Fresh Berries Exposure			
→		Red Raspberries	Select Yes, No, Maybe, or Unknown.
⇒		Red Raspberries Eaten At Home	Select Yes, No, Maybe, or Unknown.
⇒		Red Raspberry Brand(s)	Free Text.
⇒		Red Raspberry Place(s) Purchased (Names, Locations)	Free Text.
⇒		Red Raspberries Eaten Outside Home	Select Yes, No, Maybe, or Unknown.
⇒		If red raspberries were eaten outside the home, please list the name(s) of the establishment(s)	Free Text.
→		Blackberries	Select Yes, No, Maybe, or Unknown.
⇒		Blackberries Eaten At Home	Select Yes, No, Maybe, or Unknown.
⇒		Blackberry Brand(s)	Free Text.
⇒		Blackberry Place(s) Purchased (Names, Locations)	Free Text.
⇒		Blackberries Eaten Outside Home	Select Yes, No, Maybe, or Unknown.
⇒		If blackberries were eaten outside the home, please list the name(s) of the establishment(s)	Free Text.

→	Strawberries	Select Yes, No, Maybe, or Unknown.
⇒	Strawberries Eaten At Home	Select Yes, No, Maybe, or Unknown.
⇒	Strawberry Brand(s)	Free Text.
⇒	Strawberry Place(s) Purchased (Names, Locations)	Free Text.
⇒	Strawberries Eaten Outside Home	Select Yes, No, Maybe, or Unknown.
⇒	If strawberries were eaten outside the home, please list the name(s) of the establishment(s)	Free Text.
→	Blueberries	Select Yes, No, Maybe, or Unknown.
⇒	Blueberries Eaten At Home	Select Yes, No, Maybe, or Unknown.
⇒	Blueberry Brand(s)	Free Text.
⇒	Blueberry Place(s) Purchased (Names, Locations)	Free Text.
⇒	Blueberries Eaten Outside Home	Select Yes, No, Maybe, or Unknown.
⇒	If blueberries were eaten outside the home, please list the name(s) of the establishment(s)	Free Text.
→	Other Fresh Berries	Select Yes, No, Maybe, or Unknown.
→	Black Raspberries	Select Yes, No, Maybe, or Unknown.
→	Golden Raspberries	Select Yes, No, Maybe, or Unknown.
→	Boysenberries	Select Yes, No, Maybe, or Unknown.
→	Specify Other Fresh Berries	Free Text.
⇒	Unknown Type of Berries	Select Yes, No, Maybe, or Unknown.
⇒	Notes about fresh berries and fruit	Free Text: Add pertinent berry notes not captured elsewhere.
Repeating Block Question: Begins		
⇒	Fresh Berries Purchase Location (if not listed above)	Free Text: Add the berry type and purchase location. Repeat as needed.
Repeating Block Question: Ends		
Click on Add when the fresh berry purchase location entry is completed, and add additional ones as needed.		
Fresh Fruit Exposure		
→	Apple	Select Yes, No, Maybe, or Unknown.
→	Grape	Select Yes, No, Maybe, or Unknown.
→	Pear	Select Yes, No, Maybe, or Unknown.
→	Peach	Select Yes, No, Maybe, or Unknown.
→	Nectarine	Select Yes, No, Maybe, or Unknown.
→	Plum	Select Yes, No, Maybe, or Unknown.
→	Orange	Select Yes, No, Maybe, or Unknown.
→	Tangerine	Select Yes, No, Maybe, or Unknown.
→	Grapefruit	Select Yes, No, Maybe, or Unknown.
→	Lemon	Select Yes, No, Maybe, or Unknown.
→	Lime	Select Yes, No, Maybe, or Unknown.
→	Cherry	Select Yes, No, Maybe, or Unknown.
→	Cantaloupe	Select Yes, No, Maybe, or Unknown.

→	Honeydew Melon	Select Yes, No, Maybe, or Unknown.
→	Watermelon	Select Yes, No, Maybe, or Unknown.
→	Precut Melon or Melon Salad	Select Yes, No, Maybe, or Unknown.
→	Other Melon	Select Yes, No, Maybe, or Unknown.
→	Pineapple	Select Yes, No, Maybe, or Unknown.
→	Mango	Select Yes, No, Maybe, or Unknown.
→	Other Fruit	Select Yes, No, Maybe, or Unknown.
→	Banana	Select Yes, No, Maybe, or Unknown.
→	Kiwi	Select Yes, No, Maybe, or Unknown.
→	Papaya	Select Yes, No, Maybe, or Unknown.
→	Guava	Select Yes, No, Maybe, or Unknown.
→	Pomegranate	Select Yes, No, Maybe, or Unknown.
→	Coconut	Select Yes, No, Maybe, or Unknown.
→	Specify Other Fruit	Free Text.
⇒	Notes about fresh produce	Free Text: Add pertinent fruit notes not captured elsewhere.
Repeating Block Question: Begins		
⇒	Fresh Fruit Purchase Location (if not listed above)	Free Text: Add the fruit type and purchase location. Repeat as needed.
Repeating Block Question: Ends		
Click on Add when the fresh fruit purchase location entry is completed, and add additional ones as needed.		
Fresh Lettuce Exposure		
→	Bagged Salad Kits	Select Yes, No, Maybe, or Unknown.
⇒	What were the ingredients of the bagged salad kit?	Free Text.
⇒	What was/were the brand name(s) of the bagged salad kit?	Free Text.
⇒	Where did you purchase the bagged salad kit?	Free Text.
→	Pre-Made Single Serving Salad	Select Yes, No, Maybe, or Unknown.
⇒	What were the ingredients of the pre-made single serving salad?	Free Text.
⇒	What was/were the brand name(s) of the pre-made single serving salad?	Free Text.
⇒	Where did you purchase the pre-made single serving salad?	Free Text.
→	Iceberg	Select Yes, No, Maybe, or Unknown.
⇒	Iceberg Lettuce Eaten At Home	Select Yes, No, Maybe, or Unknown.
⇒	Was it prepackaged or precut/shredded in a bag?	Select Yes, No, Maybe, or Unknown.
⇒	Was it a head of lettuce or loose lettuce (not prepackaged)?	Select Yes, No, Maybe, or Unknown.
⇒	Was it eaten as a topping or garnish?	Select Yes, No, Maybe, or Unknown.

⇒		Was it part of a pre-made salad or bagged salad kit?	Select Yes, No, Maybe, or Unknown.
⇒		Iceberg Lettuce Brand(s)	Free Text.
⇒		Iceberg Lettuce Place(s) Purchased (Names, Locations)	Free Text.
⇒		Iceberg Lettuce Eaten Outside Home	Select Yes, No, Maybe, or Unknown.
⇒		If iceberg lettuce was eaten outside of the home, please list the name(s) of establishment(s)	Free Text.
➔	Romaine Lettuce		Select Yes, No, Maybe, or Unknown.
⇒		Romaine Lettuce Eaten At Home	Select Yes, No, Maybe, or Unknown.
⇒		Was it prepackaged or precut/shredded in a bag?	Select Yes, No, Maybe, or Unknown.
⇒		Was it a head of lettuce (prepackaged in a bag)?	Select Yes, No, Maybe, or Unknown.
⇒		Was it a head of lettuce or loose lettuce (not prepackaged)?	Select Yes, No, Maybe, or Unknown.
⇒		Was it eaten as a topping or garnish?	Select Yes, No, Maybe, or Unknown.
⇒		Was it part of a pre-made salad or bagged salad kit?	Select Yes, No, Maybe, or Unknown.
⇒		Romaine Lettuce Brand(s)	Free Text.
⇒		Romaine Lettuce Place(s) Purchased (Names, Locations)	Free Text.
⇒		Romaine Lettuce Eaten Outside Home	Select Yes, No, Maybe, or Unknown.
⇒		If romaine lettuce was eaten outside of the home, please list the name(s) of establishment(s)	Free Text.
➔	Mesclun Lettuce (spring mix, field green, gourmet salad)		Select Yes, No, Maybe, or Unknown.
⇒		Mesclun Lettuce Eaten At Home	Select Yes, No, Maybe, or Unknown.
⇒		Was it prepackaged in a hard plastic container?	Select Yes, No, Maybe, or Unknown.
⇒		Was it prepackaged in a bag?	Select Yes, No, Maybe, or Unknown.
⇒		Was it a head of lettuce or loose lettuce (not prepackaged)?	Select Yes, No, Maybe, or Unknown.
⇒		Was it eaten as a topping or garnish?	Select Yes, No, Maybe, or Unknown.

⇒		Was it part of a pre-made salad or bagged salad kit?	Free Text.
⇒		Mesclun Lettuce Brand(s)	Free Text.
⇒		Mesclun Lettuce Place(s) Purchased (Names, Locations)	Free Text.
⇒		Mesclun Lettuce Eaten Outside Home	Select Yes, No, Maybe, or Unknown.
⇒		If mesclun lettuce was eaten outside of the home, please list the name(s) of establishment(s)	Free Text.
➔	Butter Lettuce (also called Boston or Bibb lettuce)		Select Yes, No, Maybe, or Unknown.
⇒		Was it red butter lettuce?	Select Yes, No, Maybe, or Unknown.
⇒		Was it green butter lettuce?	Select Yes, No, Maybe, or Unknown.
⇒		Was it mixed butter lettuce?	Select Yes, No, Maybe, or Unknown.
⇒		Was it prepackaged in a bag?	Select Yes, No, Maybe, or Unknown.
⇒		Was it prepackaged in a hard plastic container?	Select Yes, No, Maybe, or Unknown.
⇒		Was it a head of lettuce or loose lettuce (not prepackaged)?	Select Yes, No, Maybe, or Unknown.
⇒		Was it part of a pre-made salad or bagged salad kit?	Select Yes, No, Maybe, or Unknown.
⇒		Butter Lettuce Eaten At Home	Select Yes, No, Maybe, or Unknown.
⇒		Butter Lettuce Brand(s)	Free Text.
⇒		Butter Lettuce Place(s) Purchased (Names, Locations)	Free Text.
⇒		Butter Lettuce Eaten Outside Home	Select Yes, No, Maybe, or Unknown.
⇒		If butter lettuce was eaten outside of the home, please list the name(s) of establishment(s)	Free Text.
➔	Cabbage		Select Yes, No, Maybe, or Unknown.
⇒		Was it red cabbage (head/loose, not prepackaged)?	Select Yes, No, Maybe, or Unknown.
⇒		Was it green cabbage (head/loose, not prepackaged)?	Select Yes, No, Maybe, or Unknown.
⇒		Was it precut/shredded or prepackaged in a bag (e.g. coleslaw mix)?	Select Yes, No, Maybe, or Unknown.
⇒		Was it part of a pre-made salad or bagged salad kit?	Select Yes, No, Maybe, or Unknown.
⇒		Was it savory cabbage?	Select Yes, No, Maybe, or Unknown.

⇒		Was it napa cabbage?	Select Yes, No, Maybe, or Unknown.
⇒		Was it bok choy?	Select Yes, No, Maybe, or Unknown.
⇒		Was it brussel sprouts?	Select Yes, No, Maybe, or Unknown.
⇒		Was it another type of cabbage?	Select Yes, No, Maybe, or Unknown.
⇒		Specify Other Cabbage	Free Text.
⇒		Cabbage Eaten At Home	Select Yes, No, Maybe, or Unknown.
⇒		Cabbage Brand(s)	Free Text.
⇒		Cabbage Place(s) Purchased (Names, Locations)	Free Text.
⇒		Cabbage Eaten Outside Home	Select Yes, No, Maybe, or Unknown.
⇒		If cabbage was eaten outside of the home, please list the name(s) of establishment(s)	Free Text.
➔		Spinach	Select Yes, No, Maybe, or Unknown.
⇒		Spinach Eaten At Home	Select Yes, No, Maybe, or Unknown.
⇒		Was it prepackaged in a bag?	Select Yes, No, Maybe, or Unknown.
⇒		Was it prepackaged in a hard plastic container?	Select Yes, No, Maybe, or Unknown.
⇒		Was it a head of spinach or loose spinach (not prepackaged)?	Select Yes, No, Maybe, or Unknown.
⇒		Was it eaten as a topping or garnish?	Select Yes, No, Maybe, or Unknown.
⇒		Was it part of a pre-made salad or bagged salad kit?	Select Yes, No, Maybe, or Unknown.
⇒		Spinach Brand(s)	Free Text.
⇒		Spinach Place(s) Purchased (Names, Locations)	Free Text.
⇒		Spinach Eaten Outside Home	Select Yes, No, Maybe, or Unknown.
⇒		If spinach was eaten outside of the home, please list the name(s) of establishment(s)	Free Text.
➔		Other Lettuce or Leafy Greens	Select Yes, No, Maybe, or Unknown.
⇒		Arugula	Select Yes, No, Maybe, or Unknown.
⇒		Endive	Select Yes, No, Maybe, or Unknown.
⇒		Mustard Greens	Select Yes, No, Maybe, or Unknown.
⇒		Radicchio	Select Yes, No, Maybe, or Unknown.
⇒		Kale	Select Yes, No, Maybe, or Unknown.
⇒		Specify Other Fresh Lettuce or Leafy Greens	Free Text.
➔		Other Prepackaged Salad Mix	Select Yes, No, Maybe, or Unknown.
⇒		What were the ingredients of the other prepackaged salad mix?	Free Text.

⇒	What was/were the brand name(s) of the other prepackaged salad mix?	Free Text.
⇒	Where did you purchase the other prepackaged salad mix?	Free Text.
⇒	Notes about leafy greens	Add pertinent leafy green notes not captured elsewhere.
Repeating Block Question: Begins		
⇒	Fresh Lettuce Purchase Location (if not listed above)	Free Text: Add the lettuce type and purchase location. Repeat as needed.
Repeating Block Question: Ends		
Click on Add when the fresh lettuce purchase location entry is completed, and add additional ones as needed.		
Other Fresh Produce Purchase Locations		
→	Cucumbers	Select Yes, No, Maybe, or Unknown.
→	Zucchini	Select Yes, No, Maybe, or Unknown.
→	Squash	Select Yes, No, Maybe, or Unknown.
Repeating Block Question: Begins		
⇒	Other Fresh Produce Purchase Location (if not listed above)	Free Text: Add the cucumber, zucchini, and squash type and purchase location. Repeat as needed.
Repeating Block Question: Ends		
Click on Add when the cucumbers, zucchini, and squash purchase location entry is completed, and add additional ones as needed.		
→	Fresh Bell Peppers	Select Yes, No, Maybe, or Unknown.
→	Bell Peppers, Red	Select Yes, No, Maybe, or Unknown.
→	Bell Peppers, Green	Select Yes, No, Maybe, or Unknown.
→	Bell Peppers, Orange	Select Yes, No, Maybe, or Unknown.
→	Bell Peppers, Yellow	Select Yes, No, Maybe, or Unknown.
→	Bell Peppers, Unknown	Select Yes, No, Maybe, or Unknown.
→	Hot Chili/Chili Peppers (e.g., jalapenos or serranos)	Select Yes, No, Maybe, or Unknown.
Repeating Block Question: Begins		
⇒	Peppers Purchase Location (if not listed above)	Free Text: Add the pepper type and purchase location. Repeat as needed.
Repeating Block Question: Ends		
Click on Add when the pepper purchase location entry is completed, and add additional ones as needed.		
→	Celery	Select Yes, No, Maybe, or Unknown.
→	Carrots	Select Yes, No, Maybe, or Unknown.
→	Carrots, Mini	Select Yes, No, Maybe, or Unknown.
→	Other Carrots	Select Yes, No, Maybe, or Unknown.
⇒	Specify Other Carrots	Free Text.
→	Root Vegetables	Select Yes, No, Maybe, or Unknown.
→	Radishes	Select Yes, No, Maybe, or Unknown.
→	Beets	Select Yes, No, Maybe, or Unknown.
→	Turnips	Select Yes, No, Maybe, or Unknown.
→	Unknown Type of Raw Uncooked Root Vegetables	Select Yes, No, Maybe, or Unknown.
→	Other Raw Uncooked Root Vegetables	Select Yes, No, Maybe, or Unknown.

⇒	Specify Other Raw Uncooked Root Vegetables	Free Text.
Repeating Block Question: Begins		
⇒	Root Vegetables Purchase Location (if not listed above)	Free Text: Add the vegetable type and purchase location. Repeat as needed.
Repeating Block Question: Ends		
Click on Add when the root vegetables purchase location entry is completed, and add additional ones as needed.		
→	Raw Peas	Select Yes, No, Maybe, or Unknown.
→	Peas, Garden	Select Yes, No, Maybe, or Unknown.
→	Peas, Snow	Select Yes, No, Maybe, or Unknown.
→	Peas, Snap	Select Yes, No, Maybe, or Unknown.
→	Peas, Raw Unknown	Select Yes, No, Maybe, or Unknown.
→	Peas, Raw Other	Select Yes, No, Maybe, or Unknown.
⇒	Specify Other Peas	Free Text.
⇒	Raw Peas Eaten At Home	Select Yes, No, Maybe, or Unknown.
⇒	Raw Pea Brand(s)	Free Text.
⇒	Raw Peas Place(s) Purchased (Names, Locations)	Free Text.
⇒	Raw Peas Eaten Outside Home	Select Yes, No, Maybe, or Unknown.
⇒	If raw peas were eaten outside of the home, please list the name(s) of the establishment(s)	Free Text.
Repeating Block Question: Begins		
⇒	Peas Purchase Location (if not listed above)	Free Text: Add the pea type and purchase location. Repeat as needed.
Repeating Block Question: Ends		
Click on Add when the pea purchase location entry is completed, and add additional ones as needed.		
→	Broccoli	Select Yes, No, Maybe, or Unknown.
→	Cauliflower	Select Yes, No, Maybe, or Unknown.
→	Sprouts	Select Yes, No, Maybe, or Unknown.
→	Raw Onions	Select Yes, No, Maybe, or Unknown.
→	Raw Onions, White	Select Yes, No, Maybe, or Unknown.
→	Raw Onions, Yellow	Select Yes, No, Maybe, or Unknown.
→	Raw Onions, Red/Purple	Select Yes, No, Maybe, or Unknown.
→	Raw Green Onions/Scallions	Select Yes, No, Maybe, or Unknown.
→	Raw Onions, Unknown	Select Yes, No, Maybe, or Unknown.
→	Raw Onions, Other	Select Yes, No, Maybe, or Unknown.
⇒	Specify Other Onions	Free Text.
Repeating Block Question: Begins		
⇒	Raw Onion, Broccoli, Cauliflower, and Sprouts Purchase Location (if not listed above)	Free Text: Add the type for the Onion, Broccoli, Cauliflower, or Sprouts and purchase location. Repeat as needed.
Repeating Block Question: Ends		
Click on Add when the raw onions, sprouts, cauliflower, and broccoli purchase location entry is completed, and add additional ones as needed.		
→	Fresh Tomatoes	Select Yes, No, Maybe, or Unknown.
→	Tomatoes, Red Round	Select Yes, No, Maybe, or Unknown.
→	Tomatoes, Roma	Select Yes, No, Maybe, or Unknown.

→	Tomatoes, Grape/Cherry		Select Yes, No, Maybe, or Unknown.
→	Tomatoes, Unknown		Select Yes, No, Maybe, or Unknown.
→	Tomatoes, Other		Select Yes, No, Maybe, or Unknown.
⇒		<i>Specify Other Tomatoes</i>	Free Text.
→	Fresh Salsa or Pico de Gallo (not from a jar)		Select Yes, No, Maybe, or Unknown.
⇒		<i>Pico de Gallo or Salsa Eaten At Home</i>	Select Yes, No, Maybe, or Unknown.
⇒		<i>Pico de Gallo or Salsa Brand(s)</i>	Free Text.
⇒		<i>Pico de Gallo or Salsa Place(s) Purchased (Names, Locations)</i>	Free Text.
⇒		<i>Pico de Gallo or Salsa Eaten Outside Home</i>	Select Yes, No, Maybe, or Unknown.
⇒		<i>If pico de gallo/salsa was eaten outside of the home, please list the name(s) of establishment(s)</i>	Free Text.
→	Fresh Guacamole (not from a jar)		Select Yes, No, Maybe, or Unknown.
⇒		<i>Guacamole Eaten At Home</i>	Select Yes, No, Maybe, or Unknown.
⇒		<i>Guacamole Brand(s)</i>	Free Text.
⇒		<i>Guacamole Place(s) Purchased (Names, Locations)</i>	Free Text.
⇒		<i>Guacamole Eaten Outside Home</i>	Select Yes, No, Maybe, or Unknown.
⇒		<i>If guacamole was eaten outside of the home, please list the name(s) of the establishment(s)</i>	Free Text.
Repeating Block Question: Begins			
⇒	<i>Tomatoes Purchase Location (if not listed above)</i>		Free Text: Add the tomato type and purchase location. Repeat as needed.
Repeating Block Question: Ends			
Click on Add when the raw tomatoes purchase location entry is completed, and add additional ones as needed.			
⇒	<i>Other Fresh Produce</i>		Select Yes, No, Maybe, or Unknown.
⇒	<i>Unknown Type of Fresh Produce</i>		Select Yes, No, Maybe, or Unknown.
⇒		<i>Specify Other Fresh Produce</i>	Free Text.
⇒	<i>Notes about other fresh vegetables</i>		Free Text: Add pertinent vegetable notes not captured elsewhere.
Additional Information			
⇒	<i>Additional Information</i>		Free Text: Add pertinent notes not captured elsewhere.
Outbreak			
Outbreak tab is not visible when the page is being edited.			

→
Refer to the **NEDSS Outbreak Management Guide** for instructions on creating outbreak names and linking cases to outbreaks under the "Outbreak" tab.

Patient	Case Info	Lab Interpretive	Cyclosporasis	Establishment Exposure	Fresh Produce Exposure	Contact Tracing	Contact Records	Outbreaks	Supplemental Info
Outbreaks Back to top									
Collapse Subsections ☐ Outbreaks Associated with Investigation The following outbreaks are associated with BALDEMAR GARCIA's investigation:									
Outbreak Contact Record ID	Date Added	Outbreak Name	Status	Location of Origin	Outbreak ID				
Nothing found to display.									
Add New Outbreak Contact Record									

Supplemental Info

Supplemental Info tab is not visible when the page is being edited.

→
Under the tab "Supplemental Info", please attach the completed, fillable CNHGQ PDF and any other documents related to the case.

Note: Documents cannot be attached if they are 2MB or larger. If the file exceeds 2MB, please split it into two PDFs/documents or compress it into a smaller PDF/document before attaching.

Patient	Case Info	Lab Interpretive	Cyclosporasis	Establishment Exposure	Fresh Produce Exposure	Contact Tracing	Contact Records	Outbreaks	Supplemental Info																																											
Go to: Associations Notes and Attachments History																																																				
Supplemental Info Back to top																																																				
Collapse Subsections ☐ Associations ☐ Associated Lab Reports <table border="1"> <thead> <tr> <th>Date Received</th> <th>Reporting Facility/Provider</th> <th>Date Collected</th> <th>Test Results</th> <th>Program Area</th> <th>Event ID</th> </tr> </thead> <tbody> <tr> <td colspan="6">Nothing found to display.</td> </tr> </tbody> </table> ☐ Associated Morbidity Reports <table border="1"> <thead> <tr> <th>Date Received</th> <th>Condition</th> <th>Report Date</th> <th>Type</th> <th>Observation ID</th> </tr> </thead> <tbody> <tr> <td colspan="5">Nothing found to display.</td> </tr> </tbody> </table> ☐ Associated Treatments <table border="1"> <thead> <tr> <th>Date</th> <th>Treatment</th> <th>Treatment ID</th> </tr> </thead> <tbody> <tr> <td colspan="3">Nothing found to display.</td> </tr> </tbody> </table> ☐ Associated Vaccinations <table border="1"> <thead> <tr> <th>Date Administered</th> <th>Vaccine Administered</th> <th>Vaccination ID</th> </tr> </thead> <tbody> <tr> <td colspan="3">Nothing found to display.</td> </tr> </tbody> </table> ☐ Associated Documents <table border="1"> <thead> <tr> <th>Date Received</th> <th>Type</th> <th>Purpose</th> <th>Description</th> <th>Document ID</th> </tr> </thead> <tbody> <tr> <td colspan="5">Nothing found to display.</td> </tr> </tbody> </table>									Date Received	Reporting Facility/Provider	Date Collected	Test Results	Program Area	Event ID	Nothing found to display.						Date Received	Condition	Report Date	Type	Observation ID	Nothing found to display.					Date	Treatment	Treatment ID	Nothing found to display.			Date Administered	Vaccine Administered	Vaccination ID	Nothing found to display.			Date Received	Type	Purpose	Description	Document ID	Nothing found to display.				
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☐ Notes And Attachments Collapse Subsections ☐ Notes <table border="1"> <thead> <tr> <th>Date Added</th> <th>Added By</th> <th>Note</th> <th>Private</th> </tr> </thead> <tbody> <tr> <td colspan="4">Nothing found to display.</td> </tr> </tbody> </table> Add Notes ☐ Attachments <table border="1"> <thead> <tr> <th>Date Added</th> <th>Added By</th> <th>File Name</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td colspan="4">Nothing found to display.</td> </tr> </tbody> </table> Add Attachment									Date Added	Added By	Note	Private	Nothing found to display.				Date Added	Added By	File Name	Description	Nothing found to display.																															
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NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Cysticercosis

General Information

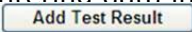
Please complete [Taeniasis/Cysticercosis Case Investigation Form | 2024 \(state.tx.us\)](#) and route to the Zoonosis Control Branch through your regional Zoonosis Control Program.

Note: Intestinal infection with *Taenia solium* as evidenced by *T. solium* proglottids, eggs, or antigens in a fecal specimen is reportable and should be entered in NBS as a "*Taenia solium* and undifferentiated *Taenia* infection" case.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Cyst (specify location in comments), Brain biopsy, Brain autopsy, Cerebral spinal fluid, Serum, or Other (describe in comments).
	Specimen Site	Select appropriate response from drop-down list.
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	Select hospitalized, outpatient, or unknown.
	Pregnant	Select Yes, No, or Unknown.
	Weeks	Enter number of weeks pregnant.

Lab Report		
NBS Field Name	Description/Instructions	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	Select corrected, final, preliminary or results pending.
	Result comments	Enter comments as needed.
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Taenia solium antibody	Taenia solium antibody (short search "tae")	Taenia solium antibody, or Taenia solium antibody, IgG or IgM (short search "tae")	Coded Result: Enter "positive" or "negative," and Numeric Result: Enter value, if applicable
MRI, CT scan, histology or microscopic examination of infected tissue		Enter description in investigation general comments.	

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name	Description/Instructions	
Investigation Summary		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Zoonosis - Will default based on condition.
	State Case ID	Leave blank.
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.

Investigation		
NBS Field Name		Description/Instructions
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Reporting Source (Type)	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Source (Organization)	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporting Provider" if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	<i>Hospital</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter admission date(s).
⇒	<i>Discharge Date</i>	If patient hospitalized, enter discharge date(s).

Investigation		
NBS Field Name		Description/Instructions
⇒	Total duration of stay in the hospital (in days)	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of physician diagnosis (if known), or ♦ Date a condition specific laboratory test was positive
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	Enter "Illness End Date" <i>Note: Leave blank if end date is unknown or the patient has asymptomatic infection.</i>
	Illness Duration	Enter number and unit. If illness onset date is the same as end date, enter 1.
	Age at Onset/Age Type	Enter number and unit. Default is years. Use days if <1 month, months for ≥1 month and <1 year, and years for ≥1 year.
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
	Does the patient have pelvic inflammatory disease?	Select Yes, No, or Unknown.
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and enter date of death for <i>Deceased Date</i> .
Epidemiologic		
	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.
	Is this patient a food handler?	Select Yes, No, or Unknown.
	Is this case part of an outbreak?	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
	Outbreak Name	Select outbreak name from drop-down list.
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field. Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at unknown location.
→	Imported Country	Indicate country where patient acquired illness. Required if "Out of Country" selected.
→	Imported State	Indicate state where patient acquired illness. Required if "Out of State" selected.
⇒	Imported City	Indicate city where patient acquired illness.

Investigation		
NBS Field Name		Description/Instructions
→	Imported County	Indicate county where patient acquired illness. Required if "Out of jurisdiction, from another jurisdiction" selected.
→	Transmission Mode	Select "Zoonotic," "Foodborne" or "Indeterminate."
	Detection Method	Select appropriate response from drop-down list.
→	Confirmation Method	Select method used to determine case status. Laboratory confirmed – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case were met
→	Case Status	Select Confirmed or Not a Case according to the case definition. See current year the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.
Administrative		
	General Comments	Enter comments as needed.
Custom Fields		
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by • Date a non-negative condition specific laboratory result was ordered (e.g, specimen collection date), or • Date of physician diagnosis, or • Date the disease/condition was added to the top 3 differential diagnoses for the patient, or • Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
Day Care		
	Attend a day care center?	Select Yes, No, or Unknown.
	Work at a day care center?	Select Yes, No, or Unknown.
	Live with a day care attendee?	Select Yes, No, or Unknown.
	What type of day care facility?	Select appropriate response from drop-down list.
	What is the name of the day care facility?	Enter name of day care facility
	Is food prepared at this facility?	Select Yes, No, or Unknown.
	Does this facility care for diapered persons?	Select Yes, No, or Unknown.
Food Handler		
⇒	<i>Did patient work as a food handler after onset of illness?</i>	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	What was last date worked as a food handler after onset of illness?	Enter date last worked in mm/dd/yyyy format.
⇒	Where was patient a food handler?	Enter name of establishment where the patient worked as a food handler.
Travel History		
	Did patient travel prior to onset of illness?	Select Yes, No, or Unknown.
	Applicable incubation period for this illness is:	Enter incubation period. For Cysticercosis enter months – years.
	What was the purpose of the travel?	Select purpose of travel from drop-down list. (Use Ctrl to select more than one).
	If "Other", please specify other purpose of travel:	Enter purpose of travel.
	Please specify the destination(s):	
	Destination 1 Type:	Select the Domestic or International radio button.
	Destination 1	Select the destination from the resulting drop-down list.
	Mode of Travel:	Select mode of travel from drop-down list.
	Date of Arrival:	Enter date of arrival in mm/dd/yyyy format.
	Date of Departure:	Enter date of departure in mm/dd/yyyy format.
	Destination 2 Type:	Select the Domestic or International radio button.
	Destination 2	Select the destination from the resulting drop-down list.
	Mode of Travel:	Select mode of travel from drop-down list.
	Date of Arrival:	Enter date of arrival in mm/dd/yyyy format.
	Date of Departure:	Enter date of departure in mm/dd/yyyy format.
	Destination 3 Type:	Select the Domestic or International radio button.
	Destination 3	Select the destination from the resulting drop-down list.
	Mode of Travel:	Select mode of travel from drop-down list.
	Date of Arrival:	Enter date of arrival in mm/dd/yyyy format.
	Date of Departure:	Enter date of departure in mm/dd/yyyy format.
	If more than 3 destinations, specify details here:	Enter additional details as needed.
Drinking Water Exposure		
	What is the source of tap water at home?	Select appropriate response from drop-down list.
	What is the source of tap water at school/work?	Select appropriate response from drop-down list.
	Did the patient drink untreated water in the 7 days prior to onset of illness?	Select Yes, No, or Unknown.
Recreational Water Exposure		
	Was there recreational water exposure in the 7 days prior to illness?	Leave blank.
Animal Contact		
⇒	Did patient come in contact with an animal?	Select Yes, No, or Unknown.

Investigation			
NBS Field Name		Description/Instructions	
⇒	Type of animal	Select appropriate response from drop-down menu.	
	Name or location of animal contact	Provide relevant details.	
	Did the patient acquire a pet prior to onset of illness?	Select Yes, No, or Unknown.	
	Applicable incubation period for this illness is	Indicate appropriate answer.	
Seafood Exposure			
	Has the patient eaten seafood in the last 14 days?	Leave blank.	
Underlying Conditions			
	Did patient have any of the following underlying conditions?	Select appropriate response from drop-down list. <i>(Use Ctrl to select more than one.)</i>	
Related Cases			
	Does the patient know of any similarly ill persons?	Select Yes, No, or Unknown.	
	If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?	Select Yes, No, or Unknown.	Note: Please enter details in the space provided for General Comments in the Administrative group on this Investigation.
	Are there other cases related to this one?	Select "no, sporadic;" "unknown;" "yes, household;" or "yes, outbreak"	

NBS Entry Guidelines for Notification

Notifications are required for confirmed case

Dengue and Dengue, Severe

General Information

Please complete a [Dengue Case Investigation Form \(state.tx.us\)](https://state.tx.us) and route to Zoonosis Control Central Office through your regional Zoonosis Control Program.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

NBS Entry Guidelines for Notification

Notifications are required for confirmed, probable and suspect cases. Suspect cases will not be included in case counts but are being tracked for programmatic review.

Diphtheria

General Information

Medical records and laboratory reports should be obtained and submitted along with case notes to the Central Office via the Regional Office.

If laboratory reports are entered under the lab section, please be sure to associate each with the investigation. Information on treatment and prevention measures can be found in the Emerging and Acute Infectious Disease Guidelines:

<https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance>

The diphtheria vaccination history should be entered as a vaccination record in NBS and associated to the investigation. Enter the date of vaccination, age at vaccination, vaccine type, and any other available information. To search ImmTrac for this patient, within the investigation, click "Manage Associations" and under the "Vaccinations" section, click "Query Registry." Confirm the patient's information is correct then click "Submit Query." Check the box next to the vaccine to associate it with the current investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified.

Vaccine Type	NBS Selection	Manufacturers for US (2024)
DTaP, unspecified	Diphtheria, tetanus toxoids and acellular pertussis	
Diphtheria-Tetanus pediatric formulation	DT (pediatric)	generic – Sanofi Pasteur
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis	DTaP	Infanrix – GlaxoSmithKline Tripedia – Sanofi Pasteur DAPTACEL – Sanofi Pasteur
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Hepatitis B and Inactivated Polio	DTaP-Hep B-IPV	Pediarix – GlaxoSmithKline
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis-Haemophilus type b	DtaP-Hib, historical	*TriHIBit – Sanofi Pasteur *Tetramune - Wyeth
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Haemophilus influenzae type b and Inactivated Polio	DTaP-Hib-IPV	Pentacel – Sanofi Pasteur
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Inactivated Polio	DTaP-IPV	KINRIX – GlaxoSmithKline Quadracel – Sanofi Pasteur
Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate, and Hepatitis B [Recombinant] Vaccine	DTaP-IPV-HIB-HEP B	Vaxelis – MSP Vaccine Company - (partnership Merck and Sanofi Pasteur)

Vaccine Type	NBS Selection	Manufacturers for US (2024)
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Haemophilus influenzae type b and Hepatitis B	DTaP-IPV-HIB-HEP B, historical	
Diphtheria-Tetanus-Pertussis	DTP, historical	*Tri-Immunol Lederle
Diphtheria-Tetanus-Pertussis-	DTP-Hib, historical	
Diphtheria-Tetanus-Pertussis-Haemophilus type b- Hepatitis B	DTP-Hib-Hep B, historical	
Tetanus/diphtheria toxoids. Adult formulation	Td (Adult)	generic – Massachusetts Biological Labs TENIVAC – Sanofi Pasteur Decavac – Sanofi Pasteur
Tetanus Toxoid reduced-Diphtheria-acellular Pertussis vaccine	Tdap	Adacel – Sanofi Pasteur Boostrix – GlaxoSmithKline

*Historic

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Immunizations Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
⇨	<i>Accession Number</i>	Enter unique ID assigned to specimen.

Lab Report		
NBS Field Name		Description/Instructions
➔	Specimen Source	Select Throat; Nose; Abscess [<i>sic</i>]; Blood, venous; Sputum; Wound; other appropriate choice, or Other with description in Result Comments.
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
Culture	Corynebacterium diphtheriae Culture (drop-down list)	Corynebacterium diphtheriae - Result (drop-down list)	Coded Result: "identified"

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Lab Reports	
NBS Field Name	Description/Instructions
Investigation Information	
➔ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.

Lab Reports		
NBS Field Name		Description/Instructions
➔	Program Area	Immunizations - Will default based on condition.
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Not required for Diphtheria
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	Shared Indicator	
	State Case ID	
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: • Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or • Date antitoxin was requested, or • Date a condition specific laboratory was ordered, or • Date a condition-specific treatment or prophylaxis was ordered, whichever was earliest.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.

Lab Reports

NBS Field Name		Description/Instructions
⇒	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Reporting Provider	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
➔	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Admission Date	If patient hospitalized, enter 1 st admission date.
➔	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Duration of Stay	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	
⇒	Hospital 2	Search for 2 nd hospital. Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	Search for 3 rd hospital. Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification if applicable.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of the condition-specific laboratory result.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	

Lab Reports

NBS Field Name		Description/Instructions
	Illness Duration	
	Illness Duration Units	
⇒	<i>Age at Onset</i>	Enter number and unit. Default is years. Use days if < 1 month, months for $\geq$ 1 month and < 1 year, and years for $\geq$ 1 year.
⇒	<i>Age at Onset Units</i>	Use the drop-down list next to age to select, days, months, etc.
	Is the patient pregnant?	
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Date of Death	
Epidemiologic		
⇒	<i>Is this patient associated with a day care facility?</i>	Select Yes, No, or Unknown.
⇒	<i>Is this patient a food handler?</i>	Select Yes, No, or Unknown.
➔	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
➔	Outbreak Name	Select outbreak name from drop-down list.
➔	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown.
➔	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).
➔	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately. Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
➔	Imported Country	Indicate country where patient became ill.
⇒	<i>Imported State</i>	Indicate state where patient became ill.
⇒	<i>Imported City</i>	Indicate city where patient became ill.
⇒	<i>Imported County</i>	Indicate county where patient became ill.
	Transmission Mode	
	Detection Method	

Lab Reports

NBS Field Name		Description/Instructions	
➔	Confirmation Method	Select method used to determine case status. Select lab confirmed, clinical diagnosis, or epi-linked.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments. Clinical Diagnosis – case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider.
➔	Confirmation Date	Date criteria for the case status of the case were met.	
➔	Case Status	Select Confirmed or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
➔	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
➔	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
General Comments			
	General Comments		

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Ebola hemorrhagic fever

General Information

For travelers returning from an officially declared Ebola outbreak are, please complete the [cdcEbolaVirusInvestigationForm.pdf \(state.tx.us\)](#) and route to EAIDU through your regional office.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Enter the LRN laboratory where the testing was performed.
⇒	Ordering Facility	Enter the hospital submitting the specimen. Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS - Infectious Disease . Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇒	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇒	Ordered Test	Refer to table below.
➔	Accession Number	Enter the LRN city followed by the ID they assigned to the specimen (e.g., Dallas 5623874).
➔	Specimen Source	Blood venous, Plasma, Serum, other appropriate source, or Other (describe in Lab Comments – e.g., organ homogenates; or liver, spleen, skin, and other tissue sections)
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	Select Hospitalized, Outpatient, Unknown.
	Pregnant	If "Yes" is selected, enter the number of weeks.
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	Coded Result	Refer to table below.
⇒	Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒	Text Result	Refer to table below.
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results

For all lab reports, positive and negative - In Administrative comments, describe symptoms and reason for testing

Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
RT-PCR detection	Ebola virus, PCR (DNA or RNA) (short search "ebola")	Ebola virus – Result (short search "ebola") OR	Coded Result: Select result, e.g., "positive" or "negative" OR
		If species is known, select EBOLA VIRUS IDENTIFIED (short search "ebola")	Organism: Search for "ebola" and, if available, select appropriate species, e.g., Ebola virus Zaire biotype
Antigen detection by EIA/ELISA or immuno-histochemistry (IHC)	VIRAL HEMORRHAGIC DISEASE VIRUS AG (long search "viral hem")	Ebola virus – Result (short search "ebola") OR	Coded Result: Select result, e.g., "positive" or "negative" OR
		If species is known, select EBOLA VIRUS IDENTIFIED (short search "ebola")	Organism: Search for "ebola" and, if available, select appropriate species, e.g., Ebola virus Zaire biotype
Virus isolation	VIRUS IDENTIFIED (long search "virus id") (Method - VIRUS CULTURE, System – Select appropriate specimen source)	EBOLA VIRUS IDENTIFIED (short search "ebola") OR	Organism: Search for "ebola" and, if available, select appropriate species, e.g., Ebola virus Zaire biotype OR
		If no growth, select Ebola virus - Result (short search "ebola")	Coded Result: Select "not isolated"
Electron microscopy (EM) visualization	VIRAL HEMORRHAGIC DISEASE VIRUS (long search "viral hem") (Method – MICROSCOPY ELECTRON)	Virus, electron microscopy (short search "elec")	Text Result: Describe findings

After the information is entered in Lab Report, press "Submit" or "Submit and Create Investigation" button, as needed. If the lab report was created by mistake, press the "Cancel" button.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
➔	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.

Investigation		
NBS Field Name		Description/Instructions
➔	<i>Program Area</i>	IDEAS - Infectious Disease
	<i>State Case ID</i>	
➔	<i>Investigation Start Date</i>	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
⇒	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	Shared Indicator	
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigation	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider or other public health entity.
➔	Reporting Source (Type)	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	Reporting Source (Organization)	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	Reporter	Search for Reporter if known. <i>Note: If not found, search by city, etc. and then enter new Reporter as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i> <i>If more than 1 hospitalization, specify details in General Comments.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date. <i>Note: If more than 1 hospitalization, specify details in General Comments.</i>
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date. <i>Note: If more than 1 hospitalization, specify details in General Comments.</i>
⇒	Total duration of stay in the hospital (in days)	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1. <i>Note: If more than 1 hospitalization, specify details in General Comments.</i>
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of physician diagnosis, or ♦ Date a condition specific laboratory was positive.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
➔	Illness End Date	Enter "Illness End Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness Duration	Enter number of days and days for units (default). Use months or years if more appropriate.
	Illness Duration Units	Use the drop-down list next to it to select days, weeks, etc.
	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for > 1 month and < 1 year, and years for > 1 year.
	Age at Onset Units	Use the drop-down list next to it to select days, weeks, etc.
	Is the patient pregnant?	Select Yes, No, or Unknown.
	Does the patient have pelvic inflammatory disease?	Select Yes, No, or Unknown.
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
Epidemiologic		
	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.
	Is this patient a food handler?	Select Yes, No, or Unknown.

Investigation			
NBS Field Name		Description/Instructions	
→	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name."	
→	Outbreak Name	Select outbreak name from drop-down list. If outbreak name is not listed in drop-down list, contact the NEDSS Project Office to have an outbreak name entered.	
→	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX. Unknown – it is unknown where patient became ill.
⇒	<i>Imported Country</i>	Indicate country where patient became ill.	
⇒	<i>Imported State</i>	Indicate state where patient became ill.	
⇒	<i>Imported City</i>	Indicate city where patient became ill.	
⇒	<i>Imported County</i>	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed.	Laboratory confirmed – laboratory criteria required if case status selected is Confirmed or Not a Case.
	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed, Suspect (Ebola laboratory results not yet available), or Not a Case according to the case definition. See http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
Administrative			
	General Comments		

Investigation

NBS Field Name		Description/Instructions
Custom Fields		
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date of physician diagnosis, or ♦ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or Date a condition-specific laboratory was positive, whichever was earliest
→	Did patient travel prior to onset of illness?	Select Yes, No, or Unknown.
⇒	<i>Applicable incubation period for this illness is</i>	Enter incubation period
⇒	<i>What was the purpose of the travel?</i>	Select purpose of travel from drop-down list (<i>Use Ctrl to select more than one</i>).
⇒	<i>If "Other", please specify other purpose of travel</i>	
Please specify the destination(s)		
⇒	<i>Destination 1 Type</i>	Select the Domestic or International radio button.
⇒	<i>Destination 1</i>	Select the destination from the resulting drop-down list.
⇒	<i>Mode of Travel</i>	Select appropriate mode of travel from drop-down list.
⇒	<i>Date of Arrival</i>	
⇒	<i>Date of Departure</i>	
⇒	<i>Destination 2 Type</i>	Select the Domestic or International radio button.
⇒	<i>Destination 2</i>	Select the destination from the resulting drop-down list.
⇒	<i>Mode of Travel</i>	Select appropriate mode of travel from drop-down list.
⇒	<i>Date of Arrival</i>	
⇒	<i>Date of Departure</i>	
⇒	<i>Destination 3 Type</i>	Select the Domestic or International radio button.
⇒	<i>Destination 3</i>	Select the destination from the resulting drop-down list.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Mode of Travel</i>	Select appropriate mode of travel from drop-down list.
⇒	<i>Date of Arrival</i>	
⇒	<i>Date of Departure</i>	
⇒	<i>If more than 3 destinations, specify details here</i>	
Seafood Exposure		
	<i>Has the patient eaten seafood in the last 14 days?</i>	
Underlying Conditions		
⇒	<i>Did patient have any of the following underlying conditions?</i>	Select underlying conditions. (Use Ctrl to select more than one.)
Related Cases		
⇒	<i>Does the patient know of any similarly ill persons?</i>	Select Yes, No, or Unknown.
⇒	<i>If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?</i>	Select Yes, No, or Unknown.
⇒	<i>Are there other cases related to this one?</i>	Enter no, sporadic; unknown; yes, household; or yes, outbreak.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and suspect cases. Suspect cases will not be included in case counts but are being tracked for programmatic review.

Echinococcosis

General Information

Please complete the [Lyme Borreliosis Surveillance Form \(state.tx.us\)](https://state.tx.us) and route to the Zoonosis Control Branch through your regional Zoonosis Control office.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Cyst (specify location in comments), Cerebral spinal fluid, Serum, or Other (describe in comments, including biopsies or punctures).
	Specimen Site	If cyst specimen, choose appropriate site of the cyst location or describe in comments.
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇨	<i>Coded Result</i>	Refer to table below.

Lab Report	
NBS Field Name	Description/Instructions
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒ <i>Text Result</i>	Refer to table below.
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Antibodies to <i>Echinococcus</i>	Echinococcus Antibodies (short search "echino")	Echinococcus antibody, or Echinococcus antibody, IgG; or Echinococcus antibody, IgM (short search "echino")	Coded Result: Enter "positive," "negative," or "indeterminate" AND Text Result: Describe test method
<i>Echinococcus</i> spp. DNA by PCR	Echinococcus granulosus, DNA (short search "echino")	ECHINOCOCCUS IDENTIFIED (short search "echino")	Coded Result: Enter "positive" or "negative" AND Text Result: Enter species name and test method
MRI, US, CT scan, histology or microscopic examination of infected tissue		Enter description in investigation general comments.	

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Information	
➔ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ Program Area	Zoonosis - Will default based on condition chosen.

Investigation		
NBS Field Name		Description/Instructions
➔	Investigation Start Date	Enter date investigation began or, if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Enter earliest date public health control measures were initiated.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	Leave blank.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by ◆ Date a non-negative condition specific laboratory result was ordered (e.g., specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		

Investigation

NBS Field Name		Description/Instructions
⇒	Physician	"Physician" auto populates if investigation is created from a lab report. Conduct search for "Physician" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	Hospital	If hospitalized, search for "Hospital." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total Duration of Stay in the hospital (in days)	Duration will auto-populate if "Admission Date" and "Discharge date" are entered. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	Select Yes or No, if known.
⇒	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital Duration 2	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen or test that supported case classification.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of physician diagnosis (if known), or ♦ Date of the condition specific laboratory result
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: If unknown, enter date of hospital admission or, secondly, specimen collection date.</i>
	Illness End Date	Enter end date for illness, if known.
	Illness Duration	Enter number. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Duration is auto-populated if "Illness Onset Date" and "Illness End Date" dates are entered. If end date is same as onset date, enter 1.</i>
	Illness Duration Units	Use the drop-down list to select, days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>

Investigation			
NBS Field Name		Description/Instructions	
⇒	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>	
⇒	Age at Onset Units	Use the drop-down list to select, days, weeks, etc. <i>Note: Unit is auto-populated if "Date of Birth" and "Illness Onset Date" are entered.</i>	
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.	
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .	
➔	Date of Death	If patient died from the illness, enter deceased date.	
Epidemiologic			
	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.	
	Is this patient a food handler?	Select Yes, No, or Unknown.	
⇒	Is this case part of an outbreak?	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
⇒	Outbreak Name	Select outbreak name from drop-down list.	
	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown. Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and enter the NBS ID of the epi-linked case.	
	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
➔	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.
➔	Imported Country	Indicate country where patient acquired illness. Required if "Out of Country" selected.	
➔	Imported State	Indicate state where patient acquired illness. Required if "Out of State" selected.	
⇒	Imported City	Indicate city where patient acquired illness.	
➔	Imported County	Indicate county where patient acquired illness. Required if "Out of jurisdiction, from another jurisdiction" selected.	
➔	Transmission Mode	Select most appropriate disease transmission method.	
	Detection Method	Select appropriate response from drop-down list.	

Investigation			
NBS Field Name		Description/Instructions	
➔	Confirmation Method	Select method used to determine case status.	Laboratory confirmed or Laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information manually and associate with the investigation.
	Confirmation Date	Enter date when the criteria for case status were met.	
➔	Case Status	Select Confirmed, Probable or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
➔	MMWR Week	Auto-populates based on data entry date. At the beginning of the year, if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
➔	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.	
Administrative			
	General Comments	Enter comments as needed.	

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Ehrlichiosis (Ehrlichiosis, chaffeensis; Ehrlichiosis, other spp. or unspiciated; Ehrlichiosis, ewingii; or Ehrlichiosis, muris eauclairensis)

General Information

Please complete the [Rickettsial Disease Case Investigation Form \(state.tx.us\)](https://state.tx.us) and route to the Zoonosis Control Branch through your regional Zoonosis Control office.

A classification table of Rickettsiales known to cause disease in humans can be found in the Centers for Disease Control and Prevention Traveler's Health Yellow Book at <https://www.cdc.gov/yellow-book/hcp/travel-associated-infections-diseases/rickettsial-diseases.html>

NBS Entry Guidelines for Laboratory Reports

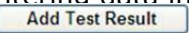
Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood venous, Serum, other appropriate source, or Other (describe in Lab Comments)
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		

Lab Report

NBS Field Name	Description/Instructions
➔ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔ Resulted Test	Refer to table below.
⇒ <i>Coded Result</i>	Refer to table below.
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒ <i>Text Result</i>	Refer to table below.
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional.

Click on  when the Test Result(s) section is completed and add additional lab results as needed.

Administrative

Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results

Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
IFA	Ehrlichia antibodies (<i>short search "ehr"</i>)	Ehrlichia chaffeensis antibody, IgG OR Ehrlichia antibody (<i>short search "ehr"</i>)	Coded Result: Enter "detected," "positive," "high," Numeric Result: Enter titer value (e.g., 1:512) Text Result: enter species if not Ehrlichia chaffeensis
PCR or metagenomic sequencing	Ehrlichia, PCR (DNA or RNA) (<i>short search "ehr"</i>)	Ehrlichia chaffeensis, DNA OR Ehrlichia - Result (<i>short search "ehr"</i>)	Coded Result: Enter "positive," "negative," "undetermined" or "indeterminate" Text Result: enter species if not Ehrlichia chaffeensis
IHC	Ehrlichiosis Profile (<i>short search "ehr"</i>)	Ehrlichia - Result (<i>short search "ehr"</i>)	Coded Result: Enter "detected" Text Result: Enter test method and result
Culture	Culture, Bacterial (<i>short search "culture"</i>)	Ehrlichia - Result (<i>short search "ehr"</i>)	Coded Result: Enter "detected" Text Result: Enter test method and result

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	Zoonosis - Will default based on condition chosen.
→	Investigation Start Date	Enter date investigation began or, if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Not required for Ehrlichiosis
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	Leave blank.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a non-negative condition specific laboratory result was ordered (e.g, specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or Date a condition specific laboratory result was positive, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by

Investigation		
NBS Field Name		Description/Instructions
		a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Reporting Provider	Search for reporting provider if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	"Physician" auto populates if investigation is created from a lab report. Conduct search for "Physician" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	Hospital	If hospitalized, search for "Hospital." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Duration will auto-populate if "Admission Date" and "Discharge Date" are entered. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	Select Yes or No, if known.
⇒	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification.

Investigation		
NBS Field Name		Description/Instructions
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ◆ Date of physician diagnosis (if known), or ◆ Date of the condition specific laboratory result
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: If unknown, enter date of hospital admission or, secondly, specimen collection date.</i>
	Illness End Date	Enter end date for illness, if known.
	Illness Duration	Enter number. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Duration is auto-populated if "Illness Onset Date" and "Illness End Date" are entered. If end date is same as onset date, enter 1.</i>
	Illness Duration Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>
⇒	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
⇒	Age at Onset Units	Use the drop-down list to select days, weeks, etc.
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
→	Date of Death	If patient died from the illness, enter deceased date.
Epidemiologic		
	Is this patient associated with a day care facility?	Not Required
	Is this patient a food handler?	Not Required
⇒	<i>Is this case part of an outbreak?</i>	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.
	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown. Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and enter the NBS ID of the epi-linked case.
	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US.

Investigation			
NBS Field Name		Description/Instructions	
		multiple locations, describe in the investigation comments field.	Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.
➔	Imported Country	Indicate country where patient acquired illness. Required if “Out of Country” selected.	
➔	Imported State	Indicate state where patient acquired illness. Required if “Out of State” selected.	
⇒	Imported City	Indicate city where patient acquired illness.	
➔	Imported County	Indicate county where patient acquired illness. Required if “Out of jurisdiction, from another jurisdiction” selected.	
➔	Transmission Mode	Select “Vectorborne.”	
	Detection Method	Select appropriate response from drop-down list.	
➔	Confirmation Method	Select method used to determine case status.	Laboratory confirmed or Laboratory report –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information manually and associate with the investigation.
	Confirmation Date	Enter date when the criteria for case status were met.	
➔	Case Status	Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
➔	MMWR Week	Auto-populates based on data entry date. At the beginning of the year, if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
➔	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.	
General Comments			
	General Comments	Enter comments as needed.	

NBS Entry Guidelines for Notification

Notifications are required for confirmed, probable, and suspect cases. Suspect cases will not be included in case counts but are being tracked for programmatic review

Fascioliasis

General Information

For individual cases, use the form available at;

<https://www.dshs.state.tx.us/sites/default/files/EAIDU/investigation/forms/Fascioliasis-Investigation-Form.pdf> . Please send a copy of the form to Central Office via the Regional Office.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

NBS Field Name			Description/Instructions
Order Information			
➔	Reporting Facility		Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>		Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>		Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area		Enter or edit to IDEAS- Foodborne <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction		Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>		Enter date result was reported to provider if available.
➔	Date Received by Public Health		"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>		Refer to table below.
	Accession Number		Enter unique ID assigned to specimen.
➔	Specimen Source		Select Stool = fecal; Bile fluid; Duodenal fluid; other appropriate choice, or Other with description in Result Comments.
	Specimen Site		
➔	Date Specimen Collected		Enter date specimen collected.
	Patient Status at Specimen Collection		
	Pregnant		
	Weeks		
Test Result(s)			
➔	Resulted Test and Result(s)		Refer to table below and use appropriate fields below.
➔	Resulted Test		Refer to table below.

NBS Field Name		Description/Instructions
⇒	Coded Result	Refer to table below.
⇒	Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒	Text Result	Refer to table below.
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional.
Click on when the Test Result(s) section is completed and add additional lab results as needed.

Administrative	
	Comments

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Microscopic examination	Leave blank	OVA AND PARASITE IDENTIFIED (short search "ova")	Organism: Fasciola (search "Fascio")
Fascioliasis Ab- ELA	Leave blank	FASCIOLA SP AB or FASCIOLA HEPATICA AB (long search "Fascio")	Coded Result: "detected", "not detected," or "indeterminate" –or – Numeric or Text result
Antigen detection by ELISA	Leave blank	HELMINTH IDENTIFIED (short search "helm")	Organism: Fasciola (search "Fascio") Also enter: Text Result: type in test method such as ELISA antigen positive

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Information	
➔ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.

Investigation		
NBS Field Name		Description/Instructions
➔	<i>Program Area</i>	IDEAS- Foodborne - Will default based on condition.
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Not required for Fascioliasis
⇒	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	Shared Indicator	
	State Case ID	
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date a condition specific laboratory test was positive
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Organization</i>	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>

Investigation		
NBS Field Name		Description/Instructions
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
➔	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Admission Date	If patient hospitalized, enter 1 st admission date.
➔	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospitalized at a Second Hospital</i>	
⇒	<i>Hospital 2</i>	Search for 2 nd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 2 Admission Date</i>	If patient hospitalized, enter 2 nd admission date.
⇒	<i>Hospital 2 Discharge Date</i>	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	<i>Hospital 2 Duration</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospital 3</i>	Search for 3 rd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 3 Admission Date</i>	If patient hospitalized, enter 3 rd admission date.
⇒	<i>Hospital 3 Discharge Date</i>	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	<i>Hospital 3 Duration</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification if applicable.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of the condition specific laboratory result.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	
	Illness Duration	
	Illness Duration Units	
⇒	<i>Age at Onset</i>	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
⇒	<i>Age at Onset Units</i>	Use the drop-down list next to age to select, days, months, etc.
	Is the patient pregnant?	
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .

Investigation			
NBS Field Name		Description/Instructions	
→	Date of Death		
Epidemiologic			
⇒	<i>Is this patient associated with a day care facility?</i>	Select Yes, No, or Unknown.	
⇒	<i>Is this patient a food handler?</i>	Select Yes, No, or Unknown.	
→	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
→	Outbreak Name	Select outbreak name from drop-down list.	
→	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown.	
→	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
→	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
→	Imported Country	Indicate country where patient became ill.	
⇒	<i>Imported State</i>	Indicate state where patient became ill.	
⇒	<i>Imported City</i>	Indicate city where patient became ill.	
⇒	<i>Imported County</i>	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed, clinical diagnosis, or epi-linked.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments. Clinical Diagnosis – case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider.
	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed or Not a Case according to the case definition. See the Immunization Division, Texas Department of Health	

Investigation		
NBS Field Name		Description/Instructions
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
General Comments		
	General Comments	

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases

Haemophilus influenzae, invasive disease

General Information

Individual case investigation forms are required to be completed and submitted to the Central Office. For cases 5 years or older, if the serotyping was not done at the Austin DSHS lab, please obtain and submit a copy of the serotype report from the testing laboratory. The *Haemophilus influenzae* Case Track Record can be found at <https://www.dshs.texas.gov/notifiable-conditions/investigation-forms>

Note: The biotype is not the same as the serotype and does not need to be entered into NBS.

**For cases under 5 years old with an isolate from a sterile site, update the serotype in NBS once results are received from the DSHS laboratory.

The Hib vaccination history should be entered as a vaccination record in NBS and associated with the investigation. To search ImmTrac for this patient, within the investigation, click "Manage Associations" and under the "Vaccinations" section, click "Query Registry." Confirm the patient's information is correct then click "Submit Query." Check the box next to the vaccine to associate it with the current investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified.

Vaccine Type	NBS Selection	Manufacturers for US (2024)
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis- <i>Haemophilus</i> type b	DtaP-Hib	*TriHIBit – Sanofi Pasteur
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with <i>Haemophilus influenzae</i> type b and Inactivated Polio	DTaP-Hib-IPV	Pentacel - Sanofi Pasteur
Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, <i>Haemophilus</i> b Conjugate, and Hepatitis B [Recombinant] Vaccine	DTaP-IPV-HIB-HEP B	Vaxelis – MSP Vaccine Company - (partnership Merck and Sanofi Pasteur)
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Inactivated Polio, <i>Haemophilus influenzae</i> type b, and Hepatitis B	DTaP-IPV-HIB-HEP B, historical	
Diphtheria-Tetanus-Pertussis- <i>Haemophilus influenzae</i> type b	DTP-Hib	*Tetramune - Wyeth
Diphtheria-Tetanus-Pertussis- <i>Haemophilus influenzae</i> type b- Hepatitis B	DTP-Hib-Hep B	
<i>Haemophilus influenzae</i> type b oligosaccharide-CRM197 conjugate	Hib (HbOC)	*HibTITER - Wyeth
<i>Haemophilus influenzae</i> type b, diphtheria conjugated	Hib (PRP-D)	*ProHIBit - Sanofi Pasteur
PRP-OMP. Polysaccharide conjugate (mening. protein carrier).	Hib (PRP-OMP)	PedvaxHIB - Merck

Vaccine Type	NBS Selection	Manufacturers for US (2024)
<i>Haemophilus b</i> Conjugate Vaccine (Tetanus Toxoid Conjugate)	Hib (PRP-T)	ActHIB - Sanofi Pasteur Hiberix – GlaxoSmithKline *OmniHib - GlaxoSmithKline
Hib unspecified	Hib, NOS (<i>Haemophilus influenzae</i> type b vaccine,	
<i>Haemophilus influenzae</i> type b -- Hepatitis B	Hib-Hep B	*Comvax (HBV-Hib) – Merck
Meningococcal groups C and Y and <i>Haemophilus b</i> Tetanus Toxoid conjugate vaccine	Meningococcal, NOS	*MenHibrix – GlaxoSmithKline

*Historic

List of Vaccines Licensed for Immunization and Distribution in the US:

<https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>

For a complete vaccination schedule for children and adults go to:

<https://www.dshs.state.tx.us/immunizations/public/schedules>

Information on treatment and prevention Guidelines for Investigation and Control of Invasive, Respiratory, Foodborne, and Vaccine-Preventable Diseases

<https://www.dshs.state.tx.us/notifiable-conditions/investigation-guidance>

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Immunizations . Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.

Lab Report		
NBS Field Name		Description/Instructions
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
→	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Select Blood venous; Cerebral spinal fluid; Pleural fluid (thoracentesis fluid); Synovial fluid (Joint fluid); or Other (describe in Result Comments).
	Specimen Site	
→	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
→	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
→	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
→	Result comments	If known, enter the serotype (serotype a, b, c, d, e, f, or nontypeable). <i>Note:</i> The biotype is not the same as the serotype and does not need to be entered into NBS.
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	→ Ordered Test	→ Resulted Test	→ Test Result(s)
Culture	Culture, specimen source if available (e.g., "Culture, CSF," "Culture, Blood," "Culture, Body Fluid") or Culture, Bacterial (short search "culture")	Haemophilus influenzae Identified (drop-down list)	Organism: Select <i>Haemophilus influenzae</i> type (short search "haemoph") If available, enter serotype in result comments.

Ordered Test, Resulted Test and Test Results			
Description	→ Ordered Test	→ Resulted Test	→ Test Result(s)
CSF Antigen test	Haemophilus influenzae antigen (drop-down list)	Haemophilus influenzae B antigen, CSF (drop-down list)	Coded Result: "detected," "not detected," or "indeterminate" Enter serotype b in result comments.
Antibody tests	Haemophilus influenzae antibody (drop-down list)	Haemophilus influenzae antibody, or Haemophilus influenzae antibody, IgG., or Haemophilus influenzae antibody, IgM (short search "hae")	Coded Result: "detected," "not detected," or "indeterminate" If available, enter serotype in result comments.
PCR	Haemophilus influenzae PCR (DNA or RNA) (short search "PCR")	Haemophilus influenzae RNA (short search "hae")	Coded result: "positive," "negative," or "indeterminate" If available, enter serotype in result comments.

NBS Entry Guidelines for Investigation

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient’s zip code. Review and correct as needed. Select or edit “Jurisdiction” based on patient address if available, location of patient’s provider, or location of reporting facility, in that order.
→	Program Area	Immunizations - Will default based on condition
	State Case ID	
	ABC’s Case ID	Not applicable in Texas
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	Investigation Status	Defaults to “Open.” Change to “Closed” when investigation and data entry are completed.
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigator	Enter date investigation assigned to investigator.
	ABC’s Investigator	Not applicable in Texas
Other patient information		
	Type of Insurance	

Investigation		
NBS Field Name		Description/Instructions
	Specify Other	
	Weight	
	Height	
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
	Patient Chart Number	
➔	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Admission Date	If patient hospitalized, enter admission date(s).
⇒	<i>Discharge Date</i>	If patient hospitalized, enter discharge date(s).
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
	ABC's Culture Hospital	Not applicable in Texas
	ABC's Treatment Hospital	Not applicable in Texas
	Was patient transferred from another hospital?	Not applicable in Texas
	ABC's Transfer Hospital	Not applicable in Texas

Investigation		
NBS Field Name		Description/Instructions
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection. If onset date is unknown, please enter a date in "Date first positive culture obtained" instead.</i>
	Illness End Date	Enter "Illness End Date." <i>Note: Leave blank if end date is unknown or the patient is still If onset date is unknown, please enter a date in "Date first positive culture obtained" instead.</i>
→	Types of Infection caused by organism?	Select primary diagnosis or if specimen source is cerebrospinal fluid, select meningitis; if blood, select bacteremia without focus; and if other diagnosis (such as necrotizing fasciitis or cellulitis), select as appropriate.
	Other Infection	
→	Bacterial species isolated from any normally sterile site?	Defaults to Haemophilus influenzae, invasive (Selection of another organism will result in a change of condition.)
	If polymicrobial ABC's case, indicate other non-ABC's bacterial species isolated from any normally sterile site:	Not applicable in Texas
	Specify Other 1	Not applicable in Texas
	Specify Other 2	Not applicable in Texas
→	Date first positive culture obtained?	Enter earliest collection date of specimens that are culture positive.
→	Sterile site from which organism isolated?	Select site(s) from drop-down list that match sterile specimens with lab reports. See normally sterile site definition in the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
	Specify Internal Body Site	
	Other Normally Sterile Site	
	Nonsterile sites from which organism isolated	
	Other Nonsterile Site	
⇒	<i>Did the patient have any underlying conditions?</i>	Enter conditions collected on investigation form
	Underlying Conditions	
	Transplanted organ	If the underlying condition is "organ transplant," specify the organ
	Other malignancy	If the underlying condition is "other malignancy," specify the malignancy
	Other prior illness	If the underlying condition is "prior illness," specify the illness (up to three)
	Other prior illness 2	
	Other prior illness 3	
	Was the patient pregnant/post-partum at the time of the first positive culture?	Not applicable in Texas
	If yes, outcome of fetus	Not applicable in Texas
	Is patient < 1 month of age?	Not applicable in Texas

Investigation		
NBS Field Name		Description/Instructions
	Time of Birth	Not applicable in Texas
	Gestational Age	Not applicable in Texas
	Birthweight	Not applicable in Texas
→	Did the patient die from this illness?	If patient died from <i>Haemophilus influenzae</i> , select yes. Also go to the Patient tab and select “yes” for <i>Is the Patient Deceased?</i> and enter date of death for <i>Deceased Date</i> .
→	What was the serotype?	Select from drop-down list. <i>Note: The biotype is not the same as the serotype and does not need to be entered into NBS. For cases <5 years old with an isolate from a sterile site, update serotype in NBS once results are received from the DSHS laboratory.</i>
	Other serotype	
→	Was the patient < 15 years of age at the time of first positive culture?	Select Yes, No, or Unknown.
	What type of medical insurance does the family have?	Select from drop-down list.
	Other Insurance	
⇒	<i>Birth Country</i>	Select from drop-down list.
⇒	<i>Is there a known previous contact with Hib disease within the preceding two months?</i>	Select from drop-down-list.
⇒	<i>If yes, specify type of contact</i>	(a blank field to fill in)
⇒	<i>Significant Past Medical History</i>	Select from drop-down list.
⇒	<i>If immunosuppression/HIV, specify</i>	(a blank field to fill in)
⇒	<i>If other, specify</i>	(a blank field to fill in)
⇒	<i>If pre-term birth (< 37 weeks), specify weeks</i>	(a blank field to fill in)
⇒	<i>Is acute serum available?</i>	Select from drop-down list.
⇒	<i>Date</i>	Date of collection
⇒	<i>Is convalescent serum available?</i>	Select from drop-down list.
⇒	<i>Date</i>	Date of collection
→	Did the patient receive <i>Haemophilus influenzae</i> b vaccine?	Select from drop-down-list. If yes, enter information as a vaccination record in NBS and associate it with the investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified.

Investigation			
NBS Field Name		Description/Instructions	
Epidemiologic			
→	If < 6 years of age, is the patient in daycare?	Select Yes, No, or Unknown.	
	Day Care Facility		
⇒	<i>Was the patient a resident of a nursing home or other chronic care facility at the time of first positive culture?</i>	Select Yes, No, or Unknown.	
	Chronic Care Facility		
→	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
→	Outbreak Name	Select outbreak name from drop-down list.	
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	<i>Imported Country</i>	Indicate country where patient became ill.	
⇒	<i>Imported State</i>	Indicate state where patient became ill (not TX).	
	<i>Imported City</i>	Indicate city where patient became ill.	
⇒	<i>Imported County</i>	Indicate county where patient became ill.	
→	Confirmation Method	Select method used to determine case status. Select lab confirmed.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
Administrative			
	Was the case first identified through audit?	Not applicable in Texas	
	Does this case have recurrent disease with the same pathogen	Not applicable in Texas	

Investigation		
NBS Field Name		Description/Instructions
	If yes, previous (1st) ABC's Case ID	Not applicable in Texas
	Case Report Status	Not applicable in Texas
	General Comments	Enter whether the isolate was sent to the DSHS State Lab for serotyping (<5 years old required, recommended for all)
Custom Fields		
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a condition-specific laboratory test was ordered, or ◆ Date a laboratory test result was positive, whichever was earliest.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Hantavirus infection, non-HPS & Hantavirus pulmonary syndrome (HPS)

General Information

Please complete the [Investigation](#) form and route to the Zoonosis Control Branch through your regional Zoonosis Control Program.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

NBS Field Name			Description/Instructions
Order Information			
➔	Reporting Facility		Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Facility		Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Provider		Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area		Enter or edit to Zoonosis . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction		Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	Lab Report Date		Enter date result was reported to provider if available.
➔	Date Received by Public Health		"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	Ordered Test		Refer to table below.
	Accession Number		Enter unique ID assigned to specimen.
➔	Specimen Source		Blood venous, Serum, or Other (describe in Lab Comments, e.g., Tissue)
	Specimen Site		Select appropriate response from drop-down list.
➔	Date Specimen Collected		Enter date specimen collected.
	Patient Status at Specimen Collection		Select hospitalized, outpatient, or unknown.
	Pregnant		Select Yes, No, or Unknown.
	Weeks		Enter number of weeks pregnant.
Test Result(s)			
➔	Resulted Test and Result(s)		Refer to table below and use appropriate fields below.
➔	Resulted Test		Refer to table below.
⇨	Coded Result		Refer to table below.
⇨	Numeric Result		Refer to table below. Enter units in the 2 nd box.
⇨	Text Result		Refer to table below.
⇨	Reference Range		If applicable, enter the reference range or cut-off value for normal results.

NBS Field Name		Description/Instructions
	Result status	Select corrected, final, preliminary or results pending.
	Result comments	Enter comments as needed.
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
Hantavirus antibody, IgM or IgG	Hantavirus antibody (short search "hanta")	Hantavirus antibody, IgG or IgM, or Hantavirus sin nombre antibody, IgG or IgM (short search "hanta")	Coded Result: "positive," "negative," or "indeterminate" and Numeric Result: enter titer Text Result: enter test method
Hantavirus PCR	Hantavirus PCR (DNA or RNA) (short search "hanta")	Hantavirus RNA (short search "hanta")	Coded Result: "positive," "negative," or "indeterminate"
Hantavirus IHC	leave blank	Hantavirus – Result (short search "hanta")	Coded Result: "detected," "not detected," and Text Result: enter test method

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Will default based on condition chosen
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.

Investigation		
NBS Field Name		Description/Instructions
	Date Earliest Public Health Control Measure Initiated	Not required.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	Leave blank.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: • Date a non-negative condition specific laboratory result was ordered (e.g, specimen collection date), or • Date of physician diagnosis, or • Date the disease/condition was added to the top 3 differential diagnoses for the patient, or • Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		

Investigation

NBS Field Name		Description/Instructions
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	Select Yes, No, or Unknown.
⇒	Hospital 2	Search for 2 nd hospital. Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	Search for 3 rd hospital. Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of physician diagnosis, or ♦ Date of the condition specific laboratory result.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: If unknown, enter date of hospital admission or, secondly, specimen collection date.</i>
	Illness End Date	
	Illness Duration	Enter number of days and days for units (default). Use months or years if more appropriate.
	Illness Duration Units	Use the drop-down list next to it to select days, weeks, etc.
	Age at Onset	Enter number and unit. Default is years. Use days if <1 month, months for >1 month and <1 year, and years for >1 year.
	Age at Onset Units	Use the drop-down list next to it to select days, weeks, etc.

Investigation			
NBS Field Name		Description/Instructions	
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.	
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .	
➔	Date of Death	If applicable, enter date of death.	
Epidemiologic			
	Is this patient associated with a day care facility?		
	Is this patient a food handler?		
⇒	<i>Is this case part of an outbreak?</i>	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.	
	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown.	
	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
➔	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US but outside of TX. Unknown – patient acquired illness at an unknown location.
➔	Imported Country	Indicate country where patient acquired illness. Required if "Out of Country" selected.	
➔	Imported State	Indicate state where patient acquired illness. Required if "Out of State" selected.	
⇒	<i>Imported City</i>	Indicate city where patient acquired illness.	
➔	Imported County	Indicate county where patient acquired illness. Required if "Out of jurisdiction, from another jurisdiction" selected.	
➔	Transmission Mode	Select "Zoonotic."	
	Detection Method		
➔	Confirmation Method	Select method used to determine case status.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case were met.	

Investigation

NBS Field Name		Description/Instructions
→	Case Status	Select Confirmed or Not a Case according to the case definition. See current http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.
General Comments		
	General Comments	Enter comments as needed.

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases

Hemolytic uremic syndrome, post-diarrheal (HUS)

Note: See [Shiga toxin-producing Escherichia coli \(STEC\)](#) Cases meeting the criteria for both conditions should be reported under each condition.

General Information

Most diarrhea-associated HUS is caused by Shiga toxin-producing Escherichia coli (STEC), most commonly E. coli O157. If a patient meets the case definition for both STEC and HUS, the case should be reported separately for each of condition.

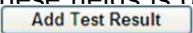
The [Shiga Toxin-Producing Escherichia coli and/or Hemolytic Uremic Syndrome \(HUS\) Investigation Form](#) is required and may be submitted to DSHS Central Office via the Regional Office along with medical and laboratory records that support the case definition.

Medical and laboratory record review is required to determine case status.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Foodborne Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
	Pregnancy Status	
	Weeks	
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood, Urine, or Other (describe in Result Comments).
	Specimen Site	

Lab Report		
NBS Field Name		Description/Instructions
➔	Specimen Collection Date/Time	Enter date specimen collected.
	Patient Status at Specimen Collection	
Test Result(s)		
➔	Resulted Test	Refer to table below and use appropriate fields below.
➔	Coded Result	Refer to table below.
⇒	Coded Result	Refer to table below.
⇒	Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒	Text Result	Refer to table below.
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Microangiopathic changes (e.g., abnormal red blood cell morphology) on Peripheral Blood Smear	Leave blank	Hematopathology Consultation, Peripheral Smear (short search "hemato") Enter any other resulted tests as needed.	Coded Result: "detected," "not detected," or "not done" AND/OR Text Result: Enter any General Information. If applicable, enter the type of abnormal red blood cell(s) observed (e.g, schistocytes, burr cells, or helmet cells etc.) and the semi-quantitative value (e.g., 1+, 2+, 3+, 4+, etc.)
Creatinine Level	Leave blank	Creatinine, Serum (short search "Creat") Enter any other resulted tests as needed.	Numeric Result: Enter numeric result and units of measurement (e.g, 5 mg/dL) AND/OR Text Result: Enter any General Information.
Other evidence of Anemia and Renal Injury		Describe any other relevant test and results in investigation comments. (e.g., hemoglobin, hematocrit, proteinuria, and hematuria results)	

NBS Entry Guidelines for Investigation

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Case Info		
NBS Field Name		Description/Instructions
Investigation Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	IDEAS – Foodborne - Will default based on condition
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
⇨	<i>Earliest Date Control Initiated</i>	Date of earliest public health intervention including: ♦ First attempt to interview patient to gather information about infection. ♦ Interview patient to educate and/or identify of potential source of infection, risk factors, transmission settings, or close contacts. Educate contacts on exposure, symptoms, and measures to avoid disease transmission including recommended exclusion from school or work.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
→	Shared Indicator	Defaults to "Yes."
	State Case ID	
	Legacy Case ID	
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
⇨	<i>Earliest Date Reported to County</i>	Date first reported to County. If the regional office is acting as the local health department, record the date received by the regional office. * Note – At least one of these dates (Date Reported to County or Date Reported to State) is REQUIRED and should include the earliest date reported to a Texas public health department.
⇨	<i>Earliest Date Reported to State</i>	Date first reported to State. If the regional office is acting as the local health department, record the date received by the regional office. * Note – At least one of these dates (Date Reported to County or Date Reported to State) is REQUIRED and should include the earliest date reported to a Texas public health department.

Case Info		
NBS Field Name		Description/Instructions
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific laboratory was positive, or ◆ Date a condition specific treatment or prophylaxis was ordered, which ever was earliest.
⇒	<i>Reporting Source Type</i>	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
→	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i> "Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Reporting County</i>	Enter the county of the reporting organization
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown. If Yes, answer the next questions about admission date and discharge date. If No, jump to "Date Specimen Collected."
⇒	<i>Hospital</i>	If hospitalized, search for "Hospital."
⇒	<i>Admission Date</i>	If patient hospitalized, enter admission date(s).
⇒	<i>Discharge Date</i>	If patient hospitalized, enter discharge date(s).
⇒	<i>Total Duration of Stay in the Hospital (in days)</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
	Second Hospital?	Select Yes or No, or leave blank if not applicable. If Yes, provide admission date and discharge date. If No, jump to "Date Specimen Collected."
	Hospital 2 Information	If hospitalized for the 2 nd time, enter new hospital as needed.
	Hospitalization 2 Admission Date	If patient hospitalized, enter 2 nd admission date
	Hospitalization 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
	Hospitalization 2 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
	Hospital 3 Information	If hospitalized for the 3 rd time, enter new hospital as needed.
	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.

Case Info			
NBS Field Name		Description/Instructions	
	Hospital 3 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.	
	Date Specimen Collected		
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of physician diagnosis (if known), or ♦ Date of condition specific laboratory results, or ♦ Date identified as a symptomatic contact of another case.	
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection, and enter "Diagnosis Date".</i>	
	Illness End Date		
	Illness Duration		
	Illness Duration Units		
	Age at Onset/Age Type		
	Age at Onset Units		
	Is the patient pregnant?		
→	Did the patient die from this illness?	If patient died from the illness, enter select yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .	
→	Date of Death		
Epidemiologic			
⇒	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.	
⇒	Is this patient a food handler?	Select Yes, No, or Unknown.	
→	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered. <i>Note: Notify Central Office about the outbreak via email</i>	
→	Outbreak Name	Select outbreak name from drop-down list.	
→	Epi-linked to lab confirmed case?	Select Yes, or No.	
→	Case ID of epi-linked lab confirmed case	Enter case ID (i.e., CAS-----TX01).	
⇒	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	Imported Country	Indicate country where patient became ill.	
⇒	Imported State	Indicate state where patient became ill.	
⇒	Imported City	Indicate city where patient became ill.	
⇒	Imported County	Indicate county where patient became ill.	
	Country of Usual Residence	Select from the drop-down menu.	
	Country of Exposure	Select from the drop-down menu.	

Case Info		
NBS Field Name		Description/Instructions
	State or Province of Exposure	Select from the drop-down menu.
	City of Exposure	Indicate city where patient was exposed.
	County of Exposure	Select from the drop-down menu.
	Binational Reporting Criteria	Select from the drop-down menu.
	Transmission Mode	Select from the drop-down menu.
	Detection Method	Select from the drop-down menu.
→	Confirmation Method	Select method used to determine case status. Select lab confirmed, or epi-linked. Laboratory confirmed –laboratory criteria required for case status selected was met. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.
⇒	<i>Confirmation Date</i>	Date criteria for the case status of the case were met
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
	Immediate National Notifiable Condition	
	Notification Comments to CDC	
	Infectious agent	
General Comments		
	General Comments	Add pertinent case notes not captured elsewhere or other comments to help understand the nature of the case.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases. Medical and laboratory records are required to be sent to Central Office via regional office.

Hepatitis A, acute

General Information

Use the [Hepatitis A Case Track Record](#) form to investigate.

Upon completion, case report forms should be sent to DSHS Central Office via the Regional Office.

Information on treatment and prevention measures can be found in the *Emerging and Acute Infectious Disease Guidelines* (EAIDG): <https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance>

The hepatitis A vaccination history should be entered as a vaccination record in NBS and associated to the investigation. Enter the date of vaccination, age at vaccination, vaccine type, and any other available information. To search ImmTrac for this patient, within the investigation, click "Manage Associations" and under the "Vaccinations" section, click "Query Registry." Confirm the patient's information is correct then click "Submit Query." Check the box next to the vaccine to associate it with the current investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified.

Vaccine Type	NBS Selection	Manufacturers for US (2024)
Hepatitis A, inactivated	Hep A, inactivated	Havrix – GlaxoSmithKline Vaqta – Merck
Hepatitis A Inactivated and Hepatitis B (Recombinant)	Hep A-Hep B	Twinrix – GlaxoSmithKline

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS–Hepatitis A, D, E and other <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.

Lab Report		
	NBS Field Name	Description/Instructions
⇒	Lab Report Date	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇒	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Select any appropriate specimen type including Serum or Other (describe in Result Comments).
	Specimen Site	
→	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	Select Yes, No, or Unknown.
	Weeks	Enter gestational week corresponding to date specimen was collected.
Test Result(s)		
→	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
→	Resulted Test	Refer to table below.
⇒	Coded Result	Refer to table below.
⇒	Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒	Text Result	Refer to table below.
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	Refer to table below and use appropriate fields below.
	Result comments	Refer to table below.
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	
Lab Report		
	NBS Field Name	Description/Instructions
Order Information		
→	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>

Lab Report		
NBS Field Name		Description/Instructions
⇒	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS–Hepatitis A, D, E and other Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇒	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇒	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select any appropriate specimen type including Serum or Other (describe in Result Comments).
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	Select Yes, No, or Unknown.
	Weeks	Enter gestational week corresponding to date specimen was collected.
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	Coded Result	Refer to table below.
⇒	Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒	Text Result	Refer to table below.
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	Refer to table below and use appropriate fields below.
	Result comments	Refer to table below.
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
Total HAV Antibody (HAV-AB, or Anti-IgG, or IgG + IgM Antibody, etc.)	Hepatitis A virus antibodies, Total (drop-down list)	Hepatitis A virus antibody (drop-down list)	Coded Result: "reactive," "non-reactive," "indeterminate," or other appropriate result.
HAV IgM Antibody	Hepatitis A virus Antibody, IgM (drop-down list)	Hepatitis A virus Antibody, IgM (HAVAb IgM) (drop-down list)	Coded Result: "reactive," "non-reactive," "indeterminate," or other appropriate result.
Hepatitis Panel	Hepatitis Panel (short search "hepat")	Enter each panel result, e.g., Hepatitis A virus Antibody, IgM (HAVAb IgM), and Hepatitis B virus Core Antibody, IgM, and Hepatitis B virus Surface Antigen (HBsAg), and Hepatitis C virus (HCV), Antibody, and/or other hepatitis markers. (drop-down list or short search "hepat")	Coded Result: "reactive," "non-reactive," "indeterminate," or other appropriate result for each test

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Case Info Tab		
Investigation Information		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient’s zip code. Review and correct as needed. Select or edit “Jurisdiction” based on patient address if available, location of patient’s provider, or location of reporting facility, in that order.
➔	Program Area	IDEAS–Hepatitis A, D, E and other – will default based on condition
➔	Investigation Start Date	Defaults to date investigation is created. Edit to date investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to “Open.” Change to “Closed” when investigation and data entry are completed.
	State Case ID	
	Legacy Case ID	

Investigation		
NBS Field Name		Description/Instructions
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: • Date of physician diagnosis (if known) • Date a condition-specific laboratory was positive
➔	Earliest Date Control Initiated	Date of earliest public health intervention including: • Provide medical provider with prophylaxis recommendations, isolation precautions. • Interview patient to educate and/or identify of potential source of infection, risk factors, transmission settings, or close contacts. • Educate contacts on exposure, symptoms, and measures to avoid disease transmission including recommended exclusion from school or work. • Recommend or administer chemoprophylaxis as indicated. • Institute work and daycare restrictions/exclusions for cases or suspect cases. • Consult with patient's day care, school, workplace, or residential facility to identify source of infection and/or recommend control measures • Coordinate with environmental health to conduct environmental investigation of food establishment/daycare. • Work with appropriate agency to eliminate source of exposure. • Coordinate press releases and prophylaxis clinics as needed for prevention.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Organization</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>

Investigation		
NBS Field Name		Description/Instructions
⇒	Reporting Provider	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	Reporting County	Enter County of reporting provider or organization.
Epidemiologic		
⇒	Is this person associated with a day care facility?	Select Yes, No, or Unknown.
⇒	Is this person a food handler?	Select Yes, No, or Unknown.
➔	Is this case part of an outbreak?	If yes, contact the NEDSS Help Desk to have outbreak name entered.
➔	Outbreak Name	If case is part of an outbreak, chose outbreak name from list.
➔	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately. Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	Imported Country	Indicate country where patient became ill.
⇒	Imported State	Indicate state where patient became ill (not TX).
⇒	Imported City	Indicate city where patient became ill.
⇒	Imported County	Indicate county where patient became ill.
⇒	Country of Usual Residence	Enter if known.
⇒	Country of Exposure	Enter if known. Record responses in table and click on Add until all known exposures are recorded.
⇒	State or Province of Exposure	Enter if known.
⇒	City of Exposure	Enter if known.
⇒	County of Exposure	Enter if known.
⇒	Binational Reporting Criteria	Select from drop down menu. Use Ctrl to select all that apply.
⇒	Transmission Mode	Select from drop down menu.
⇒	Detection Method	Select from drop down menu
➔	Confirmation Method	Select method used to determine case status. Select lab confirmed for confirmed hepatitis A cases.
➔	Confirmation Date	Date criteria for the case status of the case were met.
➔	Case Status	Select Confirmed or Not a Case according to the case definition. See http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
➔	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.

Investigation		
NBS Field Name		Description/Instructions
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
General Comments		
	General Comments	
Hepatitis Core Tab		
Clinical Data		
⇒	<i>Reason for Testing (check all that apply)</i>	Select reason for testing from drop-down list. Use Ctrl to select all that apply.
⇒	<i>Other Reason for Testing</i>	Describe other reason for testing.
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of the condition specific laboratory result, or ♦ Date of physician diagnosis (if known).
→	Is the patient symptomatic?	Select Yes, No, or Unknown.
→	Illness Onset Date	Enter "Illness Onset Date."
⇒	<i>Illness End Date</i>	
⇒	<i>Illness Duration</i>	
⇒	<i>Illness Duration Units</i>	
⇒	<i>Age at Onset</i>	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
⇒	<i>Age at Onset Units</i>	Use the drop-down list next to age to select, days, months, etc.
→	Was the patient jaundiced?	Select Yes, No, or Unknown.
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
→	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter admission date(s).
→	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	<i>Total Duration of Stay in the Hospital (in days)</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Is the Patient Pregnant?</i>	Select Yes, No, or Unknown.
⇒	<i>Due Date</i>	
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
→	Date of Death	
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	ALT (SGPT) Result	If known, enter highest ALT result.

Investigation		
NBS Field Name		Description/Instructions
→	Specimen Collection Date (ALT):	Enter date of highest ALT result.
⇒	<i>Upper Limit Normal (ALT):</i>	If known, enter highest ALT upper limit normal.
→	AST (SGOT) Result:	If known, enter highest AST result.
→	Specimen Collection Date (AST):	Enter date of highest AST result.
⇒	<i>Upper Limit Normal (AST):</i>	If known, enter highest AST upper limit normal.
Diagnostic Tests		
⇒	<i>Specimen Collection Date (anti-HAV):</i>	Enter date of specimen collection for anti-HAV test.
⇒	<i>total anti-HAV Result:</i>	Select Negative, Positive, or Unknown.
→	Specimen Collection Date (IgM anti-HAV):	Enter date of specimen collection for IgM anti-HAV test.
→	IgM anti-HAV Result:	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (HBsAg):</i>	Enter date of specimen collection for HBsAg test.
⇒	<i>HBsAg Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (total anti-HBc):</i>	Enter date of specimen collection for total anti-HBc test.
⇒	<i>total anti-HBc Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (IgM anti-HBc):</i>	Enter date of specimen collection for IgM anti-HBc test.
⇒	<i>IgM anti-HBc Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (HEP B DNA/NAT):</i>	Enter date of specimen collection for Hep B DNA/NAT test.
⇒	<i>HEP B DNA/NAT Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (HBeAg):</i>	Enter date of specimen collection for HBeAg test.
⇒	<i>HBeAg Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (total anti-HCV):</i>	Enter date of specimen collection for total anti-HCV test.
⇒	<i>total anti-HCV Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>anti-HCV signal to cut-off ratio:</i>	Enter the anti-HCV signal to cut-off ratio.
⇒	<i>Specimen Collection Date (supplemental anti-HCV assay):</i>	Enter date of specimen collection for supplemental anti-HCV assay.
⇒	<i>Supplemental anti-HCV Assay Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (HCV RNA):</i>	Enter date of specimen collection for HCV RNA test.
⇒	<i>HCV RNA Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (total anti-HDV):</i>	Enter date of specimen collection for total anti-HDV test.
⇒	<i>anti-HDV Result:</i>	Select Negative, Positive, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Specimen Collection Date (total anti-HEV):</i>	Enter date of specimen collection for total anti-HEV test.
⇒	<i>anti-HEV Result:</i>	Select Negative, Positive, or Unknown.
Hepatitis Extended Tab		
Hepatitis A		
➔	Is there an epidemiologic link between this patient and a laboratory-confirmed case of Hepatitis A?	Select Yes, No, or Unknown. This is required to indicate a case that is confirmed due to an epidemiological link with a person who has laboratory-confirmed hepatitis A.
➔	During the 2-6 weeks prior to onset, was patient a contact of a confirmed or suspected case?	Select Yes, No, or Unknown.
⇒	<i>Household Member (Non-Sexual) (Contact Type):</i>	Select Yes, No, or Unknown.
⇒	<i>Sex Partner (Contact Type):</i>	Select Yes, No, or Unknown.
⇒	<i>Child Cared For By This Patient (Contact Type):</i>	Select Yes, No, or Unknown.
⇒	<i>Babysitter of This Patient (Contact Type):</i>	Select Yes, No, or Unknown.
⇒	<i>Playmate (Contact Type):</i>	Select Yes, No, or Unknown.
⇒	<i>Other (Contact Type):</i>	Select Yes, No, or Unknown.
⇒	<i>Other Contact Type (Specify):</i>	Describe other type of contact.
Exposures 2-6 weeks prior to onset:		
⇒	<i>Was the patient a Child or Employee in a Day Care Center/Nursery/Preschool:</i>	Select Yes, No, or Unknown.
⇒	<i>Was the patient a Household Contact of a Child or Employee in a Day Care/Nursery/Preschool:</i>	Select Yes, No, or Unknown.
⇒	<i>If yes for either of these, was there an identified hepatitis case in the child care facility?</i>	Select Yes, No, or Unknown.
Food Exposure:		
➔	Did the patient eat raw shellfish:	Select Yes, No, or Unknown.
Exposures 2-6 weeks prior to onset:		
➔	What is the sexual preference of the patient?	Select from drop down menu.

Investigation		
NBS Field Name		Description/Instructions
→	How many male sex partners did the patient have?	Enter number of male sex partners. Note: If 0 is selected on the form, enter 0; if 1 is selected on the form, enter 1; if 2-5 is selected on the form, enter 2; if >5 is selected on the form, enter 6; if no selection or unknown on the form, enter 9999..
→	How many female sex partners did the patient have?	Enter number of female sex partners. Note: If 0 is selected on the form, enter 0; if 1 is selected on the form, enter 1; if 2-5 is selected on the form, enter 2; if >5 is selected on the form, enter 6; if no selection or unknown on the form, enter 9999..
→	Did the patient inject drugs?	Select Yes, No, or Unknown.
→	Did the patient use street drugs but not inject?	Select Yes, No, or Unknown.
Travel History:		
→	In the 2-6 weeks prior to onset, did the patient travel or live outside of the US or Canada?	Select Yes, No, or Unknown.
→	If the patient traveled, where (select all that apply)?	Select from drop down menu. Use Ctrl to select more than one.
⇒	<i>Principal Reason for Travel:</i>	Select from drop down menu.
⇒	<i>During 3 months prior to onset, did anyone in patient's household travel outside of US or Canada?</i>	Select Yes, No, or Unknown.
⇒	<i>If someone in patient's household traveled, where (select all that apply)?</i>	Select from drop down menu. Use Ctrl to select more than one.
→	Is the patient suspected as being part of a common-source outbreak?	Select Yes, No, or Unknown.
⇒	<i>Was the outbreak Foodborne - Associated with Infected Food Handler?</i>	Select Yes, No, or Unknown.
⇒	<i>Was the outbreak Foodborne - NOT Associated With an Infected Food Handler?</i>	Select Yes, No, or Unknown.
⇒	<i>Specify Food Item:</i>	Type in food item if known.
⇒	<i>Was the outbreak waterborne?</i>	Select Yes, No, or Unknown.
⇒	<i>Was the outbreak source not identified?</i>	Select Yes, No, or Unknown.
→	Was the patient employed as a food handler during the TWO WEEKS prior to onset or while ill?	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
➔	Is the patient a health care worker?	Select Yes, No, or Unknown.
Vaccination History		
➔	Did patient ever receive a hepatitis A-containing vaccine?	Select Yes, No, or Unknown. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified and answer "Unknown."
➔	How many doses?	Enter the number of doses of hepatitis A-containing vaccine received.
➔	In what year was the last dose received?	Enter the year of the last dose received.
⇒	<i>Has the patient ever received immune globulin?</i>	Select Yes, No, or Unknown.
⇒	<i>When was the last dose of IG received?</i>	Enter the date of when the last dose of IG was received.

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Hepatitis B virus infection, perinatal

General Information

Copies of the [Hepatitis B | Texas DSHS](#) form should be submitted via the Regional Office to DSHS EAIDU, Austin and to the DSHS perinatal program.

If laboratory reports or vaccination history are entered under the lab section, please be sure to associate each with the investigation.

Information on perinatal hepatitis B can be found in the:

[Perinatal Hepatitis B Prevention Program | CDC](#).

Information on treatment and prevention measures can be found in the *Emerging and Acute Infectious Disease Guidelines* (EAIDG):

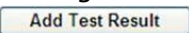
<http://www.dshs.texas.gov/EAIDU/investigation/Investigation-Guidance.doc>

Note: This classification is not to be used for women enrolled in the perinatal hepatitis B prevention program. Those women should be classified as "acute" or "chronic" hepatitis B cases. This is only for hepatitis B positive infants born to hepatitis B positive mothers.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Immunizations . Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select any appropriate specimen type including Serum or Other (describe in Result Comments).
	Specimen Site	Select from drop down menu.

Lab Report		
NBS Field Name	Description/Instructions	
➔ Date Specimen Collected	Enter date specimen collected.	
Patient Status at Specimen Collection	Select from drop down menu.	
Pregnant	Select Yes, No, or Unknown.	
Weeks	Enter gestational week corresponding to date specimen was collected.	
Test Result(s)		
➔ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.	
➔ Resulted Test	Refer to table below.	
⇒ <i>Coded Result</i>	Refer to table below.	
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.	
⇒ <i>Text Result</i>	Refer to table below.	
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.	
Result status	Refer to table below and use appropriate fields below.	
Result comments	Refer to table below.	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
Comments		

Ordered Test, Resulted Test and Test Results			
Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
Hepatitis B Surface antigen test	Hepatitis B Surface Antigen (HBsAg) (drop-down list)	Hepatitis B virus Surface Antigen (HBsAg) (drop-down list)	Coded Result: "positive," "negative," or "equivocal"
Test for Hepatitis B virus (HBV) DNA	Hepatitis B virus, DNA (short search)	Hepatitis B virus, DNA (short search)	Coded Result: "detected," "not detected," or "indeterminate"
Test for HBV- e antigen (HBeAg)	Hepatitis Be virus Antigen (HBeAg) (drop-down list)	Hepatitis B virus e Antigen (drop-down list)	Coded Result: "reactive," "non-reactive," or "indeterminate"

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Case Info Tab		
Investigation Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	Immunizations – will default based on condition
→	Investigation Start Date	Defaults to date investigation is created. Edit to date investigation began or if no follow up was done, enter the date the report was received.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	
	Legacy Case ID	
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date of physician diagnosis (if known). ♦ Date a condition specific laboratory was positive.
	Earliest Date Control Initiated	Not required for Perinatal Hepatitis B
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Organization</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Reporting Provider</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Reporting County</i>	Enter County of reporting provider or organization.

Investigation			
NBS Field Name		Description/Instructions	
Epidemiologic			
⇒	<i>Is this person associated with a day care facility?</i>	Select Yes, No, or Unknown.	
→	Epi-linked to lab confirmed case?	Select Yes, No, or Unknown.	
→	If epi-linked, case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	<i>Imported Country</i>	Indicate country where patient became ill.	
⇒	<i>Imported State</i>	Indicate state where patient became ill (not TX).	
⇒	<i>Imported City</i>	Indicate city where patient became ill.	
⇒	<i>Imported County</i>	Indicate county where patient became ill.	
⇒	<i>Country of Usual Residence</i>	Enter if known.	
⇒	<i>Binational Reporting Criteria</i>	Select from drop down menu. Use Ctrl to select all that apply.	
⇒	<i>Transmission Mode</i>	Select from drop down menu.	
⇒	<i>Detection Method</i>	Select from drop down menu	
→	Confirmation Method	Select method used to determine case status. Select lab confirmed for confirmed hepatitis A cases.	
→	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed or Not a Case according to the case definition. See http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
General Comments			
	General Comments		
Hepatitis Core Tab			
Clinical Data			
⇒	<i>Reason for Testing (Check all that apply)</i>	Select reason for testing from drop-down list.	
⇒	<i>Other Reason for Testing</i>	Describe other reason for testing.	

Investigation		
NBS Field Name		Description/Instructions
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of the condition specific laboratory result, or ♦ Date of physician diagnosis (if known).
→	Is the patient symptomatic?	Select Yes, No, or Unknown.
→	Illness Onset Date	Enter "Illness Onset Date."
⇒	<i>Illness End Date</i>	
⇒	<i>Illness Duration</i>	
⇒	<i>Illness Duration Units</i>	
⇒	<i>Age at Onset</i>	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
⇒	<i>Age at Onset Units</i>	Use the drop-down list next to age to select, days, months, etc.
→	Was the patient jaundiced?	Select Yes, No, or Unknown.
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
→	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter admission date(s).
→	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	<i>Total Duration of Stay in the Hospital (in days)</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
→	Date of Death	
⇒	<i>ALT (SGPT) Result</i>	If known, enter highest ALT result.
⇒	<i>Specimen Collection Date (ALT):</i>	Enter date of highest ALT result.
⇒	<i>Upper Limit Normal (ALT):</i>	If known, enter highest ALT upper limit normal.
⇒	<i>AST (SGOT) Result:</i>	If known, enter highest AST result.
⇒	<i>Specimen Collection Date (AST):</i>	Enter date of highest AST result.
⇒	<i>Upper Limit Normal (AST):</i>	If known, enter highest AST upper limit normal.
Diagnostic Tests		
→	Specimen Collection Date (HBsAg):	Enter date of specimen collection for HBsAg test.
→	HBsAg Result:	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (total anti-HBc):</i>	Enter date of specimen collection for total anti-HBc test.
⇒	<i>total anti-HBc Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (IgM anti-HBc):</i>	Enter date of specimen collection for IgM anti-HBc test.
⇒	<i>IgM anti-HBc Result:</i>	Select Negative, Positive, or Unknown.
→	Specimen Collection Date (HEP B DNA/NAT):	Enter date of specimen collection for Hep B DNA/NAT test.

Investigation		
NBS Field Name		Description/Instructions
→	HEP B DNA/NAT Result:	Select Negative, Positive, or Unknown.
→	Specimen Collection Date (HBeAg):	Enter date of specimen collection for HBeAg test.
→	HBeAg Result:	Select Negative, Positive, or Unknown.
Hepatitis Extended Tab		
Perinatal Hep B Mother Information		
→	Race of Mother:	Select from drop down menu.
⇒	<i>Other Race for Mother (specify):</i>	Enter mother's race.
→	Ethnicity of Mother:	Select from drop down menu.
→	Was Mother born outside of United States?	Select Yes, No, or Unknown.
→	What is the birth country of the mother?	Select from drop down menu.
→	Was the mother confirmed positive prior to or at the time of delivery?	Select Yes, No, or Unknown.
→	If no, was the mother confirmed positive after delivery?	Select Yes, No, or Unknown.
→	Date of Earliest Positive Test Result:	Enter date of earliest positive test result.
Infant Information		
→	Has the child ever received a vaccination for Hepatitis B?	Select Yes, No, or Unknown.
→	How many doses of Hepatitis B vaccine did the child receive?	Enter number of doses between 1 and 4. (If >4, enter 4.)
→	Dose Number	Enter 1 for earliest dose and enter date in Date of Vaccination
→	Date of Vaccination	Enter date and click on Add. Repeat until all doses are entered.
→	Did the child receive hepatitis B immune globulin (HBIG)?	Select Yes, No, or Unknown.
→	If yes, on what date did the child receive HBIG?	Enter the date that HBIG was received.

NBS Entry Guidelines for Notification

Notifications are required for probable and confirmed cases.

Hepatitis B, acute

General Information

Completion of an investigation form, the [Hepatitis B Case Track Record](#) is required. Upon completion, case report forms should be sent to DSHS Central Office via the Regional Office. Information on treatment and prevention measures can be found in the *Emerging and Acute Infectious Disease Guidelines* (EAIDG): <https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance>

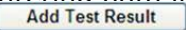
The hepatitis B vaccination history should be entered as a vaccination record in NBS and associated to the investigation. Enter the date of vaccination, age at vaccination, vaccine type, and any other available information. To search ImmTrac for this patient, within the investigation, click "Manage Associations" and under the "Vaccinations" section, click "Query Registry." Confirm the patient's information is correct then click "Submit Query." Check the box next to the vaccine to associate it with the current investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified.

Vaccine Type	NBS Selection	Manufacturers for US (2024)
Hepatitis A Inactivated and Hepatitis B (Recombinant)	Hep A-Hep B	Twinrix – GlaxoSmithKline
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Hepatitis B and Inactivated Polio	DTaP-Hep B-IPV	Pediarix – GlaxoSmithKline
Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate, and Hepatitis B [Recombinant] Vaccine	DTaP-IPV-HIB-HEP B	Vaxelis – MSP Vaccine Company - (partnership Merck and Sanofi Pasteur)
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Haemophilus influenzae type b and Hepatitis B	DTaP-IPV-HIB-HEP B, historical	
Hepatitis B (Recombinant)	Hep B, adolescent or pediatric OR Hep B, adult	Recombivax HB – Merck Engerix-B – GlaxoSmithKline Heplisav-B – Dynavax
Hepatitis B (Recombinant)	Hep B, adult	Recombivax HB – Merck Prehevbrio – VBI Vaccines Engerix-B – ENGERIX-B Heplisav-B – Dynavax

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report	
NBS Field Name	Description/Instructions
Order Information	
➔ Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>

Lab Report		
NBS Field Name		Description/Instructions
[	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
[	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
Order Information		
→	Program Area	Enter or edit to Immunizations (or select Hepatitis if the lab is a panel result for multiple types of hepatitis). Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇒	Lab Report Date	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇒	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Select any appropriate specimen type including Serum or Other (describe in Result Comments).
	Specimen Site	
→	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	Enter gestational week corresponding to date specimen was collected.
Test Result(s)		
→	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
→	Resulted Test	Refer to table below.
⇒	Coded Result	Refer to table below.
⇒	Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒	Text Result	Refer to table below.
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	Refer to table below and use appropriate fields below.
	Result comments	Refer to table below.
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		

Lab Report		
NBS Field Name		Description/Instructions
	Comments	

<i>Ordered Test, Resulted Test and Test Results</i>			
Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
Profile for hepatitis B (includes a variety of tests)	Hepatitis B Profile (drop-down list)	Enter each panel result, e.g., Hepatitis B surface antigen; Hepatitis B core antibodies; total; Hepatitis B core, IgM; Hepatitis B virus e antigen; and/or other HBV markers.	Coded Result: Select "reactive," "non-reactive," or "indeterminate" for each test.
Single test for HBsAg	Hepatitis B surface Antigen (HBsAg) (drop-down list)	Hepatitis B surface antigen (HBsAg) (drop-down list)	Coded Result: "reactive," "non-reactive," or "indeterminate"
Single test for HBV antibody	Hepatitis B virus antibody (Short search "hepatitis")	Hepatitis B virus Core Antibody, IgM; Hepatitis B virus Core Antibody, IgG; Hepatitis B core antibodies, Total; or Hepatitis B virus Surface Antibody (HBsAb)	Coded Result: "reactive," "non-reactive," or "indeterminate"
Test for Hepatitis B virus (HBV)	Hepatitis B virus (HBV) (drop-down list)	Hepatitis B virus (HBV) (Short search "hepatitis b")	Coded Result: "detected," "not detected," or "indeterminate"
PCR test for Hepatitis B virus (HBV)	Hepatitis B virus (HBV), Qualitative by PCR (drop-down list)	Hepatitis B Virus, Qualitative by PCR (Short search "hepatitis b")	Coded Result: "detected," "not detected," or "indeterminate"
Test for HBV- e antibody (HBeAb)	Hepatitis Be virus Antibody (HBeAb) (drop-down list)	Hepatitis B virus e Antibody (drop-down list)	Coded Result: "reactive," "non-reactive," or "indeterminate"
Test for HBV- e antigen (HBeAg)	Hepatitis Be virus Antigen (HBeAg) (drop-down list)	Hepatitis B virus e Antigen (drop-down list)	Coded Result: "reactive," "non-reactive," or "indeterminate"

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Case Info Tab	
Investigation Information	

Investigation		
NBS Field Name		Description/Instructions
	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	<i>Program Area</i>	Immunizations – will default based on condition
➔	Investigation Start Date	Defaults to date investigation is created. Edit to date investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	
	Legacy Case ID	
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: • Date of physician diagnosis (if known). • Date a condition specific laboratory was positive.
	Date Earliest Public Health Control Measure Initiated	
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Organization</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Reporting Provider</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Reporting County</i>	Enter County of reporting provider or organization.
Epidemiologic		

Investigation			
NBS Field Name		Description/Instructions	
→	Is this case part of an outbreak?	If yes, contact the NEDSS Help Desk to have outbreak name entered	
→	Outbreak Name	If case is part of an outbreak, chose outbreak name from list.	
→	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown.	
→	If epi-linked, case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	<i>Imported Country</i>	Indicate country where patient became ill.	
⇒	<i>Imported State</i>	Indicate state where patient became ill (not TX).	
⇒	<i>Imported City</i>	Indicate city where patient became ill.	
⇒	<i>Imported County</i>	Indicate county where patient became ill.	
⇒	<i>Country of Usual Residence</i>	Enter if known.	
	<i>Binational Reporting Criteria</i>	Select from drop down menu. Use Ctrl to select all that apply.	
⇒	<i>Transmission Mode</i>	Select from drop down menu.	
⇒	<i>Detection Method</i>	Select from drop down menu	
→	Confirmation Method	Select method used to determine case status. Select lab confirmed for confirmed hepatitis A cases.	
→	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed or Not a Case according to the case definition. See http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	

Investigation		
NBS Field Name		Description/Instructions
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.
General Comments		
	General Comments	
Hepatitis Core Tab		
Clinical Data		
⇒	<i>Reason for Testing (check all that apply)</i>	Select reason(s) for testing from drop-down list.
⇒	<i>Other Reason for Testing</i>	Describe other reason for testing.
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: • Date of the condition specific laboratory result, or • Date of physician diagnosis (if known).
→	Is the patient symptomatic?	Select Yes, No, or Unknown.
→	Illness Onset Date	Enter "Illness Onset Date."
⇒	<i>Illness End Date</i>	
⇒	<i>Illness Duration</i>	
⇒	<i>Illness Duration Units</i>	
⇒	<i>Age at Onset</i>	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
⇒	<i>Age at Onset Units</i>	Use the drop-down list next to age to select, days, months, etc.
→	Was the patient jaundiced?	Select Yes, No, or Unknown.
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
→	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter admission date(s).
→	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	<i>Total Duration of Stay in the Hospital (in days)</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
→	Is the Patient Pregnant?	Select Yes, No, or Unknown.
⇒	<i>Due Date</i>	

Investigation		
NBS Field Name		Description/Instructions
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
→	Date of Death	
→	Was the patient aware s/he had hepatitis prior to lab testing?	Select Yes, No, or Unknown.
→	Does the patient have a provider of care for hepatitis?	Select Yes, No, or Unknown.
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	ALT (SGPT) Result	If known, enter highest ALT result.
→	Specimen Collection Date (ALT):	Enter date of highest ALT result.
⇒	<i>Upper Limit Normal (ALT):</i>	If known, enter highest ALT upper limit normal.
→	AST (SGOT) Result:	If known, enter highest AST result.
→	Specimen Collection Date (AST):	Enter date of highest AST result.
⇒	<i>Upper Limit Normal (AST):</i>	If known, enter highest AST upper limit normal.
Diagnostic Tests		
⇒	<i>Specimen Collection Date (anti-HAV):</i>	Enter date of specimen collection for anti-HAV test.
⇒	<i>total anti-HAV Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (IgM anti-HAV):</i>	Enter date of specimen collection for IgM anti-HAV test.
⇒	<i>IgM anti-HAV Result:</i>	Select Negative, Positive, or Unknown.
→	Specimen Collection Date (HBsAg):	Enter date of specimen collection for HBsAg test.
→	HBsAg Result:	Select Negative, Positive, or Unknown.
→	Specimen Collection Date (total anti-HBc):	Enter date of specimen collection for total anti-HBc test.
→	total anti-HBc Result:	Select Negative, Positive, or Unknown.
→	Specimen Collection Date (IgM anti-HBc):	Enter date of specimen collection for IgM anti-HBc test.
→	IgM anti-HBc Result:	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (HEP B DNA/NAT):</i>	Enter date of specimen collection for Hep B DNA/NAT test.
⇒	<i>HEP B DNA/NAT Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (HBeAg):</i>	Enter date of specimen collection for HBeAg test.
⇒	<i>HBeAg Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (total anti-HCV):</i>	Enter date of specimen collection for total anti-HCV test.
⇒	<i>total anti-HCV Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>anti-HCV signal to cut-off ratio:</i>	Enter the anti-HCV signal to cut-off ratio.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Specimen Collection Date (supplemental anti-HCV assay):</i>	Enter date of specimen collection for supplemental anti-HCV assay.
⇒	<i>Supplemental anti-HCV Assay Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (HCV RNA):</i>	Enter date of specimen collection for HCV RNA test.
⇒	<i>HCV RNA Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (total anti-HDV):</i>	Enter date of specimen collection for total anti-HDV test.
⇒	<i>anti-HDV Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (total anti-HEV):</i>	Enter date of specimen collection for total anti-HEV test.
⇒	<i>anti-HEV Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Did the patient have a negative hepatitis-related test in the previous 6 months?</i>	Indicate whether the patient had a negative HBV test in the previous 6 months.
⇒	<i>Verified test date</i>	Enter date of negative test from the previous 6 months
Hepatitis D Infection		
⇒	<i>Was the patient tested for hepatitis D?</i>	Select Yes, No, or Unknown.
⇒	<i>Did the patient have a co-infection with hepatitis D?</i>	Select Yes, No, or Unknown.
Hepatitis Extended Tab		
Contact with Case		
During the 6 weeks – 6 months prior to onset of symptoms,		
➔	During the time period prior to onset, was patient a contact of a case?	Select Yes, No, or Unknown.
⇒	<i>Sexual (Contact Type):</i>	Select Yes, No, or Unknown.
⇒	<i>Household (Non-sexual) (Contact Type):</i>	Select Yes, No, or Unknown.
⇒	<i>Other (Contact Type):</i>	Select Yes, No, or Unknown.
⇒	<i>Other Contact Type (Specify):</i>	Describe other type of contact.
Sexual and Drug Exposures		
➔	What is the sexual preference of the patient?	Select from drop down menu.
During the 6 months prior to onset of symptoms,		

Investigation		
NBS Field Name		Description/Instructions
→	How many male sex partners did the patient have?	Enter number of male sex partners. Note: If 0 is selected on the form, enter 0; if 1 is selected on the form, enter 1; if 2-5 is selected on the form, enter 2; if >5 is selected on the form, enter 6; if no selection or unknown on the form, enter 9999..
→	How many female sex partners did the patient have?	Enter number of female sex partners. Note: If 0 is selected on the form, enter 0; if 1 is selected on the form, enter 1; if 2-5 is selected on the form, enter 2; if >5 is selected on the form, enter 6; if no selection or unknown on the form, enter 9999..
→	Was the patient ever treated for a sexually transmitted disease?	Select Yes, No, or Unknown.
⇒	<i>If yes, in what year was the most recent treatment?</i>	Enter year of most recent treatment for sexually transmitted disease.
Exposures Prior to Onset		
During the 6 weeks – 6 months prior to onset of symptoms, did the patient		
→	Undergo hemodialysis	Select Yes, No, or Unknown.
→	Have an Accidental Stick or Puncture with a Needle or Other Object Contaminated With Blood:	Select from drop down menu.
→	Receive Blood or Blood Products (Transfusion):	Select Yes, No, or Unknown.
⇒	<i>If Yes, Date of Transfusion:</i>	
→	Receive Any IV Infusions and/or Injections in the Outpatient Setting:	Select Yes, No, or Unknown.
→	Have Other Exposure to Someone Else's Blood:	Select Yes, No, or Unknown.
⇒	<i>Other Blood Exposure (Specify):</i>	Describe other blood exposure.
→	Was the patient employed in a medical or dental field involving contact with human blood?	Select Yes, No, or Unknown.
⇒	<i>If Yes, Frequency of Direct Blood Contact:</i>	Select Frequent (several times weekly), Infrequent, or Unknown.
→	Was the patient employed as a public safety worker having direct contact with human blood?	Select Yes, No, or Unknown.
⇒	<i>If Yes, Frequency of Direct Blood Contact:</i>	Select Frequent (several times weekly), Infrequent, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
→	Did the patient receive a tattoo?	Select Yes, No, or Unknown.
⇒	<i>Where was the tattooing performed (check all that apply)?</i>	Select from drop down menu. Use Ctrl to select more than one.
⇒	<i>Other Location(s) Tattoo Received:</i>	Describe other location tattoo was received.
→	Inject Drugs Not Prescribed By a Doctor:	Select Yes, No, or Unknown.
→	Use Street Drugs But Not Inject:	Select Yes, No, or Unknown.
→	Did the patient have any part of their body pierced (other than ear)?	Select Yes, No, or Unknown.
⇒	<i>Where was the piercing performed (check all that apply)?</i>	Select from drop down menu. Use Ctrl to select more than one.
⇒	<i>Other Location(s) Piercing Received:</i>	Describe other location piercing was received.
→	Did the patient have dental work or oral surgery?	Select Yes, No, or Unknown.
→	Did the patient have surgery (other than oral surgery)?	Select Yes, No, or Unknown.
→	Was the patient hospitalized?	Select Yes, No, or Unknown.
→	Was the patient a resident of a long-term care facility?	Select Yes, No, or Unknown.
→	Was the patient incarcerated for longer than 24 hours?	Select Yes, No, or Unknown.
⇒	<i>Prison:</i>	Select Yes, No, or Unknown.
⇒	<i>Jail:</i>	Select Yes, No, or Unknown.
⇒	<i>Juvenile Facility:</i>	Select Yes, No, or Unknown.
→	Was the patient ever incarcerated for longer than 6 months?	Select Yes, No, or Unknown.
⇒	<i>If yes, what year was the most recent incarceration?</i>	Enter year of most recent incarceration.
⇒	<i>If yes, for how long (answer in months)?</i>	Enter number of months of incarceration.
Vaccination History		

Investigation		
NBS Field Name		Description/Instructions
➔	Did patient ever receive hepatitis B vaccine?	Select Yes, No, or Unknown. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified and answer "Unknown."
➔	If yes, how many doses?	Enter the number of doses of hepatitis B vaccine received.
➔	In what year was the last dose received?	Enter the year of the last dose received.
⇒	<i>Was patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after last dose?</i>	Select Yes, No, or Unknown.
⇒	<i>Was the serum anti-HBs >= 10ml U/ml?</i>	Select Yes, No, or Unknown.

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Hepatitis C, acute

General Information

Completion of an investigation form, the [Viral-Hepatitis-case-track-record.pdf \(state.tx.us\)](http://www.dshs.texas.gov/EAIDU/investigation/Investigation-Guidance.doc) is required. Upon completion, case report forms should be sent to DSHS EAIDU, Austin via the Regional Office.

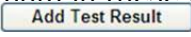
Guidance and for investigation and control measures can be found in the *Emerging and Acute Infectious Disease Guidelines* (EAIDG):

<http://www.dshs.texas.gov/EAIDU/investigation/Investigation-Guidance.doc>

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Hepatitis C <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select any appropriate specimen type including Serum or Other (describe in Result Comments).
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	

Lab Report		
NBS Field Name		Description/Instructions
	Weeks	Enter gestational week corresponding to date specimen was collected.
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	Refer to table below and use appropriate fields below.
	Result comments	Refer to table below.
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
RIBA	Hepatitis C Virus (HCV) Antibody, Immunoblot Assay (drop-down list)	Hepatitis C virus (HCV), Antibody, Immunoblot Assay, or Hepatitis C virus antibody band pattern (drop-down list)	Coded Result: "reactive," "non-reactive," or "indeterminate"
HCV EIA, or HCV Antibody, or HCV AB Screen, or Anti-HCV	Hepatitis C Virus (HCV) Antibody (drop-down list)	Hepatitis C virus (HCV), EIA, or Hepatitis C Virus (HCV) Antibody (drop-down list)	Coded Result: "reactive," or "non-reactive" AND enter the signal to cut-off ratio in Text Result as # (signal):# (cut-off value).
Genotype	Hepatitis C Virus (HCV), Genotyping (drop-down list)	Hepatitis C virus (HCV), Genotyping (drop-down list)	Coded Result: "detected" or "not detected" AND If known, enter genotype in Text Result
Quantitative PCR, or HCV NAT (nucleic acid test), or HCV QN, or HCV RNA with numeric value	Hepatitis C Virus (HCV), Quantitative by PCR (drop-down list)	Hepatitis C virus (HCV), Quantitative by PCR (drop-down list)	Coded Result: "detected," "not detected" AND Enter value and units (e.g., iu/mL) in Numeric Result
Qualitative PCR, or HCV Virus, or HCV Amplification	Hepatitis C Virus (HCV), RNA, Qualitative, by PCR; or Hepatitis C virus, RNA; or Hepatitis C virus (HCV) (drop-down list)	Hepatitis C virus (HCV), Qualitative by PCR, or Hepatitis C virus, RNA (drop-down list)	Coded Result: "reactive," "non-reactive," or "indeterminate"

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Case Info Tab		
Investigation Information		
➔	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	<i>Program Area</i>	IDEAS – Hepatitis C - Will default based on condition.
➔	Investigation Start Date	Defaults to date investigation is created. Edit to date investigation began or if no follow up was done, enter the date the report was received.
⇨	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	<i>Shared Indicator</i>	
	State Case ID	
	Legacy Case ID	
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date of physician diagnosis (if known). ♦ Date a condition specific laboratory was positive.
	Earliest Date Control Initiated	Not required for Acute Hepatitis C
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.

Investigation			
NBS Field Name		Description/Instructions	
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.	
⇒	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. Note: If not found, search by city, etc. and then enter new Organization as needed.	
⇒	Reporting Provider	Search for reporting provider if known. Note: If not found, search by city, etc. and then enter new Provider as needed.	
⇒	Reporting County	Enter County of reporting provider or organization.	
Epidemiologic			
➔	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
➔	Outbreak Name	Select outbreak name from drop-down list.	
➔	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown.	
➔	If epi-linked, case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
➔	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
➔	Imported Country	Indicate country where patient became ill.	
⇒	Imported State	Indicate state where patient became ill.	
⇒	Imported City	Indicate city where patient became ill.	
⇒	Imported County	Indicate county where patient became ill.	
⇒	Country of Usual Residence	Indicate country where patient became ill.	
⇒	Binational Reporting Criteria	Select from drop down menu. Use Ctrl to select all that apply.	
	Transmission Mode		
	Detection Method		

Investigation			
NBS Field Name		Description/Instructions	
→	Confirmation Method	Select method used to determine case status. Select lab confirmed, clinical diagnosis, or epi-linked.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments. Clinical Diagnosis – case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider.
	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed or Not a Case according to the case definition. See http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
General Comments			
	General Comments		
Hepatitis Core Tab			
Clinical Data			
⇒	<i>Reason for Testing</i>	Select reason for testing from drop-down list. Use Ctrl to select all that apply.	
⇒	<i>Other Reason for Testing</i>	Describe other reason for testing.	
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of the condition specific laboratory result, or ♦ Date of physician diagnosis (if known).	
→	Is the patient symptomatic?	Select Yes, No, or Unknown.	
→	Illness Onset Date	Enter "Illness Onset Date."	
⇒	<i>Illness End Date</i>		
⇒	<i>Illness Duration</i>		
⇒	<i>Illness Duration Units</i>		

Investigation		
NBS Field Name		Description/Instructions
⇒	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
⇒	Age at Onset Units	Use the drop-down list next to age to select, days, months, etc.
→	Was the patient jaundiced?	Select Yes, No, or Unknown.
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
→	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter admission date(s).
→	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	<i>Total Duration of Stay in the Hospital (in days):</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Is the Patient Pregnant?</i>	Select Yes, No, or Unknown.
⇒	<i>Due Date</i>	
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
→	Date of Death	
→	Was the patient aware s/he had hepatitis prior to lab testing?	
→	Does the patient have a provider of care for hepatitis?	
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	ALT (SGPT) Result	If known, enter highest ALT result.
→	Specimen Collection Date (ALT):	Enter date of highest ALT result.
⇒	<i>Upper Limit Normal (ALT):</i>	If known, enter highest ALT upper limit normal.
→	AST (SGOT) Result:	If known, enter highest AST result.
→	Specimen Collection Date (AST):	Enter date of highest AST result.
⇒	<i>Upper Limit Normal (AST):</i>	If known, enter highest AST upper limit normal.
Diagnostic Tests		

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Specimen Collection Date (anti-HAV):</i>	Enter date of specimen collection for anti-HAV test.
⇒	<i>total anti-HAV Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (IgM anti-HAV):</i>	Enter date of specimen collection for IgM anti-HAV test.
⇒	<i>IgM anti-HAV Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (HBsAg):</i>	Enter date of specimen collection for HBsAg test.
⇒	<i>HBsAg Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (total anti-HBc):</i>	Enter date of specimen collection for total anti-HBc test.
⇒	<i>total anti-HBc Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (IgM anti-HBc):</i>	Enter date of specimen collection for IgM anti-HBc test.
⇒	<i>IgM anti-HBc Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (HEP B DNA/NAT):</i>	Enter date of specimen collection for Hep B DNA/NAT test.
⇒	<i>HEP B DNA/NAT Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (HBeAg):</i>	Enter date of specimen collection for HBeAg test.
⇒	<i>HBeAg Result:</i>	Select Negative, Positive, or Unknown.
➔	Specimen Collection Date (total anti-HCV):	Enter date of specimen collection for total anti-HCV test.
➔	total anti-HCV Result:	Select Negative, Positive, or Unknown.
⇒	<i>anti-HCV signal to cut-off ratio:</i>	Enter the anti-HCV signal to cut-off ratio.
➔	Specimen Collection Date (supplemental anti-HCV assay):	Enter date of specimen collection for supplemental anti-HCV assay.
➔	Supplemental anti-HCV Assay Result:	Select Negative, Positive, or Unknown.
➔	Specimen Collection Date (HCV RNA):	Enter date of specimen collection for HCV RNA test.
➔	HCV RNA Result:	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (total anti-HDV):</i>	Enter date of specimen collection for total anti-HDV test.
⇒	<i>anti-HDV Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (total anti-HEV):</i>	Enter date of specimen collection for total anti-HEV test.
⇒	<i>anti-HEV Result:</i>	Select Negative, Positive, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Did the patient have a negative hepatitis-related test in the previous 6 months?</i>	Indicate whether the patient had a negative HCV test in the previous 6 months.
⇒	<i>Verified test date</i>	Enter date of negative test from the previous 6 months
Hepatitis Extended Tab		
Contact With Case		
During the 2 weeks – 6 months prior to onset of symptoms,		
⇒	<i>During the time period prior to onset, was patient a contact of a case?</i>	Select Yes, No, or Unknown.
⇒	<i>Sexual (Contact Type):</i>	Select Yes, No, or Unknown.
⇒	<i>Household (Non-sexual) (Contact Type):</i>	Select Yes, No, or Unknown.
⇒	<i>Other (Contact Type):</i>	Select Yes, No, or Unknown.
⇒	<i>Other Contact Type (Specify):</i>	Describe other type of contact.
Sexual and Drug Exposures		
⇒	<i>What is the sexual preference of the patient?</i>	Select from drop down menu.
During the 6 months prior to onset of symptoms		
→	How many male sex partners did the patient have?	Enter number of male sex partners. Note: If data are unknown, you may submit '9999' to indicate an unknown response. If 0 is selected on the form, enter '9999'; if 1 is selected on the form, enter 1; if 2-5 is selected on the form, enter 2; if >5 is selected on the form, enter 6.
→	How many female sex partners did the patient have?	Enter number of female sex partners. Note: If data are unknown, you may submit '9999' to indicate an unknown response. If 0 is selected on the form, enter '9999'; if 1 is selected on the form, enter 1; if 2-5 is selected on the form, enter 2; if >5 is selected on the form, enter 6.
→	Was the patient ever treated for a sexually transmitted disease?	Select Yes, No, or Unknown.
⇒	<i>If yes, in what year was the most recent treatment?</i>	Enter year of most recent treatment for sexually transmitted disease.
Exposures Prior to Onset		
During the 2 weeks – 6 months prior to onset of symptoms, did the patient		
⇒	<i>Undergo hemodialysis</i>	Select Yes, No, or Unknown.
→	Have an Accidental Stick or Puncture With a Needle or Other Object Contaminated With Blood:	Select from drop down menu.

Investigation		
NBS Field Name		Description/Instructions
→	Receive Blood or Blood Products (Transfusion):	Select Yes, No, or Unknown.
⇒	<i>If Yes, Date of Transfusion:</i>	
⇒	<i>Receive Any IV Infusions and/or Injections in the Outpatient Setting:</i>	Select Yes, No, or Unknown.
⇒	<i>Receive Any IV Infusions and/or Injections in the Outpatient Setting:</i>	Select Yes, No, or Unknown.
⇒	<i>Have Other Exposure to Someone Else's Blood:</i>	Select Yes, No, or Unknown.
⇒	<i>Other Blood Exposure (Specify):</i>	Describe other blood exposure.
→	Was the patient employed in a medical or dental field involving contact with human blood?	Select Yes, No, or Unknown.
⇒	<i>If Yes, Frequency of Direct Blood Contact:</i>	Select Frequent (several times weekly), Infrequent, or Unknown.
→	Was the patient employed as a public safety worker having direct contact with human blood?	Select Yes, No, or Unknown.
⇒	<i>If Yes, Frequency of Direct Blood Contact:</i>	Select Frequent (several times weekly), Infrequent, or Unknown.
⇒	<i>Did the patient receive a tattoo?</i>	Select Yes, No, or Unknown.
⇒	<i>Where was the tattooing performed (check all that apply)?</i>	Select from drop down menu. Use Ctrl to select more than one.
⇒	<i>Other Location(s) Tattoo Received:</i>	Describe other location tattoo was received.
→	Inject Drugs Not Prescribed By a Doctor:	Select Yes, No, or Unknown.
⇒	<i>Use Street Drugs But Not Inject:</i>	Select Yes, No, or Unknown.
⇒	<i>Did the patient have any part of their body pierced (other than ear)?</i>	Select Yes, No, or Unknown.
⇒	<i>Where was the piercing performed (check all that apply)?</i>	Select from drop down menu. Use Ctrl to select more than one.
⇒	<i>Other Location(s) Piercing Received:</i>	Describe other location piercing was received.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Did the patient have dental work or oral surgery?</i>	Select Yes, No, or Unknown.
⇒	<i>Did the patient have surgery (other than oral surgery)?</i>	Select Yes, No, or Unknown.
⇒	<i>Was the patient hospitalized?</i>	Select Yes, No, or Unknown.
⇒	<i>Was the patient a resident of a long-term care facility?</i>	Select Yes, No, or Unknown.
⇒	<i>Was the patient incarcerated for longer than 24 hours?</i>	Select Yes, No, or Unknown.
⇒	<i>Prison:</i>	Select Yes, No, or Unknown.
⇒	<i>Jail:</i>	Select Yes, No, or Unknown.
⇒	<i>Juvenile Facility:</i>	Select Yes, No, or Unknown.
→	<i>Was the patient ever incarcerated for longer than 6 months?</i>	Select Yes, No, or Unknown.
→	<i>If yes, what year was the most recent incarceration?</i>	Enter year of most recent incarceration.
⇒	<i>If yes, for how long (answer in months)?</i>	Enter number of months of incarceration.
Hepatitis Treatment		
⇒	<i>Has the patient received medication for the type of hepatitis being reported?</i>	Select Yes, No, or Unknown.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Hepatitis E, acute

General Information

Use the [Viral-Hepatitis-case-track-record.pdf \(texas.gov\)](#) form to investigate and report. Upon completion, case report forms should be sent to DSHS EAIDU, Austin via the Regional Office.

Hepatitis E virus (HEV) is a major etiologic agent of enterically transmitted non-A, non-B hepatitis worldwide.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨ ➔	<i>Ordering Facility</i> OR Ordering Provider required	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
➔ ⇨	OR Ordering Facility required <i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Hepatitis A, D, E and other (or select Hepatitis if the lab is a panel result for multiple types of hepatitis). <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select any appropriate specimen type including Serum or Other (describe in Result Comments).
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	

NBS Field Name		Description/Instructions
	Weeks	Enter gestational week corresponding to date specimen was collected
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	Refer to table below and use appropriate fields below.
	Result comments	Refer to table below.
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Antibody to Hepatitis E	Hepatitis E virus antibody (drop-down list)	Hepatitis E virus antibody (drop-down list)	Coded Result: "reactive," "non-reactive," "indeterminate," or other appropriate result Result Comments: Note if CDC result.
IgM Antibody to Hepatitis E	Hepatitis E virus antibody (drop-down list)	Hepatitis E virus AB.IgM (long search "hepatitis E")	Coded Result: "reactive," "non-reactive," "indeterminate," or other appropriate result Result Comments: Note if CDC result.
PCR for Hepatitis E	Hepatitis E virus RNA	Hepatitis E virus RNA	Coded Result: "positive," "negative," or "indeterminate," or-or-Numeric Result and Reference Range.

* PCR for Hepatitis E will be added. If unavailable, describe in the investigation General Comments. Include testing laboratory, specimen collection date, test method, and test results in the investigation in General Comments.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Case Info Tab	
Investigation Information	

Investigation		
NBS Field Name		Description/Instructions
→	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	<i>Program Area</i>	IDEAS – Hepatitis A, D, E and other – will default based on condition
→	Investigation Start Date	Defaults to date investigation is created. Edit to date investigation began or if no follow up was done, enter the date the report was received.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	
	Legacy Case ID	
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date of physician diagnosis (if known). ♦ Date a condition specific laboratory was positive.
	Earliest Date Control Initiated	Not required for Hepatitis E
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Organization</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Reporting Provider</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Reporting County</i>	Enter County of reporting provider or organization.
Epidemiologic		

Investigation		
NBS Field Name		Description/Instructions
⇒	Is this person associated with a day care facility?	Select Yes, No, or Unknown.
⇒	Is this person a food handler?	Select Yes, No, or Unknown.
→	Is this case part of an outbreak?	If yes, contact the NEDSS Project Office to have outbreak name entered
→	Outbreak Name	If case is part of an outbreak, chose outbreak name from list.
⇒	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately. Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	Imported Country	Indicate country where patient became ill.
⇒	Imported State	Indicate state where patient became ill (not TX).
⇒	Imported City	Indicate city where patient became ill.
⇒	Imported County	Indicate county where patient became ill.
⇒	Country of Usual Residence	Enter if known.
⇒	Country of Exposure	Enter if known. Record responses in table and click on Add until all known exposures are recorded.
⇒	State or Province of Exposure	Enter if known.
⇒	City of Exposure	Enter if known.
⇒	County of Exposure	Enter if known.
	Binational Reporting Criteria	Select from drop down menu. Use Ctrl to select all that apply.
⇒	Transmission Mode	Select from drop down menu.
⇒	Detection Method	Select from drop down menu
→	Confirmation Method	Select method used to determine case status. Select lab confirmed for confirmed hepatitis A cases.
⇒	Confirmation Date	Date criteria for the case status of the case were met.
→	Case Status	Select Confirmed or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
General Comments		
	General Comments	
Hepatitis Core Tab		
Clinical Data		

Investigation

NBS Field Name		Description/Instructions
⇒	Reason for Testing	Select reason for testing from drop-down list. Use Ctrl to select all that apply.
⇒	Other Reason for Testing	Describe other reason for testing.
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of the condition specific laboratory result, or ♦ Date of physician diagnosis (if known).
→	Is the patient symptomatic?	Select Yes, No, or Unknown.
→	Illness Onset Date	Enter "Illness Onset Date."
⇒	Illness End Date	
⇒	Illness Duration	
⇒	Illness Duration Units	
⇒	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
⇒	Age at Onset Units	Use the drop-down list next to age to select, days, months, etc.
→	Was the patient jaundiced?	Select Yes, No, or Unknown.
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
→	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter admission date(s).
→	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	Duration of Stay	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Was the Patient Pregnant?	Select Yes, No, or Unknown.
⇒	Due Date	
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
→	Date of Death	
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	ALT (SGPT) Result	If known, enter highest ALT result.
→	Specimen Collection Date (ALT):	Enter date of highest ALT result.
⇒	Upper Limit Normal (ALT):	If known, enter highest ALT upper limit normal.
→	AST (SGOT) Result:	If known, enter highest AST result.
→	Specimen Collection Date (AST):	Enter date of highest AST result.
⇒	Upper Limit Normal (AST):	If known, enter highest AST upper limit normal.
Diagnostic Tests		
⇒	Specimen Collection Date (anti-HAV):	Enter date of specimen collection for anti-HAV test.
⇒	total anti-HAV Result:	Select Negative, Positive, or Unknown.

Investigation

NBS Field Name		Description/Instructions
⇒	<i>Specimen Collection Date (IgM anti-HAV):</i>	Enter date of specimen collection for IgM anti-HAV test.
⇒	<i>IgM anti-HAV Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (HBsAg):</i>	Enter date of specimen collection for HBsAg test.
⇒	<i>HBsAg Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (total anti-HBc):</i>	Enter date of specimen collection for total anti-HBc test.
⇒	<i>total anti-HBc Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (IgM anti-HBc):</i>	Enter date of specimen collection for IgM anti-HBc test.
⇒	<i>IgM anti-HBc Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (HEP B DNA/NAT):</i>	Enter date of specimen collection for Hep B DNA/NAT test.
⇒	<i>HEP B DNA/NAT Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (HBeAg):</i>	Enter date of specimen collection for HBeAg test.
⇒	<i>HBeAg Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (total anti-HCV):</i>	Enter date of specimen collection for total anti-HCV test.
⇒	<i>total anti-HCV Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>anti-HCV signal to cut-off ratio:</i>	Enter the anti-HCV signal to cut-off ratio.
⇒	<i>Specimen Collection Date (supplemental anti-HCV assay):</i>	Enter date of specimen collection for supplemental anti-HCV assay.
⇒	<i>Supplemental anti-HCV Assay Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (HCV RNA):</i>	Enter date of specimen collection for HCV RNA test.
⇒	<i>HCV RNA Result:</i>	Select Negative, Positive, or Unknown.
⇒	<i>Specimen Collection Date (total anti-HDV):</i>	Enter date of specimen collection for total anti-HDV test.
⇒	<i>anti-HDV Result:</i>	Select Negative, Positive, or Unknown.
➔	<i>Specimen Collection Date (total anti-HEV):</i>	Enter date of specimen collection for total anti-HEV test.
➔	<i>anti-HEV Result:</i>	Select Negative, Positive, or Unknown.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Hookworm Infection

General Information

A [Hookworm Investigation Form](#) is required. Add investigation forms as supplemental info in NEDSS or email the form to Central Office and the Regional Office for those who do not use or have access to NEDSS.

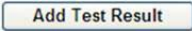
Information on treatment and prevention measures can be found in the *Infectious Disease Control Investigation Guidance*: <http://www.dshs.texas.gov/EAIDU/investigation/Investigation-Guidance.doc>

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
[	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
[	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS - Infectious Disease Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
[	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Stool=Fecal for identification of eggs; or Other (describe in Lab Comments) if necessary for identification of adult worms.
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	If "Yes" is selected, enter the number of weeks.
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.

Lab Report		
NBS Field Name	Description/Instructions	
➔ Resulted Test	Refer to table below.	
⇒ Coded Result	Refer to table below.	
⇒ Numeric Result	Refer to table below. Enter units in the 2 nd box.	
⇒ Text Result	Refer to table below.	
⇒ Reference Range	If applicable, enter the reference range or cut-off value for normal results.	
Result status		
Result comments		

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional.
Click on  when the Test Result(s) section is completed and add additional lab results as needed.

Administrative	
Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔Test Result(s)
Fecal Ova and Parasites	Leave Blank	Ova and Parasites – Result (short search: Parasite)	List the species in the “Text Result” section of the lab report.
Fecal Ova and Parasites – Concentrated	Leave Blank	Ova and Parasites – Result (short search: Parasite)	List the species in the “Text Result” section of the lab report.
Adult worm identification	Leave Blank	Helminth - macroscopic/microscopic (short search: helminth) OR Helminth – Result (short search: helminth)	List the species in the “Text Result” section of the lab report)
Parasite identification	Leave Blank	Parasite identification- (short search: parasite)	List the species in the “Text Result” section of the lab report. List the methodology (e.g., PCR, NAAT, sequencing) in the “Result Comments” section of the lab report. This test should usually be reserved for molecular results.

After the information is entered in Lab Report, press “Submit” or “Submit and Create Investigation” button, as needed. If the lab report was created by mistake, press the “Cancel” button.

NBS Entry Guidelines for Investigation.

NBS Entry Guidelines for Investigation

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigator		
NBS Field Name		Description/Instructions
Investigation Information		
→	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	<i>Program Area</i>	IDEAS - Infectious Disease - Will default based on condition.
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Not required for Hookworm
⇨	<i>Investigation Status</i>	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	<i>State Case ID</i>	
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter the earliest date a provider (e.g., physician, hospital, laboratory) reported to any public health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date a condition specific laboratory test was positive
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician, or other. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.

Investigator		
NBS Field Name		Description/Instructions
⇒	Reporting Organization	"Reporting Organization" auto-populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Reporting Provider	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
➔	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Admission Date	If patient hospitalized, enter 1 st admission date.
➔	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	If known, select Yes or No
⇒	Hospital 2	Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification if applicable.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of the condition specific laboratory result.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>

Investigator		
NBS Field Name		Description/Instructions
	Illness End Date	
	Illness Duration	
	Illness Duration Units	
⇒	<i>Age at Onset</i>	Enter number and unit. Default is years. Use Days if < 1 month, Months for ≥ 1 month and < 1 year, and Years for ≥ 1 year.
⇒	<i>Age at Onset Units</i>	Use the drop-down list next to age to select, days, months, etc.
	Is the patient pregnant?	
→	Did the patient die from this illness?	If patient died from the illness, enter Yes. Also go to the Patient tab and enter "Yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .
→	Date of Death	Enter Date of Death
Epidemiologic		
⇒	<i>Is this patient associated with a day care facility?</i>	Select Yes, No, or Unknown.
⇒	<i>Is this patient a food handler?</i>	Select Yes, No, or Unknown.
→	Is this case part of an outbreak?	If applicable, select "Yes."
→	Outbreak Name	Select outbreak name from drop-down list. If an outbreak name was not found in a drop-down list, contact the NEDSS Project Office to have an outbreak name entered.
→	Epi-linked to laboratory confirmed case?	Select Yes or No. If "Yes" is selected, enter Case ID of epi-linked case.
→	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).

Investigator			
NBS Field Name		Description/Instructions	
→	Where was the disease acquired?	Select the jurisdiction where the disease was acquired.	Indigenous, within jurisdiction – if the patient did not travel internationally during the previous two years (or during their lifetime if less than two years old) and may have been exposed to a within-jurisdiction soil environment hospitable to helminths. Out of Country – patient became ill after/ while traveling internationally, during the past two years (or during their lifetime if less than two years old), or during the first two years after immigrating to the US, traveling outside of US or after immigrating to the US. Out of jurisdiction, from another jurisdiction – if the patient contracted the illness after/ while traveling internationally, during the past two years (or during their lifetime if less than two years old), or during the first two years after immigrating to the US after traveling to another jurisdiction within TX. Out of State – if the patient contracted the illness but did not travel internationally during the previous two years (or during their lifetime if less than two years old) and may have been exposed to an out-of-state soil environment hospitable to helminths after/while traveling within US but outside of TX. Unknown – there is insufficient information to determine in which jurisdiction the patient contracted the illness.
→	Imported Country	Indicate country where patient contracted the illness.	
⇒	<i>Imported State</i>	Indicate state where patient contracted the illness.	
⇒	<i>Imported City</i>	Indicate city where patient contracted the illness.	
⇒	<i>Imported County</i>	Indicate county where patient contracted the illness.	
	Transmission Mode		
	Detection Method		

Investigator			
NBS Field Name		Description/Instructions	
→	Confirmation Method	Select method used to determine case status. Select laboratory confirmed, epidemiologically linked or clinical diagnosis.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments. Clinical Diagnosis – case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider.
	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
General Comments			
→	General Comments	Include information on exposure to a soil environment hospitable to helminths. Where was the patient’s exposure (e.g., farm, ranch, domicile lacking adequate plumbing, recreational area, or another occupational site)? Is zoonotic transmission possible (e.g., exposure to pig manure)? What is the patient’s travel history (e.g., travel location, duration, household members who traveled)?	

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Influenza A, novel/variant

General Information

DSHS requires the [Immunization Division, Texas Department of Health \(state.tx.us\)](http://state.tx.us) and the [Immunization Division, Texas Department of Health \(state.tx.us\)](http://state.tx.us) to be submitted when the investigation has been completed.

Information on treatment and prevention measures can be found in the *Infectious Disease Control Investigation Guidance*:

<http://www.dshs.texas.gov/EAIDU/investigation/Investigation-Guidance.doc>.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
→	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
→	Program Area	Enter or edit to IDEAS – Infectious Disease Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
→	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Select Throat; Nose (nasal passage); Serum; other appropriate choice (ex. Conjunctival swab); or Other with description in Result Comments.
	Specimen Site	
→	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
→	Pregnant	Enter pregnancy status.
	Weeks	

Lab Report

NBS Field Name	Description/Instructions
Test Result(s)	
➔ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔ Resulted Test	Refer to table below.
⇒ <i>Coded Result</i>	Refer to table below.
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒ <i>Text Result</i>	Refer to table below.
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
Comments	

Ordered Test, Resulted Test and Test Results

Description	➔ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Influenza virus isolation/culture	Influenza virus Culture (short search "influenza")	INFLUENZA VIRUS IDENTIFIED (short search "influenza")	Organism: Select virus type isolated. Enter text as needed to describe isolate and/or test method.
RT-PCR	Influenza virus PCR (DNA or RNA) (short search "influenza")	INFLUENZA VIRUS IDENTIFIED (short search "influenza")	Organism: Select virus type isolated. Enter text as needed to describe isolate and/or test method.
Gene sequencing	VIRAL SEQUENCING (long search "sequencing")	INFLUENZA VIRUS IDENTIFIED (short search "influenza")	Organism: Select virus type isolated. Enter text as needed to describe isolate and/or test method.
Influenza virus serum-specific antibody test – Paired Sera	Influenza virus antibody	Influenza A virus antibody	Text Result: Enter specimen collection dates with acute and convalescent titers and interpretation.

NBS Entry Guidelines for Investigation

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
→	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	<i>Program Area</i>	IDEAS – Infectious Disease – Will default based on condition.
	State Case ID	
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇨	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇨	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇨	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>

Investigation		
NBS Field Name		Description/Instructions
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
→	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter admission date(s).
→	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ◆ Date laboratory test was positive for a novel strain of influenza, or ◆ Date identified as a symptomatic contact of another case.
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	
	Illness Duration	
	Age at Onset/Age Type	
→	Is the patient pregnant?	Select Yes, No, or Unknown.
	Does the patient have pelvic inflammatory disease?	
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .
Epidemiologic		
⇒	<i>Is this patient associated with a day care facility?</i>	Select Yes, No, or Unknown.
	Is this patient a food handler?	Select Yes, No, or Unknown.
→	Where there any relevant exposures?	Select or identify any relevant epidemiologic exposures that may be associated with the case.
→	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
→	Outbreak Name	Select outbreak name from drop-down list.

Investigation			
NBS Field Name		Description/Instructions	
⇒	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	Imported Country	Indicate country where patient became ill.	
⇒	Imported State	Indicate state where patient became ill (not TX).	
	Imported City		
⇒	Imported County	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed or epi-linked.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.
→	Confirmation Date	Date criteria for the case status of the case were met	
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/Eaidu/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
Administrative			
	General Comments		
Custom Fields			

Investigation		
NBS Field Name		Description/Instructions
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date laboratory test was positive for a novel strain of influenza, or ◆ Date identified as a symptomatic contact of another case.
Condition Specific Custom Fields		
→	Is the patient a health care worker?	Select Yes, No, or Unknown.
→	If a health care worker, type of work:	
→	If a health care worker, place of work:	
→	Weight (lbs.):	
→	Height (ft, inches):	
→	BMI:	If BMI is provided, weight and height are not necessary.
→	Rhinorrhea (runny nose) or nasal congestion?	Select Yes, No, or Unknown.
→	Cough?	Select Yes, No, or Unknown.
→	Conjunctivitis:	Select Yes, No, or Unknown.
→	Diarrhea?	Select Yes, No, or Unknown.
→	Headache?	Select Yes, No, or Unknown.
→	Muscle aches?	Select Yes, No, or Unknown.
→	Fever (confirmed or subjective)	Select Yes, No, or Unknown.
→	If fever, was it greater than 37.8 C (100 F)?	Select Yes, No, or Unknown.
→	If fever greater than 100, highest temperature recorded:	Enter highest temperature in Fahrenheit.
→	Date of highest temperature greater than 100:	
→	Seizures?	Select Yes, No, or Unknown.
→	Shortness of Breath?	Select Yes, No, or Unknown.
→	Sore throat?	Select Yes, No, or Unknown.
→	Vomiting?	Select Yes, No, or Unknown.
→	Other signs and symptoms (Specify):	
⇒	<i>If pregnant, pre-pregnancy weight:</i>	Enter weight in pounds.
→	If pregnant, # weeks gestation:	
→	Does the patient have any chronic health conditions?	Select Yes, No, or Unknown.
→	Asthma?	Select Yes, No, or Unknown.
→	Chronic lung disease?	Select Yes, No, or Unknown.
→	Cardiac disease?	Select Yes, No, or Unknown.
→	COPD?	Select Yes, No, or Unknown.
→	Diabetes Mellitus?	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
→	Hemoglobinopathy?	Select Yes, No, or Unknown.
→	Kidney Disease?	Select Yes, No, or Unknown.
→	Seizures/neuromuscular?	Select Yes, No, or Unknown.
→	Other underlying health condition:	
→	Does the patient have compromised immune function?	Select Yes, No, or Unknown.
→	Cancer in the last 12 months?	Select Yes, No, or Unknown.
→	HIV infection?	Select Yes, No, or Unknown.
→	Chronic corticosteroid therapy?	Select Yes, No, or Unknown.
→	Organ transplant recipient?	Select Yes, No, or Unknown.
→	Other compromised immune function:	
→	Vaccinated for current flu season?	Select Yes, No, or Unknown.
⇒	<i>Date of first seasonal flu vaccine:</i>	
⇒	<i>Date of second seasonal flu vaccine:</i>	
	Vaccinated for Novel H1N1?	Select Yes, No, or Unknown.
	Date of first H1N1 vaccine:	
	Date of second H1N1 vaccine:	
⇒	<i>Vaccinated for Pneumococcal?</i>	Select Yes, No, or Unknown.
⇒	<i>Date of first Pneumococcal vaccine:</i>	
→	Did the patient receive antiviral medication?	Select Yes, No, or Unknown.
→	Antiviral medication start date:	
→	For this illness, has the patient taken Oseltamivir (Tamiflu)?	Select Yes, No, or Unknown.
→	For this illness, has the patient taken Zanamivir (Relenza)?	Select Yes, No, or Unknown.
⇒	<i>For this illness, has the patient taken Peramivir?</i>	Select Yes, No, or Unknown.
⇒	<i>For this illness, has the patient taken Baloxavir?</i>	Select Yes, No, or Unknown.
⇒	<i>Reason for Admission (if hospitalized) Asthma Exacerbation?</i>	Select Yes, No, or Unknown.
⇒	<i>Reason for Admission (if hospitalized) Dehydration?</i>	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	Reason for Admission (if hospitalized) Pneumonia?	Select Yes, No, or Unknown.
⇒	Reason for Admission (if hospitalized) Respiratory Distress?	Select Yes, No, or Unknown.
⇒	Reason for Admission (if hospitalized) Other:	
➔	Was the patient admitted to the intensive care unit?	Select Yes, No, or Unknown.
⇒	Date admitted to ICU:	
⇒	Did the patient require mechanical ventilation?	Select Yes, No, or Unknown.
⇒	Required BiPAP?	Select Yes, No, or Unknown.
➔	Did the patient have evidence of secondary bacterial infection?	Select Yes, No, or Unknown.
➔	Culture result (organism if secondary bacterial infection):	
➔	Specimen Source (Blood, BAL, Sputum, other):	
➔	Date of secondary bacterial infection culture:	
➔	Is the patient a resident of a long-term care facility?	Select Yes, No, or Unknown.
➔	Was laboratory testing done?	Select Yes, No, or Unknown.
➔	Date PCR Specimen collected:	
⇒	Laboratory Name for PCR testing:	
⇒	Specimen Number for PCR testing:	
⇒	PCR specimen source:	Select PCR specimen source from drop-down list.
➔	PCR Result:	Select PCR result from drop-down list.
⇒	Date Viral Culture Specimen collected:	
⇒	Laboratory Name for Viral Culture testing:	
⇒	Specimen Number for Viral Culture testing:	
⇒	Viral:	Select viral culture specimen source from drop-down list.
⇒	Viral Culture Result:	Select viral culture result from drop-down list.
	Does laboratory testing indicate 2009 Novel Influenza A H1N1?	Select Yes, No, or Unknown

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable case

Influenza-associated pediatric mortality

General Information

Please notify DSHS by phone or e-mail when you receive a report of an influenza-associated pediatric death. DSHS also requires the influenza-associated pediatric death investigation form to be submitted when the investigation has been completed. The investigation form is available on the DSHS website at <http://www.dshs.texas.gov/eaidu/investigation/> under "Influenza-Associated Pediatric Death Investigation Form."

Information on treatment and prevention measures can be found in the *Infectious Disease Control Investigation Guidance*:

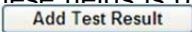
<http://www.dshs.texas.gov/EAIDU/investigation/Investigation-Guidance.doc>

When an influenza-associated pediatric death is reported, please immediately request that any isolates or respiratory specimens that are still available be submitted to the DSHS laboratory or to a Texas LRN for confirmatory influenza PCR testing. The need for post-mortem specimens, such as those collected during an autopsy, will be decided on a case-by-case basis.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Infectious Disease Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
➔	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Throat; Nose (nasal passage); Serum; or Other with description in Result Comments.
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.

Lab Report		
NBS Field Name		Description/Instructions
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	➔ Ordered Test	➔ Resulted Test	➔ Test Result(s)
	Short Search "Influenza"	Short Search "Influenza"	Short Search "Influenza"
RT-PCR	Influenza virus PCR (DNA or RNA)	INFLUENZA VIRUS IDENTIFIED	Organism: Select virus type isolated. Text Result: Enter subtype (if applicable), description of isolate, and/or test method as needed.
Influenza virus isolation/culture	Influenza virus Culture	INFLUENZA VIRUS IDENTIFIED	Organism: Select virus type isolated. Text Result: Enter subtype (if applicable), description of isolate, and/or test method as needed.
Rapid Flu Test	Influenza virus antigen	Influenza A virus antigen or- Influenza B virus antigen or- Influenza virus – Result if A/B not differentiated	Coded result: "positive," "negative," or "indeterminate" AND Text Result: Enter test method.

IFA/DFA	Influenza virus antigen	Influenza A virus antigen or- Influenza B virus antigen	Coded result: "positive," "negative," or "indeterminate" AND Text Result: Enter test method.
Immunohistochemical (IHC)	Influenza virus antigen	Influenza A virus antigen or- Influenza B virus antigen	Coded result: "positive," "negative," or "indeterminate" AND Text Result: Enter test method.
Paired Sera	Influenza virus antibody	Influenza A virus antibody or- Influenza B virus antibody	Text Result: Enter specimen collection dates with acute and convalescent titers and interpretation.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
➔	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	<i>Program Area</i>	IDEAS – Infectious Disease – Will default based on condition.
	State Case ID	
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.

Investigation		
NBS Field Name		Description/Instructions
⇒	Reporting Source (Organization)	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	Reporter	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
⇒	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter admission date(s).
⇒	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	Duration of Stay	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of physician diagnosis (if known), or ♦ Date of the condition specific laboratory result
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
➔	Illness End Date	Enter "Illness End Date" as date of death.
	Illness Duration	
	Age at Onset/Age Type	
⇒	Is the patient pregnant?	
	Does the patient have pelvic inflammatory disease?	
➔	Did the patient die from this illness?	Select yes and also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And enter date of death for <i>Deceased Date</i> .
Epidemiologic		
⇒	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.
	Is this patient a food handler?	Select Yes, No, or Unknown.
➔	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.

Investigation			
NBS Field Name		Description/Instructions	
→	Outbreak Name	Select outbreak name from drop-down list.	
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	<i>Imported Country</i>	Indicate country where patient became ill.	
⇒	<i>Imported State</i>	Indicate state where patient became ill (not TX).	
	<i>Imported City</i>		
⇒	<i>Imported County</i>	Indicate county where patient became ill.	
	<i>Transmission Mode</i>		
	<i>Detection Method</i>		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed or epi-linked.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
→	Confirmation Date	Date criteria for the case status of the case were met	
→	Case Status	Select Confirmed or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
Administrative			
	General Comments		
Custom Fields			
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: • Date of death if influenza diagnosed or suspected, or • Date an influenza laboratory test was positive if performed post-mortem.	

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Legionellosis

General Information

A complete travel and medical facility exposure history of suspected cases in the 14 days prior to onset of symptoms should be obtained by interviewing the patient or surrogate. This should include each location and facility visited, dates of stay/visit/exposure, and specific facility information including full name and address.

A [Legionellosis Reporting Form](#) is required. Please send a copy of the investigation form to Central Office via the Regional Office.

Information on treatment and prevention measures can be found in the *Infectious Disease Control Investigation Guidance*:

<http://www.dshs.texas.gov/EAIDU/investigation/Investigation-Guidance.doc>

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Meningitis/Invasive Respiratory Disease <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
➔	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Blood venous, Pleural fluid (thoracentesis fld), Sputum, Tissue lung, Urine, Other (describe in result comments)

Lab Report		
NBS Field Name	Description/Instructions	
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Isolation of <i>Legionella</i> organism from respiratory secretions, lung tissue, pleural fluid, or other normally sterile fluid	<i>Legionella</i> species Culture (drop-down list)	<i>Legionella</i> SP Identified (drop-down list)	Organism: Select Genus and species (drop-down list or short search "legion") For <i>L. pneumophila</i> , please select serogroup (e.g., <i>Legionella pneumophila</i> serogroup 1)
Detection of antigen to <i>L. pneumophila</i> serogroup 1 in urine (Note: Urinary antigen testing primarily detects Lp1)	<i>Legionella</i> Antigen, Urine (drop-down list)	<i>Legionella pneumophila</i> antigen (drop-down list)	Coded Result: "detected," "not detected," or "indeterminate"
Elevated antibody titer to <i>L. pneumophila</i> serogroup 1 – Paired sera	<i>Legionella</i> Antibodies (drop-down list)	<i>Legionella</i> Antibody, IgG or <i>Legionella</i> Antibody, IgM (drop-down list); or <i>Legionella</i> antibody	Coded Result: "increased" (if fourfold rise demonstrated), or leave blank if no fourfold rise demonstrated

		(short search "Legionella")	Text Result: For paired sera, enter both acute and convalescent results with collection dates, and interpretation, e.g., seroconversion detected or not detected or significant rise or no significant rise in titer detected. Please note that only validated reagents to <i>L. pneumophila</i> serogroup 1 will be accepted for case confirmation.
Detection of <i>Legionella</i> species from lower respiratory secretions, lung tissue, or pleural fluid by a validated nucleic acid amplification test	<i>Legionella</i> PCR (DNA or RNA)	<i>Legionella</i> , DNA or <i>Legionella</i> , RNA	Coded Result: "detected," "not detected," or "indeterminate"
Non-confirmatory lab results			
Single antibody titer to <i>Legionella</i> species (any species, any serogroup) OR Paired serum specimens for serogroups other than <i>L. pneumophila</i> serogroup 1	<i>Legionella</i> Antibodies (drop-down list)	<i>Legionella</i> Antibody, IgG; or <i>Legionella</i> Antibody, IgM (drop-down list); or <i>Legionella</i> antibody (short search "Legionella")	Single antibody titer: Coded Result: "elevated" or "not elevated" Numeric Result: Enter titer level (e.g., 1:256) or value and units. Reference Range: Enter normal cut-off value. Text Result: Enter species and serogroup. OR Paired sera: Coded Result: "increased" (if fourfold rise demonstrated) or leave blank if no fourfold rise demonstrated Text Result: For paired sera enter both acute and convalescent results with collection dates, and interpretation, e.g.,

			seroconversion detected or not detected or significant rise or no significant rise in titer detected.
Detection of antigen to <i>L. pneumophila</i> serogroup 1 by direct fluorescent antibody (DFA) test	<i>Legionella pneumophila</i> , by DFA (drop-down list)	<i>Legionella pneumophila</i> , by DFA (drop-down list)	Coded Result: "detected," "not detected," or "indeterminate"

Ordered Test, Resulted Test and Test Results			
Description	→ Ordered Test	→ Resulted Test	Result(s)
Isolation of <i>Legionella</i> organism from respiratory secretions, lung tissue, pleural fluid, or other normally sterile fluid	<i>Legionella</i> species Culture (drop-down list)	<i>Legionella</i> SP Identified (drop-down list)	Organism: Select Genus and species (drop-down list or short search "legion") For <i>L. pneumophila</i> , please select serogroup (e.g., <i>Legionella pneumophila</i> serogroup 1)
Detection of antigen to <i>L. pneumophila</i> serogroup 1 in urine (Note: Urinary antigen testing primarily detects Lp1)	<i>Legionella</i> Antigen, Urine (drop-down list)	<i>Legionella pneumophila</i> antigen (drop-down list)	Coded Result: "detected," "not detected," or "indeterminate"
Elevated antibody titer to <i>L. pneumophila</i> serogroup 1 – Paired sera	<i>Legionella</i> Antibodies (drop-down list)	<i>Legionella</i> Antibody, IgG or <i>Legionella</i> Antibody, IgM (drop-down list); or <i>Legionella</i> antibody (short search "Legionella")	Coded Result: "increased" (if fourfold rise demonstrated), or leave blank if no fourfold rise demonstrated Text Result: For paired sera, enter both acute and convalescent results with collection dates, and interpretation, e.g., seroconversion detected or not detected or significant rise or no significant rise in titer detected. Please note that only validated reagents to <i>L. pneumophila</i> serogroup 1 will be accepted for case confirmation.
Detection of <i>Legionella</i> species from lower respiratory	<i>Legionella</i> PCR (DNA or RNA)	<i>Legionella</i> , DNA or <i>Legionella</i> , RNA	Coded Result: "detected," "not detected," or "indeterminate"

secretions, lung tissue, or pleural fluid by a validated nucleic acid amplification test			
Non-confirmatory lab results			
Single antibody titer to <i>Legionella</i> species (any species, any serogroup) OR Paired serum specimens for serogroups other than <i>L. pneumophila</i> serogroup 1	<i>Legionella</i> Antibodies (drop-down list)	<i>Legionella</i> Antibody, IgG; or <i>Legionella</i> Antibody, IgM (drop-down list); or <i>Legionella</i> antibody (short search "Legionella")	<u>Single antibody titer:</u> Coded Result: "elevated" or "not elevated" Numeric Result: Enter titer level (e.g., 1:256) or value and units. Reference Range: Enter normal cut-off value. Text Result: Enter species and serogroup. OR <u>Paired sera:</u> Coded Result: "increased" (if fourfold rise demonstrated) or leave blank if no fourfold rise demonstrated Text Result: For paired sera enter both acute and convalescent results with collection dates, and interpretation, e.g., seroconversion detected or not detected or significant rise or no significant rise in titer detected.
Detection of antigen to <i>L. pneumophila</i> serogroup 1 by direct fluorescent antibody (DFA) test	<i>Legionella pneumophila</i> , by DFA (drop-down list)	<i>Legionella pneumophila</i> , by DFA (drop-down list)	Coded Result: "detected," "not detected," or "indeterminate"

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
➔	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient’s zip code. Review and correct as needed. Select or edit “Jurisdiction” based on patient address if available, location of patient’s provider, or location of reporting facility, in that order.
➔	<i>Program Area</i>	IDEAS- Meningitis/Invasive Respiratory – Will default based on condition

Investigation		
NBS Field Name		Description/Instructions
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
⇒	<i>Earliest Date Control Initiated</i>	Enter date of earliest public health intervention
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigation	Enter Date investigation assigned to investigator
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific laboratory was ordered, or Date a condition specific treatment or prophylaxis was ordered, which ever was earliest.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Organization</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Reporting Provider</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	Reporting County	
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Yes, No, or Unknown.

Investigation			
NBS Field Name		Description/Instructions	
➔	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>	
➔	Admission Date	If patient hospitalized, enter admission date(s).	
➔	Discharge Date	If patient hospitalized, enter discharge date(s).	
⇒	Duration of Stay	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.	
➔	Date Specimen Collected	Date specimen was collected.	
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of physician diagnosis (if known), or ♦ Date of physician diagnosis and presumptive positive test, or ♦ Date of the condition specific laboratory result	
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>	
	Illness End Date		
	Illness Duration		
	Age at Onset/Age Type		
	Is the patient pregnant?		
	Does the patient have pelvic inflammatory disease?		
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .	
Epidemiologic			
	Is this patient associated with a day care facility?		
	Is this patient a food handler?		
➔	Is this case part of an outbreak?	If yes, contact the NEDSS Project Office to have outbreak name entered	
➔	Outbreak Name	If case is part of an outbreak, chose outbreak name from list.	
⇒	Epi-linked to lab confirmed case?	Enter Yes, No or unknown	
	Case ID of epi-linked lab confirmed case	Enter case ID if case is epi-linked	
⇒	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	Imported Country	Indicate country where patient became ill.	

Investigation		
NBS Field Name	Description/Instructions	
⇒ Imported State	Indicate state where patient became ill (not TX).	
Imported City	Indicate city where patient became ill.	
⇒ Imported County	Indicate county where patient became ill.	
Country of Usual Residence		
Country of Exposure		
State or Province of Exposure		
City of Exposure		
County of Exposure		
Binational Reporting Criteria	Select from drop down menu. Use Ctrl to select all that apply.	
Transmission Mode		
Detection Method		
→ Confirmation Method	Select method used to determine case status. Select lab confirmed or epi-linked.	Laboratory confirmed – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case ID of epi-link in appropriate fields and comments.
→ Confirmation Date	Date criteria for the case status of the case were met	
→ Case Status	Select Confirmed, Probable or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→ MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→ MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
Immediate National Notifiable Condition		
Notification Comments to CDC		
Infectious agent		
Administrative		
⇒ General Comments	Enter details of travel, facility exposures, or any potential sources of aerosolized or aspirated water in the 10 days prior to illness onset.	

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Leishmaniasis

General Information

Please complete the [Leishmaniasis Case Investigation \(state.tx.us\)](https://state.tx.us) form and route to the Zoonosis Control Branch through your regional Zoonosis Control office.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
⇨	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood venous, Lesion, Skin, Serum, Tissue, or Other (describe in Lab Comments)
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇨	Coded Result	Refer to table below.
⇨	Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇨	Text Result	Refer to table below.

Lab Report		
NBS Field Name	Description/Instructions	
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Microscopic identification	Parasite identification (short search "parasite")	LEISHMANIA SP IDENTIFIED (long search "leish")	Coded Result: "detected" or "not detected" and Text Result: Enter test method
Culture	Culture, specimen source if available (e.g., "Culture, Skin Biopsy") (short search "culture")	LEISHMANIA SP IDENTIFIED (long search "leish")	Coded Result: "detected" or "not detected" and Text Result: Enter test method
Intradermal (Montenegro) test	Parasite identification (short search "parasite")	LEISHMANIA SP IDENTIFIED (long search "leish")	Coded Result: "detected" or "not detected" and Text Result: Enter test method
PCR test (or other molecular test)	LEISHMANIA SP DNA (long search "leish")	LEISHMANIA SP DNA (long search "leish")	Coded Result: "detected" or "not detected" and Text Result: enter species and test type

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Information	
➔ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ Program Area	Zoonosis – Will default based on condition chosen.
➔ Investigation Start Date	Enter date investigation began or, if no follow up was done, enter the date the report was received.

Investigation

NBS Field Name		Description/Instructions
	Date Earliest Public Health Control Measure Initiated	Not required for Leishmaniasis
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	Leave blank.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: • Date a non-negative condition specific laboratory result was ordered (e.g. specimen collection date), or • Date of physician diagnosis, or • Date the disease/condition was added to the top 3 differential diagnoses for the patient, or • Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		

Investigation

NBS Field Name		Description/Instructions
⇒	Physician	"Physician" auto-populates if investigation is created from a lab report. Conduct search for "Physician" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	Hospital	If hospitalized, search for "Hospital." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Duration will auto-populate if "Admission Date" and "Discharge date" are entered. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	Select Yes or No, if known.
⇒	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown or from a prior year. Enter Diagnosis Date as evidence by: ♦ Date of physician diagnosis (if known), or ♦ Date a condition specific treatment was ordered, or ♦ Date of the condition specific laboratory result.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is from a prior year (if from prior year, put onset date in comments). If unknown, enter date of hospital admission or, secondly, specimen collection date.</i>
	Illness End Date	Enter end date for illness, if known.

Investigation

NBS Field Name		Description/Instructions
	Illness Duration	Enter number. Use days if < 1 month, months for $\geq$ 1 month and < 1 year, and years for $\geq$ 1 year. Note: <i>Duration is auto-populated if "Illness Onset Date" and "Illness End Date" are entered. If end date is same as onset date, enter 1.</i>
	Illness Duration Units	Use the drop-down list to select, days, weeks, etc. Note: <i>Unit is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>
⇒	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for $\geq$ 1 month and < 1 year, and years for $\geq$ 1 year. Note: <i>Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
⇒	Age at Onset Units	Use the drop-down list to select days, weeks, etc. Note: <i>Unit is auto-populated if "Date of Birth" and "Illness Onset Date" are entered.</i>
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .
➔	Date of Death	If patient died from the illness, enter deceased date.
Epidemiologic		
	Is this patient associated with a day care facility?	Not Required
	Is this patient a food handler?	Not Required
⇒	<i>Is this case part of an outbreak?</i>	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.
	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown. Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and enter the NBS ID of the epi-linked case.
	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).
➔	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field. Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.

Investigation

NBS Field Name		Description/Instructions	
➔	Imported Country	Indicate country where patient acquired illness. Required if "Out of Country" selected.	
➔	Imported State	Indicate state where patient acquired illness. Required if "Out of State" selected.	
⇒	Imported City	Indicate city where patient acquired illness.	
➔	Imported County	Indicate county where patient acquired illness. Required if "Out of jurisdiction, from another jurisdiction" selected.	
➔	Transmission Mode	Select "Vectorborne."	
	Detection Method	Select appropriate response from drop-down list.	
➔	Confirmation Method	Select method used to determine case status.	Laboratory confirmed – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information manually and associate with the investigation..
	Confirmation Date	Enter date when the criteria for case status were met.	
➔	Case Status	Select Confirmed or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
➔	MMWR Week	Auto-populates based on data entry date. At the beginning of the year, if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
➔	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.	
General Comments			
	General Comments	Enter comments as needed.	

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Listeriosis

General Information

For individual cases, use [Investigation Forms | Texas DSHS \(state.tx.us\)](https://www.state.tx.us)

Please send a copy of the forms to Central Office via the Regional Office.

Note: As required by [Texas Administrative Code](#) all *Listeria monocytogenes* isolates must be submitted to the DSHS laboratory.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
→	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
→	Program Area	Enter or edit to IDEAS – Foodborne . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Sterile sites: Select Blood venous; Cerebral spinal fluid; Pleural fluid (thoracentesis fld); Synovial fluid (Joint fluid); or Other (describe in Result Comments). (See normally sterile site definition in the: http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/) Also, as applicable, select Amniotic fluid; Blood – cord; Placenta; Tissue placenta; Umbilical cord, or Other (describe in Result Comments).
	Specimen Site	
→	Date Specimen Collected	Enter date specimen collected.

Lab Report		
NBS Field Name	Description/Instructions	
Patient Status at Specimen Collection		
Pregnant		
Weeks		
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Culture, any specimen source	Culture, specimen source (if available) (e.g., "Culture, Stool") or Listeria Culture. (drop-down list)	Listeria SP Identified (drop-down list)	Organism: Listeria monocytogenes (organism) (drop-down list)

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Summary	
➔ <i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ <i>Program Area</i>	IDEAS – Foodborne – Will default based on condition.
	State Case ID
➔ <i>Investigation Start Date</i>	Enter Date Investigation began or if no follow up was done, enter the date the report was received.

Investigation		
NBS Field Name		Description/Instructions
⇒	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigation	Enter date investigation assigned to investigator.
Reporting Source		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	Reporting Source (Organization)	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	Reporter	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
⇒	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter admission date(s).
⇒	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	Duration of Stay	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.

Investigation			
NBS Field Name		Description/Instructions	
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of specimen collection (preferred for lab confirmed cases, or ♦ Date of physician diagnosis, or ♦ Date a condition specific laboratory test was positive, or ♦ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.	
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>	
	Illness End Date		
	Illness Duration		
⇒	Age at Onset/Age Type	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.	
	Is the patient pregnant?	Fill out the Pregnancy section.	
	Does the patient have pelvic inflammatory disease?		
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And enter date of death for <i>Deceased Date</i> .	
Epidemiologic			
	Is this patient associated with a day care facility?	Fill in the Day Care section.	
	Is this patient a food handler?	Fill in the Food Handler section.	
→	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
→	Outbreak Name	Select outbreak name from drop-down list.	
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX Out of State – patient became ill while traveling within US but outside of TX
⇒	<i>Imported Country</i>	Indicate country where patient became ill.	
⇒	<i>Imported State</i>	Indicate state where patient became ill (not TX).	
	<i>Imported City</i>	Indicate city where patient became ill.	
⇒	<i>Imported County</i>	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.

Investigation		
NBS Field Name		Description/Instructions
	Confirmation Date	The first date the confirmatory lab test was positive/reactive
→	Case Status	Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. See http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/) https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
Administrative		
	General Comments	Enter comments as needed.
Custom Fields		
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or ◆ Date a condition specific laboratory was ordered, whichever was earliest.
Day Care		
⇒	Attend a day care center?	Select Yes, No, or Unknown.
⇒	Work at a day care center?	Select Yes, No, or Unknown.
⇒	Live with a day care attendee?	Select Yes, No, or Unknown.
⇒	What type of day care facility?	Select appropriate type of daycare facility from drop-down list.
⇒	What is the name of the day care facility?	Enter name of day care facility.
⇒	Is food prepared at this facility?	Select Yes, No, or Unknown.
⇒	Does this facility care for diapered persons?	Select Yes, No, or Unknown.
Travel History		
⇒	Did patient travel prior to onset of illness?	Select Yes, No, or Unknown.
⇒	Applicable incubation period for this illness is:	Enter incubation period. For Listeriosis enter 3-70 days.
⇒	What was the purpose of the travel?	Select purpose of travel from drop-down list. (Use Ctrl to select more than one.)
⇒	If "Other," please specify other purpose of travel:	
	Please specify the destination(s):	
⇒	Destination 1 Type:	Select the Domestic or International radio button.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Destination 1</i>	Select the destination from the resulting drop-down list.
⇒	<i>Mode of Travel:</i>	Select appropriate mode of travel from drop-down list.
⇒	<i>Date of Arrival:</i>	
⇒	<i>Date of Departure:</i>	
⇒	<i>Destination 2 Type:</i>	Select the Domestic or International radio button.
⇒	<i>Destination 2</i>	Select the destination from the resulting drop-down list.
⇒	<i>Mode of Travel:</i>	Select appropriate mode of travel from drop-down list.
⇒	<i>Date of Arrival:</i>	
⇒	<i>Date of Departure:</i>	
⇒	<i>Destination 3 Type:</i>	Select the Domestic or International radio button.
⇒	<i>Destination 3</i>	Select the destination from the resulting drop-down list.
⇒	<i>Mode of Travel:</i>	Select appropriate mode of travel from drop-down list.
⇒	<i>Date of Arrival:</i>	
⇒	<i>Date of Departure:</i>	
⇒	<i>If more than 3 destinations, specify details here:</i>	
Pregnancy		
⇒	<i>Is this a pregnancy related case?</i>	Select Yes, No, or Unknown.
⇒	<i>Type of infection in mother</i>	Select from drop-down list.
⇒	<i>If "Other," please specify other type of infection in mother:</i>	Enter description of other infection.
⇒	<i>Comments on infection in mother:</i>	
⇒	<i>Outcome of pregnancy</i>	Select from drop-down list.
⇒	<i>If "Other," please specify other outcome of pregnancy:</i>	Enter description of other pregnancy outcome.
⇒	<i>If delivered, date of delivery</i>	Enter date of event selected for pregnancy outcome.
⇒	<i>Comments on pregnancy outcome:</i>	
⇒	<i>Confirmed Listeria in neonate or fetus?</i>	Select Yes, No, or Unknown.
⇒	<i>Source of specimen collected from fetus/neonate:</i>	Select from drop-down list.
⇒	<i>If "Other," please specify other specimen collection source:</i>	Enter other specimen source.
⇒	<i>Fetus/neonate specimen collection date:</i>	Enter date of collection.
⇒	<i>Type of infection in fetus/neonate:</i>	Select from drop-down list.
⇒	<i>If "Other," please specify other fetus/neonate infection type:</i>	Enter description of infection.
⇒	<i>Comments on infection in fetus/neonate</i>	
Underlying Conditions		
⇒	<i>Did patient have any of the following underlying conditions?</i>	Select underlying conditions. (Use Ctrl to select more than one.)

Investigation		
NBS Field Name		Description/Instructions
⇒	If "Diabetes Mellitus," specify whether on insulin:	Select Yes, No, or Unknown.
⇒	If "Gastric Surgery," please specify type:	
⇒	If "Hematologic Disease," please specify type:	
⇒	If "Immunodeficiency," please specify type:	
⇒	If "Organ Transplant," please specify organ:	
⇒	If "Other Liver Disease," please specify type:	
⇒	If "Other Malignancy," please specify type:	
⇒	If "Other Prior Illness," please specify:	
⇒	If "Other Renal Disease," please specify type:	
Related Cases		
⇒	Does the patient know of any similarly ill persons?	Select Yes, No, or Unknown.
⇒	If "Yes," did the health department collect contact information about other similarly ill persons and investigate further?	Select Yes, No, or Unknown.
⇒	Are there other cases related to this one?	Select no, sporadic; unknown; yes, household; or yes, outbreak.
FoodNet		
	FoodNet Case?	Not applicable in Texas
	Was patient transferred from one hospital to another?	Not applicable in Texas
	If "Yes," specify name of the hospital to which the patient was transferred	Not applicable in Texas
	Was there a second hospitalization?	Not applicable in Texas
	Admission Date	Not applicable in Texas
	Discharge Date	Not applicable in Texas
	Did the patient immigrate to the US within 7 days of specimen collection?	Not applicable in Texas
	In case-control study?	Not applicable in Texas
	If "Yes," case control study id number	Not applicable in Texas
	Type of Outbreak	Not applicable in Texas
	CDC EFORS Number	Not applicable in Texas
	Was case found during an audit?	Not applicable in Texas
	Was the case interviewed by public health (i.e., state or local health department or FoodNet staff)?	Not applicable in Texas

NBS Entry Guidelines for Notification

Notifications are required for confirmed, probable, and suspect cases.

Lyme disease

General Information

Please complete the [Lyme Disease Case Investigation \(state.tx.us\)](https://state.tx.us) and route to the Zoonosis Control Branch through your regional Zoonosis Control Program.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
→	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
→	Program Area	Select or edit to Zoonosis . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Select Blood venous, Serum, other appropriate choice, or Other (describe in Result Comments).
	Specimen Site	Select appropriate response from drop-down list.
→	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	Select hospitalized, outpatient, or unknown.
	Pregnant	Select Yes, No, or Unknown.
	Weeks	Enter number of weeks pregnant.
Test Result(s)		
→	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
→	Resulted Test	Refer to table below.
⇨	<i>Coded Result</i>	Refer to table below.

Lab Report

	NBS Field Name	Description/Instructions
⇒	Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒	Text Result	Refer to table below.
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	Select corrected, final, preliminary or results pending.
	Result comments	Enter comments as needed.

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional.
 Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.

Administrative	
Comments	

Ordered Test, Resulted Test and Test Results

Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Lyme disease, IgG Immunoblot	Lyme Disease (<i>Borrelia burgdorferi</i>) antibodies (short search "lyme")	<i>Borrelia burgdorferi</i> (Lyme Disease) Antibody, IgG banding pattern, Blood, Western Blot (WB) (short search "lyme")	Coded result: "positive" or "negative" and Text Result: Lyme IgG Immunoblot
Lyme disease, IgM Immunoblot	Lyme Disease (<i>Borrelia burgdorferi</i>) antibodies (short search "lyme")	<i>Borrelia burgdorferi</i> (Lyme Disease) Antibody, IgM banding pattern, Blood, Western Blot (WB) (short search "lyme")	Coded result: "positive" or "negative" and Text Result: Lyme IgM Immunoblot
Lyme disease, Antibody EIA (screen prior to immunoblot testing OR modified two-tier test results with a screen followed by typically two additional EIAs)	Lyme Disease (<i>Borrelia burgdorferi</i>) antibodies (short search "lyme")	<i>Borrelia burgdorferi</i> (Lyme Disease) Antibody, Blood, ELISA	Coded result: "positive," "negative," or "equivocal" and Numeric Result: enter numeric result and Reference Range and Text Result: Test method
Lyme disease, Culture	<i>Borrelia burgdorferi</i> Culture (short search "culture") OR <i>Borrelia</i> species Culture (short search "lyme")	<i>Borrelia burgdorferi</i> (Lyme Disease) – Result OR <i>Borrelia</i> – Result (short search "lyme")	Coded Result: "isolated" or "not isolated" Text Result: <i>B. mayonii</i> (if applicable)
Detection of <i>B. burgdorferi</i> sensu stricto or <i>B. mayonii</i> in a clinical specimen by a <i>B. burgdorferi</i> group specific NAAT assay	Lyme Disease (<i>Borrelia burgdorferi</i>) PCR (short search "lyme")	<i>Borrelia burgdorferi</i> (Lyme Disease) – Result OR <i>Borrelia</i> – Result (short search "lyme")	Coded Result: "detected" or "not detected" Text Result: <i>B. mayonii</i> (if applicable)

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

NBS Field Name			Description/Instructions
Investigation Summary			
➔	Jurisdiction		Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area		Zoonosis – Will default based on condition.
➔	Investigation Start Date		Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status		Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
➔	Shared Indicator		Check the box.
	State Case ID		Leave blank.
⇨	<i>Investigator</i>		Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigation</i>		Enter date investigation assigned to investigator.
Reporting Source			
➔	Date of Report		Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County		Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State		Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected		Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date a non-negative condition specific laboratory result was ordered (e.g., specimen collection date), or ♦ Date of physician diagnosis, or ♦ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ♦ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
➔	Reporting Source Type		Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.

NBS Field Name		Description/Instructions
➔	Reporting Organization	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	Reporting Provider	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter admission date(s).
⇒	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	Total duration of stay in the hospital (in days):	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Did the healthcare provider diagnose the patient with Lyme disease?	Select Yes, No, or Unknown
➔	Diagnosis Date	Enter date of clinical diagnosis based on presence of EM. "Diagnosis Date" is also required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of physician diagnosis, or ♦ Date of the condition specific laboratory result
➔	Illness Onset Date	Enter "Illness Onset Date." Do not enter an illness onset date that occurs in a prior MMWR year <i>Note: If onset date is unknown, enter date of specimen collection.</i>
	Illness End Date	
	Illness Duration	
	Age at Onset	Enter number and unit.
	Age at Onset Units	Default is years. Use days if <1 month, months for ≥1 month and <1 year, and years for ≥1 year.
⇒	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
⇒	Was patient treated for this illness?	Select Yes, No, or Unknown
⇒	Antibiotics used for this illness (check all that apply)	Select all that apply: doxycycline, ceftriaxone, penicillin, amoxicillin, azithromycin, cefuroxime axetil, unknown or other
⇒	Specify other antibiotic	If other antibiotic used, please specify what was used

NBS Field Name			Description/Instructions
⇒	Combined duration of antibiotics for this illness	Select <1 month, 1-3 months, >3 months or unknown	
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And enter date of death for <i>Deceased Date</i> .	
→	Date of Death	If applicable, enter date of death.	
Epidemiologic			
Disease Acquisition			
→	Patient in wooded, brushy or grassy areas in last 30 days?	Select Yes, No or Unknown (for chronic symptoms, this can be much longer than "last 30 days")	
→	Within Texas?	Select Yes, No or Unknown	
→	Outside of Texas?	Select Yes, No or Unknown	
→	State of Exposure	Indicate state where patient was infected	
→	County of Exposure	Indicate county where patient was infected	
Case Definition Clinical Evidence			
→	Erythema Migrans ≥ 5cm	Select Yes, No or Unknown	
→	Arthritis	Select Yes, No or Unknown	
→	Bell's Palsy	Select Yes, No or Unknown	
→	Radiculoneuropathy	Select Yes, No or Unknown	
→	Lymphocytic Meningitis	Select Yes, No or Unknown	
→	Encephalomyelitis	Select Yes, No or Unknown	
→	2 nd or 3 rd Degree Heart Block	Select Yes, No or Unknown	
Other Signs and Symptoms			
→	Arthralgias	Select Yes, No or Unknown	
→	Bundle Branch Block	Select Yes, No or Unknown	
→	Cognitive Impairment	Select Yes, No or Unknown	
→	Encephalopathy	Select Yes, No or Unknown	
→	Fever/Sweats/Chills	Select Yes, No or Unknown	
→	Headache	Select Yes, No or Unknown	
→	Paresthesias	Select Yes, No or Unknown	
→	Visual/Auditory Impairment	Select Yes, No or Unknown	
→	Palpitations	Select Yes, No or Unknown	
→	Peripheral Neuropathy	Select Yes, No or Unknown	
→	Myalgias	Select Yes, No or Unknown	
→	Fatigue	Select Yes, No or Unknown	
→	Neck Pain	Select Yes, No or Unknown	
→	Myocarditis	Select Yes, No or Unknown	
→	Other rash	Select Yes, No or Unknown	
→	Other signs or symptoms	Enter additional symptoms.	
Initial Lyme disease antibody screening test (Tier 1)			
→	EIA/IFA (IgM and/or IgG)	Select positive, negative or not done	
→	Collection date	Enter date sample was collected.	
Western Blot (WB) confirmatory test (Tier 2)			
→	IgM	Select positive, negative or not done	
→	IgM Collection Date	Enter date sample was collected	
→	IgG	Select positive, negative or not done	
→	IgG Collection Date	Enter date sample was collected	
→	Culture/Other test	Enter additional test performed.	
→	Transmission Mode	Select "Vectorborne"	

NBS Field Name				Description/Instructions
	Detection Method			Select appropriate response from drop-down list.
→	Confirmation Method		Indicate method(s) used to determine case status	Laboratory confirmed or laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date			Date criteria for the case status of the case was met
→	Case Status			Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
→	MMWR Week			Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year			Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
Administrative				
	General Comments			Indicate if patient traveled to a high incidence Lyme area, even if patient was not in area perceived to be tick habitat.

NBS Entry Guidelines for Notification

Notifications are required for confirmed, probable, and suspect cases. Suspect cases will not be included in case counts but are being tracked for programmatic re

Malaria

General Information

Please complete a [Malaria Case Investigation Form \(state.tx.us\)](https://state.tx.us) and route to the Zoonosis Control Branch through your regional Zoonosis Control Program.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
	Pregnancy Status	Select Yes, No, or Unknown.
	Weeks	Enter number of weeks pregnant.
⇨	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Whole blood, Blood venous, or Other (describe in Lab Comments)
	Specimen Site	Select appropriate response from drop-down list.
➔	Specimen Collection Date/Time	Enter date specimen collected.
	Patient Status at Specimen Collection	Select hospitalized, outpatient, or unknown.
Test Result(s)		
➔	Resulted Test	Refer to table below
⇨	Coded Result	Refer to table below.
⇨	Numeric Result	Refer to table below. Enter units in the 2 nd box.
	Units	

Lab Report		
NBS Field Name	Description/Instructions	
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range From</i>	If applicable, enter the reference range or cut-off value for normal results.
⇒	<i>Reference Range To</i>	If applicable, enter the reference range or cut-off value for normal results.
	Status	Select Corrected, Final, Preliminary, Results Pending, or Started but cancelled
	Result comments	Enter any comments included with the lab report
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
Blood smear	Malaria (Plasmodium) smear (thick smear or thin smear) (<i>drop-down list</i>)	Plasmodium Identified (<i>drop-down list</i>)	Organism: Select species name for organism identified (<i>drop-down list</i>)
Malaria PCR	Plasmodium sp DNA (<i>long search "plasmodium"</i>)	Plasmodium falciparum PCR, or Plasmodium malariae PCR, or Plasmodium ovale PCR, or Plasmodium vivax PCR, or Plasmodium species PCR (<i>short search "plasmo"</i>)	Coded result: Enter "positive," "negative," or "equivocal"
Malaria RDT	Malaria (Plasmodium) antigen (<i>short search "malaria"</i>)	Plasmodium Identified (<i>drop-down list</i>)	Organism: Select species name for organism identified (<i>drop-down list</i>)

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Information	

Investigation		
NBS Field Name		Description/Instructions
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	Zoonosis – Will default based on condition chosen.
→	Investigation Start Date	Enter date investigation began or, if no follow up was done, enter the date the report was received.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
→	Shared Indicator	Defaults to Checked.
	State Case ID	Leave blank.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a non-negative condition specific laboratory result was ordered (e.g. specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
→	Reporting Organization	"Reporting Organization" auto-populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>

Investigation		
NBS Field Name		Description/Instructions
⇒	Reporting Provider	Search for reporting provider if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	"Physician" auto populates if investigation is created from a lab report. Conduct search for "Physician" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Duration will auto-populate if "Admission Date" and "Discharge Date" are entered. If admission date is same as discharge date, enter 1.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ♦ Date of physician diagnosis (if known), or ♦ Date of the condition specific laboratory result
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: If unknown, enter date of hospital admission or, secondly, specimen collection date.</i>
	Illness End Date	Enter end date for illness, if known.
	Illness Duration	Enter number. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Duration is auto-populated if "Illness Onset Date" and "Illness End Date" are entered. If end date is same as onset date, enter 1.</i>
	Illness Duration Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>
⇒	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
⇒	Age at Onset Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>

Investigation		
NBS Field Name		Description/Instructions
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .
➔	Date of Death	If patient died from the illness, enter deceased date.
Epidemiologic		
	Is this person associated with a day care facility?	Not Required
	Is this person a food handler?	Not Required
⇒	<i>Is this case part of an outbreak?</i>	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.
➔	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field. Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.
➔	Imported Country	Indicate country where patient acquired illness. Required if "Out of Country" selected.
➔	Imported State	Indicate state where patient acquired illness. Required if "Out of State" selected.
⇒	<i>Imported City</i>	Indicate city where patient acquired illness.
➔	Imported County	Indicate county where patient acquired illness. Required if "Out of jurisdiction, from another jurisdiction" selected.
➔	Transmission Mode	Select most appropriate disease transmission method, most likely "vector-borne transmission."
	Detection Method	Select appropriate response from drop-down list.
➔	Confirmation Method	Select method used to determine case status. Laboratory confirmed or Laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information manually and associate with the384urnetiid384ion.
	Confirmation Date	Enter date when the criteria for case status were met.

Investigation		
NBS Field Name		Description/Instructions
→	Case Status	Select Confirmed, Suspect, or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year, if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.
General Comments		
	General Comments	Enter comments as needed.
Malaria Questions		
	Height (in inches)	
	Weight (in kilograms)	
	Hospital Record Number	Enter if applicable/known
→	Lab Test Type	Select No Test Done, Polymerase Chain Reaction, Rapid Diagnostic Test, Smear or Unknown
→	Lab Test Result	Select Negative, Not Done, Positive, or Unknown
→	Species/Organism Name	Select Falciparum, Malariae, Not Determined, Other, Ovale, or Vivax. <i>(Use Ctrl to select more than one.)</i>
→	Other Species/Organism Name	Enter if "Other" is selected as species name.
⇒	<i>Parasitemia Level (%)</i>	Enter % if known (use peak parasitemia % if multiple results)
→	Was specimen sent to CDC for malaria confirmation?	Select No, Unknown, or Yes
→	Specimen Type(s) Sent to CDC	Select Other, Smears, or Whole Blood. <i>(Use Ctrl to select more than one.)</i>
⇒	<i>Other Specimen Type(s) Sent to CDC</i>	Specify specimen type in text box
→	Has the patient traveled or lived outside the U.S. during the past two years?	Select No, Unknown, or Yes
→	Did the patient reside in the U.S. prior to most recent travel?	Select No, Unknown, or Yes
→	If patient did not reside in U.S. prior to most recent travel, what was the country of residence?	Select country from drop-down

Investigation		
NBS Field Name		Description/Instructions
→	Principal Reason for Travel from/to the U.S. (for the most recent trip)	Select from drop-down
⇒	<i>Other Principal Reason for Travel from/to the U.S. (for the most recent trip)</i>	Text box entry, if applicable
→	International Destination or Residence	Select country from drop-down
→	Date Returned/Arrived in U.S.	Enter date of return or arrival to U.S.
→	Duration of Stay in Country Outside of U.S.	Enter number and units
The next set of 6 questions captures whether an antimalarial drug was taken for prevention DURING TRAVEL OR RESIDENCE IN ENDEMIC AREA. Do <u>not</u> include treatment drugs used for THIS attack of malaria.		
→	Was malaria chemoprophylaxis taken?	Select No, Unknown, or Yes
→	Preventative Medication(s) Taken by Patient	Select medication from drop-down list. <i>(Use Ctrl to select more than one.)</i>
→	Other Preventative Medication(s) Taken by Patient	Text box entry, if applicable
→	Was all preventative medication taken as prescribed?	Select No, Unknown, or Yes
→	<i>If doses of preventative medicine were missed, what was the primary reason?</i>	If applicable, select appropriate response from drop-down.
⇒	<i>Other If doses of preventative medicine were missed, what was the primary reason?</i>	Text box entry, if applicable
→	Does the patient have a previous history of malaria in the last 12 months (prior to this report)?	Select No, Unknown, or Yes
→	Date of Previous Attack	Enter date of attack prior to this report, if applicable
→	Malaria Species Associated with Previous Attack	Select Falciparum, Malariae, Not Determined, Other, Ovale, or Vivax. <i>(Use Ctrl to select more than one.)</i>
→	Other Malaria Species Associated with Previous Attack	Text box entry, if applicable
→	Has the patient received a blood transfusion or organ transplant prior to this illness?	Select No, Unknown, or Yes

Investigation		
NBS Field Name		Description/Instructions
→	Date of Blood Transfusion/Organ Transplant	Enter if applicable
→	Clinical Complication(s)	Select clinical complications for severe malaria, if applicable, from the drop-down list. (Use Ctrl to select more than one.)
⇒	<i>Other Clinical Complication(s)</i>	Text box entry, if applicable for a severe malaria case
→	Treatment Medications(s) (for this attack)	Select treatment medications from the drop-down list. (Use Ctrl to select more than one.)
⇒	<i>Other Treatment Medications(s) (for this attack)</i>	Anti-malarial medications only

NBS Entry Guidelines for Notification

Notifications are required for confirmed and suspect cases. Suspect cases will not be included in case counts but are being tracked for programmatic review.

Measles (Rubeola)

General Information

The [Measles case report form](#) is required to be completed and submitted to the DSHS Central Office via the Regional Office.

Information on measures can be found in the Emerging and Acute Infectious Disease Guidelines:

<https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance>

The measles vaccination history should be entered as a vaccination record in NBS and attached to the investigation. Enter the date of vaccination, age at vaccination, vaccine type, and any other available information. To search ImmTrac for this patient, within the investigation, click "Manage Associations" and under the "Vaccinations" section, click "Query Registry." Confirm the patient's information is correct then click "Submit Query." Check the box next to the vaccine to associate it with the current investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified.

Vaccine Type	NBS Selection	Manufacturers for US (2024)
MMRV (Measles-Mumps-Rubella-Varicella Virus Vaccine Live)	MMRV	ProQuad – Merck
MMR (Measles-Mumps-Rubella)	MMR	M-M-R II – Merck Priorix – GlaxoSmithKline
Measles	Measles	
Measles/Rubella	M/R	

For a complete vaccination schedule for children and adults go to:

<https://www.dshs.texas.gov/immunizations/public/schedules>.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Immunizations . Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.

Lab Report		
NBS Field Name	Description/Instructions	
➔ Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional, or state).	
⇒ <i>Ordered Test</i>	Refer to table below.	
Accession Number	Enter unique ID assigned to specimen.	
➔ Specimen Source	Select Throat; Nose; Abscess [<i>sic</i>]; Blood, venous; Sputum; Wound; other appropriate choice, or Other (describe in Result Comments).	
Specimen Site		
➔ Date Specimen Collected	Enter date specimen collected.	
Patient Status at Specimen Collection		
Pregnant		
Weeks		
Test Result(s)		
➔ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.	
➔ Resulted Test	Refer to table below.	
⇒ Coded Result	Refer to table below.	
⇒ Numeric Result	Refer to table below. Enter units in the 2 nd box.	
⇒ Text Result	Refer to table below.	
⇒ Reference Range	If applicable, enter the reference range or cut-off value for normal results.	
Result status		
Result comments		
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
Comments		

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Measles Virus Antibodies Test	Measles virus (Rubeola), antibody (drop-down list)	Measles (Rubeola) virus antibodies, IgG or Measles (Rubeola) virus antibodies, IgM (drop-down list)	Coded Result: "positive," "negative," or "indeterminate"
Measles Virus Culture Test	Culture, Viral (drop-down list)	Measles (Rubeola) virus-result (drop-down list)	Coded Result: "isolated"
Measles virus (Rubeola), PCR (DNA or RNA) Test	Measles virus (Rubeola), PCR (DNA or RNA) (drop-down list)	Measles (Rubeola) virus-Result (drop-down list)	Coded Result: "detected," "not detected," or "indeterminate"

NBS Entry Guidelines for Investigation

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
→	Jurisdiction	J Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	Immunizations – Will default based on condition
	State Case ID	
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇨	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇨	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇨	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>

Investigation		
NBS Field Name		Description/Instructions
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
→	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter admission date(s).
→	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: Date of the condition specific laboratory test result, or Date of physician diagnosis (if known)
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	
	Illness Duration	
→	Did the patient have a rash?	Select Yes, No, or Unknown.
→	Rash onset date	Enter rash onset date.
→	Rash duration	Enter number of days for rash duration.
→	Was the rash generalized?	Select Yes, No, or Unknown.
→	Did the patient have a fever?	Select Yes, No, or Unknown.
→	Date of Fever Onset	Enter date of fever onset.
→	Highest measured temperature	Enter highest measured temperature and select Celsius or Fahrenheit.
→	Cough	Select Yes, No, or Unknown.
→	Coryza (runny nose)	Select Yes, No, or Unknown.
→	Conjunctivitis	Select Yes, No, or Unknown.
→	Croup	Select Yes, No, or Unknown.
→	Otitis Media	Select Yes, No, or Unknown.
→	Diarrhea	Select Yes, No, or Unknown.
→	Pneumonia	Select Yes, No, or Unknown.
→	Encephalitis	Select Yes, No, or Unknown.
→	Thrombocytopenia	Select Yes, No, or Unknown.
→	Other Complications	Select Yes, No, or Unknown.
→	Specify Other	If other complications exist, enter description.
→	Did patient develop hepatitis?	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
→	Did patient die from measles or complications (including secondary infections) associated with measles?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .
Laboratory		
→	Was laboratory testing done for measles?	Select Yes, No, or Unknown.
→	Was IgM testing performed?	Select Yes, No, or Unknown.
→	Date IgM specimen taken	Enter date IgM specimen was taken.
→	Result of IgM test	Select from the drop-down list.
→	Was IgG acute/convalescent testing performed?	Select Yes, No, or Unknown.
→	Date IgG acute specimen taken	Enter date IgG acute specimen taken.
→	Date IgG convalescent specimen taken	Enter date IgG convalescent specimen taken.
→	Result of acute/convalescent IgG test	Select from drop-down list.
→	Was other laboratory testing done?	Select Yes, No, or Unknown.
→	Specify other test	Enter other test description.
→	Date of other test	Enter date of other test.
→	Other laboratory test results	Enter other laboratory test results.
	Were the clinical specimens sent to CDC for genotyping (molecular typing)?	If yes fill in following information.
	Date sent for genotyping	If applicable, Central Office will fill in this information.
	Was the (Measles) virus genotype sequenced?	
	If 'Yes' identify the Genotype	
	Specify Other Sequence	
	Specimen type	
Vaccine Information		
→	Did the patient receive a measles containing vaccine?	Select Yes, No, or Unknown. If yes, please enter data in the Vaccination Record. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified and select answer "Unknown."
→	If no, reason	Select from drop-down list.
→	Number of doses received before first birthday	Enter number of doses received before first birthday.

Investigation			
NBS Field Name		Description/Instructions	
➔	Number of doses received on or after first birthday	Enter number of doses received on or after first birthday.	
➔	If vaccinated before first birthday but no doses given on or after first birthday, what is the reason?	Select from drop-down list; if unknown, please select “unknown.”	
➔	If patient received one dose on or after first birthday, but never received a second dose, what is the reason?	Select from drop-down list; if unknown, please select “unknown.”	
Epidemiologic			
➔	Does this patient reside in the USA	Select Yes, No, or Unknown.	
➔	Is this case epi-linked to another confirmed or probable case	Select Yes, No, or Unknown.	
➔	Transmission setting	Select from drop-down list.	
➔	Were age and setting verified?	Select Yes, No, or Unknown.	
➔	Is this case part of an outbreak of 3 or more cases?	If yes, contact the NEDSS Project Office to have outbreak name entered.	
➔	Outbreak Name	Select outbreak name from list.	
➔	Source of Infection (i.e., person ID, country,...)	Enter source of infection.	
➔	Did rash onset occur within 18 days of entering the USA, following any travel, or living outside the USA ?	Select Yes, No, or Unknown.	
➔	Is this case traceable (linked) to an international import	Select Yes, No, or Unknown.	
➔	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
➔	Imported Country	Indicate country where patient became ill.	
➔	Imported State	Indicate state where patient became ill (not TX).	
	Imported City	Indicate city where patient became ill.	
➔	Imported County	Indicate county where patient became ill.	

Investigation			
NBS Field Name		Description/Instructions	
→	Confirmation Method	Select method used to determine case status. Select lab confirmed or epi-linked.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.
→	Case Status	Select Confirmed or Not a Case according to the case definition See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
Administrative			
	General Comments		
Custom Fields			
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: Date of physician diagnosis, or Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or Date a condition-specific laboratory test was ordered, or Date identified as a symptomatic contact, whichever was earliest.	
Condition Specific Custom Fields			

Investigation		
NBS Field Name		Description/Instructions
→	Date Earliest Public Health Control Measure Initiated	Date of earliest public health intervention including: Contact medical provider to discuss precautions and recommendations. Arrange collection of specimens and notify EAIDU of expected arrival time and tracking number. Interview patient to educate and identify of potential source of infection, transmission settings, and close contacts. Consult with patient's day care, school, work place, or residential facility to identify source of infection and/or recommend control measures. Educate contacts on exposure, symptoms, and measures to avoid disease transmission including recommended exclusion from school or work. Recommend or administer chemoprophylaxis as indicated. Collect detailed travel history and coordinate contact notification with EAIDU. Contact exposed persons in jurisdiction to advise of exposure and control measures. Initiate active surveillance and prophylaxis in exposed populations as needed.

Investigation Summary		
NBS Field Name		Description/Instructions
CASE INFO TAB		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	Immunizations – Will default based on condition
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	Early Date Control Initiated	Date of earliest public health intervention including:
		Contact medical provider to discuss precautions and recommendations.
		Arrange collection of specimens and notify EAIDU of expected arrival time and tracking number.
		Interview patient to educate and identify of potential source of infection, transmission settings, and close contacts.
		Consult with patient's day care, school, work place, or residential facility to identify source of infection and/or recommend control measures.
		Educate contacts on exposure, symptoms, and measures to avoid disease transmission including recommended exclusion from school or work.
		Recommend or administer chemoprophylaxis as indicated.
		Collect detailed travel history and coordinate contact notification with EAIDU.
		Contact exposed persons in jurisdiction to advise of exposure and control measures.

		Initiate active surveillance and prophylaxis in exposed populations as needed.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	Shared Indicator	
	State Case ID	
	Legacy Case ID	
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date assigned to investigation.
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by:
		Date of physician diagnosis, or
		Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or
		Date a condition-specific laboratory test was ordered, or
➔	Reporting Source Type	Date identified as a symptomatic contact, whichever was earliest.
		Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Organization</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Reporting Provider</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Reporting County</i>	Enter the reporting county
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
➔	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field.

		<i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Admission Date	If patient hospitalized, enter admission date(s).
➔	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown.
		Enter "Diagnosis Date" as evidenced by:
		Date of the condition specific laboratory test result, or
		Date of physician diagnosis (if known)
➔	Illness Onset Date	Enter "Illness Onset Date."
		<i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
⇒	Illness End Date	
⇒	Illness Duration	
⇒	Age at Onset	
⇒	Age at Onset Units	
➔	Is the patient pregnant?	Select Yes, No, or Unknown.
	Due Date:	If Yes, enter due date
➔	Did patient die from this illness?	Select Yes, No, or Unknown.
		If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .
⇒	Date of Death:	If Yes, enter date of death
Epidemiologic		
⇒	Was case patient a healthcare provider (HCP) at illness onset?	Select Yes, No, or Unknown.
⇒	Is this person associated with a day care facility?:	Select Yes, No, or Unknown.
⇒	Is this person a food handler?	Select Yes, No, or Unknown.
➔	Is this case part of an outbreak?:	Select Yes, No, or Unknown.
⇒	Outbreak Name:	Select Outbreak Name from dropdown menu if outbreak name created through NEDSS Support team. If outbreak name is self-generated, associate it in Outbreaks Tab (this feature is available for only investigations in Pagebuilder format)
Disease Acquisition		
➔	Where was the disease acquired?	Indicate where disease was acquired
		Indigenous - within jurisdiction
		International - while traveling outside of US.
		In State, Out of jurisdiction - while traveling to another jurisdiction within TX.
		Out of State - while traveling within US but outside of TX.
		Unknown - if unknown.
⇒	Imported Country	Indicate country where patient became ill.
⇒	Imported State	Indicate state where patient became ill (not TX).
⇒	Imported City	Indicate city where patient became ill.
⇒	Imported County	Indicate county where patient became ill.
⇒	Country of Usual Residence	Indicate country of usual residence
Exposure Location		

⇒	Country of Exposure	Enter Country of Exposure Location
⇒	State or Province of Exposure	Enter State or Province of Exposure
⇒	City of Exposure	Enter City of Exposure Location
⇒	County of Exposure	Enter County of Exposure Location
Binational Reporting		
⇒	Binational Reporting Criteria	Select from drop down menu. Use Ctrl to select all that apply.
Case Information		
⇒	Transmission Mode	Select from drop down menu.
⇒	Detection Method	Select from drop down menu.
→	Confirmation Method	Select method used to determine case status
		Laboratory confirmed – if confirmed case status is based on confirmed laboratory report; if confirmatory lab report not reported as ELR, enter lab information in the Lab Reports section.
		Epidemiologically linked – if confirmed case status is based on epidemiological linkage to a lab confirmed case; indicate case ID of epi-linked case in appropriate fields or comments.
→	Case Status	Select Confirmed or Not a Case according to the case definition
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
General Comments		
⇒	General Comments	Enter additional comments about the case
Investigation Summary		
NBS Field Name		Description/Instructions
Case Info Tab		
→ 	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→ 	Program Area	Immunizations – Will default based on condition
→ 	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	Early Date Control Initiated	Date of earliest public health intervention including:
		Contact medical provider to discuss precautions and recommendations.
		Arrange collection of specimens and notify EAIDU of expected arrival time and tracking number.
		Interview patient to educate and identify of potential source of infection, transmission settings, and close contacts.

Investigation Summary		
NBS Field Name		Description/Instructions
		Consult with patient's day care, school, work place, or residential facility to identify source of infection and/or recommend control measures.
		Educate contacts on exposure, symptoms, and measures to avoid disease transmission including recommended exclusion from school or work.
		Recommend or administer chemoprophylaxis as indicated.
		Collect detailed travel history and coordinate contact notification with EAIDU.
		Contact exposed persons in jurisdiction to advise of exposure and control measures.
		Initiate active surveillance and prophylaxis in exposed populations as needed.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	Shared Indicator	
	State Case ID	
	Legacy Case ID	
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date assigned to investigation.
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: Date of physician diagnosis, or Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or Date a condition-specific laboratory test was ordered, or Date identified as a symptomatic contact, whichever was earliest.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Organization</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed.

Investigation Summary		
NBS Field Name		Description/Instructions
		<i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	Reporting Provider	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	Reporting County	Enter the reporting county
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
➔	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Admission Date	If patient hospitalized, enter admission date(s).
➔	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	Duration of Stay	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: Date of the condition specific laboratory test result, or Date of physician diagnosis (if known)
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
⇒	Illness End Date	
⇒	Illness Duration	
⇒	Age at Onset	
⇒	Age at Onset Units	
➔	Is the patient pregnant?	Select Yes, No, or Unknown.
	Due Date:	If Yes, enter due date
➔	Did patient die from this illness?	Select Yes, No, or Unknown. If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .
⇒	Date of Death:	If Yes, enter date of death
Epidemiologic		

Investigation Summary		
NBS Field Name		Description/Instructions
⇒	Was case patient a healthcare provider (HCP) at illness onset?	Select Yes, No, or Unknown.
⇒	Is this person associated with a day care facility?:	Select Yes, No, or Unknown.
⇒	Is this person a food handler?	Select Yes, No, or Unknown.
➔	Is this case part of an outbreak?:	Select Yes, No, or Unknown.
⇒	Outbreak Name:	Select Outbreak Name from dropdown menu if outbreak name created through NEDSS Support team. If outbreak name is self-generated, associate it in Outbreaks Tab (this feature is available for only investigations in Pagebuilder format)
Disease Acquisition		
➔	Where was the disease acquired?	Indicate where disease was acquired
		Indigenous - within jurisdiction
		International - while traveling outside of US.
		In State, Out of jurisdiction - while traveling to another jurisdiction within TX.
		Out of State - while traveling within US but outside of TX.
⇒		Unknown - if unknown.
⇒	Imported Country	Indicate country where patient became ill.
⇒	Imported State	Indicate state where patient became ill (not TX).
⇒	Imported City	Indicate city where patient became ill.
⇒	Imported County	Indicate county where patient became ill.
⇒	Country of Usual Residence	Indicate country of usual residence
Exposure Location		
⇒	Country of Exposure	Enter Country of Exposure Location
⇒	State or Province of Exposure	Enter State or Province of Exposure
⇒	City of Exposure	Enter City of Exposure Location
⇒	County of Exposure	Enter County of Exposure Location
Binational Reporting		
⇒	Binational Reporting Criteria	Select from drop down menu. Use Ctrl to select all that apply.
Case Information		
⇒	Transmission Mode	Select from drop down menu.
⇒	Detection Method	Select from drop down menu.
	Confirmation Method	Select method used to determine case status

Investigation Summary		
NBS Field Name		Description/Instructions
→		Laboratory confirmed – if confirmed case status is based on confirmed laboratory report; if confirmatory lab report not reported as ELR, enter lab information in the Lab Reports section.
		Epidemiologically linked – if confirmed case status is based on epidemiological linkage to a lab confirmed case; indicate case ID of epi-linked case in appropriate fields or comments.
→ 📅	Confirmation Date	Date criteria for the case status of the case were met.
→ 📅	Case Status	Select Confirmed or Not a Case according to the case definition
→ 📅	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→ 📅	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
General Comments		
→	General Comments	Enter additional comments about the case

Measles Tab		
Signs and Symptoms		
→	Did the patient experience any symptoms related to measles?	Select Yes, No, or Unknown.
→ 📅	Conjunctivitis	If symptomatic, Select Yes, No, or Unknown.
→	Coryza (runny nose)	If symptomatic, Select Yes, No, or Unknown.
→ 📅	Cough	If symptomatic, Select Yes, No, or Unknown.
→ 📅	Fever	If symptomatic, Select Yes, No, or Unknown.
→ 📅	Fever Onset Date	If fever present, enter date of fever onset.
→	Highest Measured Temperature	If fever present, enter highest measured temperature and select Celsius or Fahrenheit.
→	Rash	If symptomatic, Select Yes, No, or Unknown.

Measles Tab		
→ 	Rash onset date	If fever present, enter rash onset date.
→ 	Rash duration	Enter number of days for rash duration.
→ 	Was the rash generalized?	Select Yes, No, or Unknown.
→ 	Other Symptoms	Select Yes, No, or Unknown.
→ 	Specify Other Symptoms:	If answered Yes to Other Symptoms, enter the other symptoms
→ 	Did symptom onset occur within 7-21 days of entering the US?:	Select Yes, No, or Unknown.
Complications		
→ 	Did the patient experience any complications related to measles?	Select Yes, No, or Unknown.
→ 	Croup	If answered Yes to complications, select Yes, No, or Unknown.
→ 	Post Measles Encephalitis	If answered Yes to complications, select Yes, No, or Unknown.
→ 	Diarrhea	If answered Yes to complications, select Yes, No, or Unknown.
→ 	Hepatitis	If answered Yes to complications, select Yes, No, or Unknown.
→ 	Otitis	If answered Yes to complications, select Yes, No, or Unknown.
→ 	Chest X-ray for Pneumonia	If answered Yes to complications, select Negative, Not Done, Negative, or Unknown.
→ 	Pneumonia	If answered Yes to complications, select Yes, No, or Unknown.
→	Encephalitis	If answered Yes to complications, select Yes, No, or Unknown.
→	Thrombocytopenia	If answered Yes to complications, select Yes, No, or Unknown.
→	Other Complications	If answered Yes to complications, select Yes, No, or Unknown.
→	Specify Other Complications	If answered Yes to Other Complications, enter the other complications.
Epidemiologic Information		

Measles Tab		
➔	Is this Case Epi-Linked to another confirmed or probable case?	Select Yes, No, or Unknown.
➔	Case ID of epi-linked case	If yes, enter the case ID of the epi-linked case
➔	Transmission setting	Select appropriate transmission setting from drop-down list. Select Other if transmission setting is other than the ones in the list.
⇒	Other Transmission setting	If answered Other to Transmission Setting, enter the other transmission setting.
⇒	Age and Setting Verified (for the transmission setting listed)	Select Yes, No, or Unknown.
⇒	Sub-classification of disease or condition acquired in the US	Select appropriate subclassification from drop-down list. Select Other if subclassification is other than the ones in the list.
⇒	Other Sub-classification of disease or condition acquired in the US	If answered Other to Sub-classification of disease, enter the other sub-classification of disease.
⇒	Traceable to International Import	Select Yes, No, or Unknown. Select Yes, if case is traceable to international import.
➔	Did the patient have recent International Travel?	Select Yes, No, or Unknown.
⇒	Length of time in the US since the last travel	If answered Yes, enter the length of time in the US since the last travel
⇒	List any International Destination(s) of Recent Travel	If answered Yes, select from the drop down list, the countries visited one at a time and then select Add after also entering Date of return from most Recent Travel
⇒	Date of return from most Recent Travel	If answered Yes, enter the date of return from most recent travel to each country selected from the drop down list above and then select Add to add the information.
Laboratory		
➔	Was laboratory testing done to confirm the diagnosis?	Select Yes, No, or Unknown. Select Yes, if any lab testing was done to confirm the measles diagnosis?
➔	Was the case laboratory confirmed?	Select Yes, No, or Unknown. Select Yes, if the case is lab confirmed
⇒	Was a specimen sent to CDC for testing?	Select Yes, No, or Unknown. Select Yes, if the specimen was sent to CDC lab or CDC Reference lab for any testing like genotyping, MeVA, IgG avidity testing etc.
Interpretive Lab Data Repeating Block		
➔	Test Type	Select the lab type from drop down menu. If Lab Test Type is not in the given options, select Other
⇒	Other Lab Test Type	If Other option is selected for Test Type, enter the other test type
➔	Test Results	Select appropriate test results from drop-down list. If test result is not in the given options, select Other
⇒	Other Test Results	If Other option is selected for Test Type, enter the other test results.

Measles Tab		
⇒	Test Result Quantitative	If test result offers a quantitative result in the form of titers or levels, enter the numerical value
⇒	Quantitative Test Result Units	If test result offers a quantitative result in the form of titers or levels, enter the appropriate unit for the quantitative value from the dropdown list
➔ 	Genotype Sequence	If genotype sequence of the positive PCR specimen is known, select the genotype sequence from the dropdown list. If the genotype sequence is other than the ones provided in the dropdown list, select Other option.
⇒	Other Genotype Sequence	If Other option is selected for Genotype Sequence, enter the other genotype sequence.
⇒	Specimen Type	Select appropriate specimen type from the dropdown list. If the specimen type is other than the ones provided in the dropdown list, select Other option.
⇒	Other Specimen Type	If Other option is selected for Specimen Type, enter the other specimen type.
➔ 	Specimen Source	Select appropriate specimen source from the dropdown list. If the specimen source is other than the ones provided in the dropdown list, select Other option.
⇒	Other Specimen Source	If Other option is selected for Specimen Source, enter the other specimen source.
➔ 	Specimen Collection Date	Enter the date that specimen was collected
⇒	Sample Analyzed Date	Enter the date that specimen was analysed at the lab.
⇒	Date Specimen Sent to CDC	If the specimen was sent to CDC, enter the date specimen was sent to CDC.
⇒	Performing Lab Type	Select appropriate type of lab performing the test from dropdown list. If the performing lab type is other than the ones provided in the dropdown list, select Other option.
⇒	Other Performing Lab Type	If Other option is selected for Performing Lab Type, enter the other performing lab type.
⇒	VPD Lab Message Reference Laboratory	If the specimen was sent to one of the 4 CDC Reference Labs, select the reference lab it was sent to from dropdown list. For Texas, CDC Reference Lab is mostly Minnesota Department of Health.
⇒	VPD Lab Message Patient Identifier	Enter the Patient Identifier for the specimen sent to CDC Reference Lab, if known.
⇒	VPD Lab Message Specimen Identifier	Enter the Specimen Identifier for the specimen sent to CDC Reference Lab. If sent from DSHS Lab, it will be the specimen number assigned by the DSHS Lab.
Click on  when the Lab section is completed. Add additional labs as needed.		

Vaccination		
➔ 	Did the Subject Ever Receive a Vaccine Against This Disease	Select Yes, No, or Unknown. If yes, please enter data in the Vaccination Record. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot

Measles Tab		
		provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified and select answer "Unknown."
➔	Number of doses received before first birthday	Enter number of doses received before first birthday.
➔	Number of doses received on or after first birthday	Enter number of doses received on or after first birthday.
➔	Date of Last Dose Prior to Illness Onset	Enter number of doses received prior to illness onset
➔	Vaccinated per ACIP Recommendations	Select Yes, No, or Unknown. Select Yes, if there is evidence that case received all vaccines as per ACIP recommendation for age.
➔	Reason Patient Not Vaccinated Per ACIP Recommendations	If response to Vaccinated per ACIP recommendations is No, then select the reason for it from drop-down list; if unknown, please select "unknown." If the reason is other than the options provided in the list, select Other.
⇒	Other Reason Patient Not Vaccinated Per ACIP Recommendations	If Other option is selected for Reason Patient Not Vaccinated Per ACIP Recommendations, enter the other reason that patient was not vaccinated per ACIP recommendations.
⇒	Vaccine History Comments	Enter any information that you want to provide about vaccination history

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Melioidosis

General Information

Please complete [Melioidosis Case Investigation Form](#) and route to Zoonosis Control Central Office through your regional Zoonosis office.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*.

Control + Click to see [Patient Tab Lab Report Table](#).

Lab Reports		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Select or edit to Zoonosis . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Abscess; Blood venous; Brain biopsy; Cerebral spinal fluid; Isolate; Pleural fluid (thoracentesis fluid); Serum; Tissue lung; Tissue ulcer; other appropriate choice; or Other (describe in Result Comments).
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below
⇨	<i>Coded Result</i>	Refer to table below.

Lab Reports	
NBS Field Name	Description/Instructions
⇒ Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒ Text Result	Refer to table below.
⇒ Reference Range	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Melioidosis culture	<i>B. pseudomallei</i> [Presence] in Specimen by Organism specific culture (short search "culture")	<i>B. pseudomallei</i> [Presence] in Specimen by Organism specific culture (short search "culture")	Coded Result: Enter "isolated" or "not isolated."
Burkholderia pseudomallei antibody by IHA	<i>Burkholderia</i> <i>pseudomallei</i> AB (long search "pseudomallei")	<i>Burkholderia</i> <i>pseudomallei</i> AB (long search "pseudomallei")	Coded Result: Enter "detected" or "not detected," and Text Result: Enter test method and numeric value
Burkholderia pseudomallei DNA by PCR	<i>Burkholderia</i> <i>pseudomallei</i> DNA (long search "pseudomallei")	<i>Burkholderia</i> <i>pseudomallei</i> DNA (long search "pseudomallei")	Coded Result: "detected" or "not detected," and Text Result: Enter test method

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by [and *italics*.
Control + Click to see [Patient Tab Investigation](#).

Investigation Tab	
NBS Field Name	Description/Instructions
Investigation Information	
➔ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ Program Area	Zoonosis - Will default based on condition.

Investigation Tab		
NBS Field Name		Description/Instructions
➔	Investigation Start Date	Enter Date Investigation began or, if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	
	Legacy Case ID	
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Hospital		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.

Investigation Tab		
NBS Field Name		Description/Instructions
⇒	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. If hospitalized at multiple facilities, enter data for longest stay. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
Clinical		
➔	Is patient symptomatic?	Select "No", "Unknown", or "Yes". Selecting "Yes" will activate symptom specific questions below.
⇒	Abdominal discomfort	Select Yes, No, or Unknown.
⇒	Abscess	Select Yes, No, or Unknown.
	Specify abscess	If "Yes", describe location on body.
⇒	Anorexia	Select Yes, No, or Unknown.
⇒	Chest pain	Select Yes, No, or Unknown.
⇒	Cough	Select Yes, No, or Unknown.
⇒	Disorientation	Select Yes, No, or Unknown.
⇒	Fever	Select Yes, No, or Unknown.
	Highest temp (F)	If "Yes", enter highest temperature, if known.
⇒	Headache	Select Yes, No, or Unknown.
⇒	Joint pain	Select Yes, No, or Unknown.
⇒	Localized pain or swelling	Select Yes, No, or Unknown.
⇒	Muscle pain/tenderness	Select Yes, No, or Unknown.
⇒	Respiratory distress	Select Yes, No, or Unknown.
⇒	Seizures	Select Yes, No, or Unknown.
⇒	Ulceration	Select Yes, No, or Unknown.
⇒	Weight loss	Select Yes, No, or Unknown.
	Other symptoms	Free text box to describe additional symptoms related to illness.
➔	Have any of the following known medical conditions?	Select all that apply, hold Ctrl key to select multiple: Alcoholism; Chronic lung disease; Diabetes mellitus; Immunosuppression; None; Other; Renal disease; Thalassemia; Unknown
	If other medical conditions, list here:	If "Other" known medical condition selected, describe here
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: If unknown, enter date of hospital admission or, secondly, specimen collection date.</i>
	Illness End Date	
	Illness Duration	
	Illness Duration Units	
	Age at Onset	Enter number and unit. Default is years. Use days if <1 month, months for ≥1 month and <1 year, and years for ≥1 year.
	Age at Onset Units	Use the drop-down menu next to it to select, days, months, etc.

Investigation Tab		
NBS Field Name		Description/Instructions
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of the condition specific laboratory result ♦ Date identified as a symptomatic contact of another case
	Diagnosis	Review medical record and select one of the following which is the most appropriate descriptor of illness: Disseminated infection; Localized infection; Other; Pulmonary infection
	Other diagnosis	If "Other" selected, describe here
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
➔	Did the patient die from this illness?	If patient died from the illness, select yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Date of Death	If applicable, enter date of death.
⇒	<i>Were antibiotics given?</i>	Select Yes, No, or Unknown.
⇒	<i>Antibiotic</i>	Enter name of antibiotic in free text field
⇒	<i>Type</i>	Select how antibiotic was administered, either "IV" or "Oral"
⇒	<i>No. of days prescribed</i>	Enter number of days medication was prescribed, whether or not the treatment course was completed at time of interview
⇒	<i>Treatment completed?</i>	Describe whether or not patient had completed medication at time of interview, select from: "No", "Still taking medication at time of interview", "Unknown", or "Yes"
Epidemiologic		
➔	Have any of the following exposures?	Select Yes, No, or Unknown.
⇒	<i>Military service?</i>	Select Yes, No, or Unknown.
⇒	<i>Military service place</i>	Use free text field to describe where case was stationed while in military
⇒	<i>Military service date(s)</i>	Use free text field to describe when case was in the military
⇒	<i>Soil or water contact in endemic country?</i>	Select Yes, No, or Unknown.
⇒	<i>Soil or water contact place</i>	Use free text field to list locations where case had contact with water or soil
⇒	<i>Soil or water contact date(s)</i>	Use free text field to describe when case was exposed to water or soil in endemic country
⇒	<i>Animal (mammal, reptile, bird) contact?</i>	Select Yes, No, or Unknown.
⇒	<i>Animal contact type</i>	Use free text field to describe animal species and contact suspected of exposing case
⇒	<i>Animal contact date(s)</i>	Use free text field to describe when case was exposed to suspected animal
➔	Was there a laboratory exposure?	Select Yes, No, or Unknown if laboratorians were exposed to <i>B. pseudomallei</i> while working on an isolate related to this case.
	Total number exposed	Enter number value for total count of laboratorians with some level of exposure
	Number of high risk exposure	Enter number value for total count of laboratorians designated as high risk of exposure
	Number of low risk exposure	Enter number value for total count of laboratorians designated as low risk of exposure

Investigation Tab		
NBS Field Name		Description/Instructions
➔	Travel outside of the United States in the past year?	Select Yes, No, or Unknown.
	Country/territory	Select country/territory name from drop down list.
	From date	Enter date case travelled to indicated country/territory. If immigrated from country to the United States leave blank. Approximate dates are fine.
	Return date	Enter date case left indicated country/territory. If immigrated to United States from country, use date the case entered the United States. Approximate dates are fine.
➔	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field. Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at unknown location.
➔	Imported Country	Indicate country where patient acquired illness. Required if “Out of Country” selected.
➔	Imported State	Indicate state where patient acquired illness. Required if “Out of State” selected.
⇒	<i>Imported City</i>	Indicate city where patient acquired illness.
➔	Imported County	Indicate county where patient acquired illness. Required if “Out of jurisdiction, from another jurisdiction” selected.
➔	Country of Usual Residence	Enter country where patient spends most (≥6 months) of the year. If reported as a confirmed, probable, or suspect case, should be a resident of the United States.
➔	Transmission Mode	Select “Zoonotic,” for most situations where animal exposure is indicated. Select “waterborne” for situations where exposure to water in endemic countries is indicated. If an exposure route cannot be definitively identified, select “Indeterminate”. For other situations, select most appropriate mode.
➔	Binational Reporting Criteria	Select all that apply, hold Ctrl key to select multiple. Field is used by OBPH to identify cases for binational reporting to public health partners in Canada and/or Mexico.
	Detection Method	

Investigation Tab			
NBS Field Name		Description/Instructions	
→	Confirmation Method	Select method used to determine case status.	Laboratory confirmed or laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information manually and associate with the investigation. If case is reported as “confirmed,” select “laboratory confirmed.” If case has any other status, select “laboratory report.” Epidemiologically linked – case status selected is based on epidemiological linkage; enter information regarding epi-link in appropriate fields or comments.
	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed, Probable, Suspect or Not a Case according to the case definition. See current year Disease Surveillance and Epidemiology Health Practitioner Guidance and Training Texas DSHS	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.	
General Comments			
	General Comments		

NBS Entry Guidelines for Notification

Notifications are required for confirmed and suspect cases. Suspect cases will not be included in case counts but are being tracked for programmatic review.

Mpox

General Information

The [Mpox Investigation Form 04192023 \(texas.gov\)](#) form may be completed and submitted to the DSHS Central Office via the Regional Office.

For surveillance purposes, a new case of MPXV infection meets the following criteria:

1. Healthy tissue has replaced the site of all previous lesions after they have scabbed and fallen off; **AND**
2. New lesions are present which have tested positive for orthopoxvirus or MPXV DNA by molecular methods or genomic sequencing.

NBS Entry Guidelines for Laboratory Reports

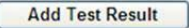
Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
→	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
→	Program Area	Enter or edit to IDEAS – Infectious Disease <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.</i>
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Select Lesion: extra-genital, Lesion: genital, or other appropriate choice, or Other with description in Result Comments.
	Specimen Site	
→	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
→	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.

Lab Report

	NBS Field Name	Description/Instructions
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional.

Click on  when the Test Result(s) section is completed and add additional lab results as needed.

Administrative

	Comments	

Ordered Test, Resulted Test and Test Results

Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
PCR for Orthopoxvirus	Orthopoxvirus DNA (Long search "ortho")	Orthopoxvirus DNA (Long search "ortho")	Detected, Not Detected, etc.
PCR for Orthopoxvirus non-variola	Orthopoxvirus. Non-variola DNA [Presence] in Specimen by NAA with probe detection (Long search "ortho")	Orthopoxvirus. Non-variola DNA [Presence] in Specimen by NAA with probe detection (Long search "ortho")	Detected, Not Detected, etc.
PCR for monkeypox virus	Monkeypox virus DNA [Presence] in Specimen by NAA with probe detection (long search "monkey")	Monkeypox virus DNA [Presence] in Specimen by NAA with probe detection (long search "monkey")	Detected, Not Detected, etc.
Viral Culture	Culture, viral (short search "viral")	Microorganism Identified (short search "microorganism")	<i>Organism:</i> Select genus and species of organism isolate If no isolate, search for "growth" and select "No growth"
Electron microscopy	Virus, electron microscopic exam (short search "virus, elec")	Virus, electron microscopy (short search "virus, elec")	<i>Text Result:</i> Describe findings
Tests for possible alternative diagnosis			
PCR for Varicella Zoster Virus (VZV)	Varicella zoster virus (VZV) PCR (DNA or RNA) (short search "varicella")	Varicella-Zoster Virus (VZV) DNA (short search VZV)	Coded Result: "detected" or "not detected"

PCR for HSV	Herpes Simplex virus (HSV), PCR (DNA or RNA) (short search "HSV")	Herpes simplex virus (HSV) DNA (short search HSV)	Coded Result: "detected" or "not detected"
PCR for Enterovirus	Enterovirus PCR (DNA or RNA) (short search "enterovirus")	Enterovirus, RNA (short search "enterovirus")	Coded Result: "detected" or "not detected"
DFA for VZV	Virus Direct Detection, by DFA (short search "DFA")	Varicella-Zoster Virus (VZV) antigen (short search "varicella")	Coded Result: "detected" or "not detected" and if known, enter titer in Numeric Result:
DFA for HSV	Virus Direct Detection, by DFA (short search "DFA")	Herpes simplex virus (HSV) antigen (short search "HSV")	Coded Result: "detected" or "not detected" and if known, enter titer in Numeric Result:

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
➔	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	<i>Program Area</i>	IDEAS – Infectious Disease – Will default based on condition.
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	<i>Investigation Status</i>	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
➔	<i>Shared Indicator</i>	Select "Yes."
	<i>State Case ID</i>	Enter number assigned for CDC tracking.
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
⇨	<i>Earliest Date Reported to County</i>	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Earliest Date Reported to State</i>	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporting Source Type</i>	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Organization</i>	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
	Reporting County	Select county where the reporting source is located
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Epidemiologic		
	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.
	Is this patient a food handler?	Select Yes, No, or Unknown.
⇒	<i>Is this case part of an outbreak?</i>	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.
Case Classification		
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.
⇒	<i>Imported Country</i>	Indicate country where patient became ill.
⇒	<i>Imported State</i>	Indicate state where patient became ill.
⇒	<i>Imported City</i>	Indicate city where patient became ill.
⇒	<i>Imported County</i>	Indicate county where patient became ill.
⇒	<i>Country of Usual Residence</i>	Indicate country where usually resides.
⇒	<i>Country of Exposure</i>	Indicate country where patient was exposed.
⇒	<i>State or Province of Exposure</i>	Indicate state where patient was exposed.
⇒	<i>City of Exposure</i>	Indicate city where patient was exposed.
⇒	<i>County of Exposure</i>	Indicate county where patient was exposed.
	Binational Reporting Criteria	
	Transmission Mode	Select from ---
	Detection Method	

Investigation			
NBS Field Name		Description/Instructions	
⇒	Confirmation Method	Select method used to determine case status. Select lab confirmed, clinical diagnosis, or epi-linked.	Laboratory confirmed –laboratory criteria required for case status selected was met. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments. Clinical Diagnosis – case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider.
→	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
	Immediate National Notifiable Condition		
	Notification Comments to CDC		
General Comments			
	General Comments	Add pertinent case notes not captured elsewhere or other comments to help understand the nature of the case.	
Vaccination History			
⇒	Did patient ever receive a vaccine against smallpox?	Select Yes, No, or Unknown.	
⇒	Reason for Vaccination Dose 1	Select from Post-exposure, Pre-exposure, Routine Pre-exposure, or Unknown.	
⇒	Reason for Vaccination Dose 2	Select from Post-exposure, Pre-exposure, Routine Pre-exposure, or Unknown.	
⇒	Reason for Vaccination Dose 3	Select from Post-exposure, Pre-exposure, Routine Pre-exposure, or Unknown.	
Risk Factors			

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Sexual Orientation</i>	Select from Bisexual, Lesbian or Gay, Other, Prefer not to answer, or Straight.
⇒	<i>Other Sexual Orientation</i>	Free text.
⇒	<i>Did the patient engage in sex and/or close intimate contact?</i>	Select Yes, No, or Unknown.
⇒	<i>Male</i>	Select Yes, No, or Unknown.
⇒	<i>If had sex with men, how many?</i>	Enter total.
⇒	<i>If unable to specify number above: Range of Male Partners</i>	Select from 1, 2-4, 5-9, 10+, or Refused to answer.
⇒	<i>Female</i>	Select Yes, No, or Unknown.
⇒	<i>If had sex with women, how many?</i>	Enter total.
⇒	<i>If unable to specify number above: Range of Female Partners</i>	Select from 1, 2-4, 5-9, 10+, or Refused to answer.
⇒	<i>Transgender Female</i>	Select Yes, No, or Unknown.
⇒	<i>If had sex with transgender female partners, how many?</i>	Enter total.
⇒	<i>If unable to specify a number above: Range of Transgender Female Partners</i>	Select from 1, 2-4, 5-9, 10+, or Refused to answer.
⇒	<i>Transgender Male</i>	Select Yes, No, or Unknown.
⇒	<i>If had sex with transgender male partners, how many?</i>	Enter total.
⇒	<i>If unable to specify number above: Range of Transgender Male Partners</i>	Select from 1, 2-4, 5-9, 10+, or Refused to answer.
⇒	<i>Other Gender Identity</i>	Select Yes, No, or Unknown.
⇒	<i>If had sex with persons of other gender identity, how many?</i>	Enter total.
⇒	<i>If unable to specify number above: Range of Other Partners</i>	Select from 1, 2-4, 5-9, 10+, or Refused to answer.
⇒	<i>If the patient engaged in sex in three weeks before symptom onset, did patient engage in group sex?</i>	Select Yes, No, or Unknown.
⇒	<i>If patient engaged in group sex, specify the date of attendance, name, and location of the event.</i>	Free text.
⇒	<i>Is this case epidemiologically linked to another confirmed or probable case?</i>	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
→	Case ID of epi-linked case 1-3	If yes, enter case ID (i.e., CAS-----TX01).
⇒	<i>Contact Type</i>	Select from Face-to-face contact, not including intimate contact (within 6 feet without mask), Health care worker, Identified air contact, Indirect contact (e.g., shared sexual partners), Other, Provide care to case – home setting, Sexual or intimate contact, Shared bathrooms (toilets, sinks, showers), Shared food, utensils, or dishes, Shared towels, bedding, or clothing, or Shared transportations.
⇒	<i>Other Contact Type</i>	Free text.
	If shared transportation, specify the type of shared transportation	Free text.
Travel History		
⇒	<i>Did patient travel during 3 weeks before first symptom appeared?</i>	Select Yes, No, or Unknown.
⇒	<i>Was the travel domestic or international?</i>	Select from Domestic or International.
⇒	<i>Country</i>	Select from drop down menu.
⇒	<i>State</i>	Select from drop down menu.
⇒	<i>City</i>	Free text.
⇒	<i>Arrival Date to Destination</i>	
⇒	<i>Departure Date from Destination</i>	
⇒	<i>Reason for Travel</i>	Select from Airline/ship crew, Business, Military, Missionary, and Other
⇒	<i>Other Reason for Travel</i>	Free text.
⇒	<i>Mode of Travel</i>	Select from Aircraft, Automobile, Airbus, Passenger Vessel, or Railway train
⇒	<i>Flight Number</i>	
⇒	<i>Seat Number</i>	
⇒	<i>Any additional comments on travel?</i>	
⇒	<i>Intimate or Sexual Contact on Trip</i>	Select Yes, No, or Unknown.
Click on Add when the Travel History entry is completed and add additional trips as needed.		
Exposures		
⇒	<i>Is this individual a health care worker who was exposed at work?</i>	Select Yes, No, or Unknown.
⇒	<i>Suspect Location of Exposure</i>	Select from Air travel contact, Domestic, International, Other, and Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	Other Suspect Location of Exposure:	Free text.
⇒	What was the likely source of exposure?	Free text.
⇒	Please provide any additional details on the location of exposure (e.g., health care setting, etc.)	Free text.
⇒	Number of Contacts this Case May Have Exposed (named or anonymous)	Enter total.
⇒	Did the patient attend any large public or private events?	Select Yes, No, or Unknown.
⇒	If attended event, specify date of attendance, name, and location of event(s)	Free text.
Laboratory Information		
→	Were any patient specimens collected?	Select Yes, No, or Unknown.
→	Performing Lab Type	Select from Academic Laboratory, CDC Lab, Commercial Laboratory, Hospital Laboratory, LRN Laboratory, Other, Public Health Laboratory, or Unknown.
⇒	Other Performing Lab Type	Free text.
→	Specimen ID	Free text.
→	Test Method	Select from Monkeypox genetic sequencing, Monkeypox PCR, Monkeypox viral culture, Non-variola orthopoxvirus PCR, Orthopoxvirus electron microscopy, Orthopoxvirus generic PCR, Orthopoxvirus immunohistochemistry, Other, or Serology.
⇒	Other Test Method	Free text.
→	Test Result	Select from Indeterminate, Negative, Not Done, Other, Pending, Positive, or Unknown.
⇒	Other Test Result	Free text.
→	Specimen Source	Select from Lesion, Lesion crust, Lesion swab, Other, or Serum.
⇒	Other Specimen Source	Free text.
→	Specimen Collection Date	Select or enter date.
⇒	Test Result Date	Select or enter date.
Click on Add when the Lab Result entry is completed and add additional results as needed.		
Signs and Symptoms		
⇒	Did patient experience symptoms during the course of illness?	Select Yes, No, or Unknown.
⇒	Fever	Select Yes, No, or Unknown.
→	Rash	Select Yes, No, or Unknown.
→	If rash, date of rash onset	

Investigation		
NBS Field Name		Description/Instructions
→	Rash Onset Date Unknown:	Select Yes or No.
⇒	<i>If rash, where on your body is the rash (choose all that apply)</i>	Select from Arms, Face, Genitals, Head, Legs, Mouth/Lips/Oral Mucosa, Neck, Other Location, Palms of hands, Perianal, Soles of feet, or Unknown.
⇒	<i>Other If rash, where on your body is the rash (choose all that apply)</i>	Free text.
⇒	<i>Enlarged Lymph Nodes (Lymphadenopathy)</i>	Select Yes, No, or Unknown.
⇒	<i>Pruritis (itching)</i>	Select Yes, No, or Unknown.
⇒	<i>Rectal Pain</i>	Select Yes, No, or Unknown.
⇒	<i>Rectal Bleeding</i>	Select Yes, No, or Unknown.
⇒	<i>Pus or Blood on Stools</i>	Select Yes, No, or Unknown.
⇒	<i>Proctitis</i>	Select Yes, No, or Unknown.
⇒	<i>Tenesmus/Urgency to Defecate</i>	Select Yes, No, or Unknown.
⇒	<i>Headache</i>	Select Yes, No, or Unknown.
⇒	<i>Malaise</i>	Select Yes, No, or Unknown.
⇒	<i>Conjunctivitis</i>	Select Yes, No, or Unknown.
⇒	<i>Abdominal Pain</i>	Select Yes, No, or Unknown.
⇒	<i>Vomiting</i>	Select Yes, No, or Unknown.
⇒	<i>Nausea</i>	Select Yes, No, or Unknown.
⇒	<i>Myalgia</i>	Select Yes, No, or Unknown.
⇒	<i>Chills</i>	Select Yes, No, or Unknown.
⇒	<i>Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?</i>	Select Yes, No, or Unknown.
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of physician diagnosis, or ♦ Date a condition specific positive laboratory result, or ♦ Date identified as a symptomatic contact of another case.
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or patient is asymptomatic.</i>
	Illness End Date	Enter or select date.
	Illness Duration	Enter value.
	Illness Duration Units	Select from drop-down list.
	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
	Age at Onset Units	Use the drop-down list next to age to select, days, months, etc.
Medical History		

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>What is the individual's HIV status?</i>	Select from HIV negative, HIV positive, or Unknown.
	If HIV positive, was the individual's viral load undetectable when it was last checked?	Select Yes, No, or Unknown.
⇒	<i>Is the individual currently receiving HIV pre-exposure prophylaxis?</i>	Select Yes, No, or Unknown.
⇒	<i>Any immunocompromising conditions (excluding HIV) or immunosuppressive medications?</i>	Select Yes, No, or Unknown.
⇒	<i>If immunocompromised, specify condition or treatment</i>	Free text.
⇒	<i>Has this individual been diagnosed with any other acute infections during this current illness?</i>	Select Yes, No, or Unknown.
⇒	<i>Specify the infections</i>	Free text.
⇒	<i>Was the patient hospitalized for this illness?</i>	Select Yes, No, or Unknown.
⇒	<i>Reason for Hospitalization</i>	Select from Breathing problems NOT requiring mechanical ventilation, Breathing problems requiring mechanical ventilation, Disseminated disease, Exacerbation of underlying condition, Other, Pain control, or Treatment for secondary infection.
⇒	<i>Other Reason for Hospitalization</i>	Free text.
⇒	<i>Hospital</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Most Recent Admission Date</i>	If patient hospitalized, enter 1 st admission date.
⇒	<i>Most Recent Discharge Date</i>	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	<i>Total Duration of Stay in the Hospital (in days)</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
	Is the patient pregnant?	
	Due Date	
	Currently breast feeding?	
General Comments		
	General Comments	

Notifications are required for confirmed and probable cases.

Mumps

General Information

The [Mumps Case Investigation Form](#) is required to be completed and submitted to the DSHS Central Office via the Regional Office. If an outbreak occurs, the [Mumps Outbreak Report Form](#) is also required to be completed and submitted to the DSHS Central Office via the Regional Office.

Information on prevention measures can be found in the Emerging and Acute Infectious Disease Guidelines:

<https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance>

The mumps vaccination history should be entered as a vaccination record in NBS and attached to the investigation. Enter the date of vaccination, age at vaccination, vaccine type, and any other available information. To search ImmTrac for this patient, within the investigation, click "Manage Associations" and under the "Vaccinations" section, click "Query Registry." Confirm the patient's information is correct then click "Submit Query." Check the box next to the vaccine to associate it with the current investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified.

Vaccine Type	NBS Selection	Manufacturers for US (2024)
MMRV (Measles-Mumps-Rubella-Varicella Virus Vaccine Live)	MMRV	ProQuad – Merck
MMR (Measles-Mumps-Rubella)	MMR	M-M-R II – Merck Priorix – GlaxoSmithKline
Measles	Measles	
Measles/Rubella	M/R	

For a complete vaccination schedule for children and adults go to:

<https://www.dshs.texas.gov/immunizations/public/schedules>.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*.

Control + Click to see [Patient Tab Lab Report Table](#).

Note: Country of Birth is a required field in the Patient Tab.

Lab Report		
NBS Field Name		Description/Instructions
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Immunizations . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.</i>

Lab Report		
NBS Field Name		Description/Instructions
	NBS Field Name	Description/Instructions
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
⇒	<i>Ordered Test</i>	Refer to table below.
➔	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Serum; Blood, venous, Urine; Other (fill in parotid or buccal)
➔	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
	Coded Result	Refer to table below.
	Numeric Result	Refer to table below. Enter units in the 2 nd box.
	Text Result	Refer to table below.
	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Culture	Mumps virus Culture (drop-down list)	Mumps Virus–Result (drop-down list)	Coded Result: "isolated" or "not isolated"
PCR	Mumps virus PCR (DNA or RNA) (short search "mumps")	Mumps virus RNA or Mumps virus RNA, CSF (short search "mumps")	Coded Result: "detected" or "not detected"

Antibody Testing for IgG	Mumps virus antibodies (drop-down list)	Mumps virus antibodies, IgG (drop-down list)	Coded Result: "positive" or "negative," or enter Numeric Result and Reference Range.
Antibody Testing for IgM	Mumps virus antibodies (drop-down list)	Mumps virus antibodies, IgM (drop-down list)	Coded Result: "positive" or "negative," or enter Numeric Result and Reference Range.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*.

Control + Click to see [Patient Tab Investigation](#).

Note: in the Patient Tab Investigation, Current Occupation is a preferred field.

Lab Report		
NBS Field Name		Description/Instructions
Iame		/Instructions
Case Info Tab		
Investigation Summary		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Immunizations – Will default based on condition.
	State Case ID	
⇨	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.

Lab Report		
NBS Field Name		Description/Instructions
lame		/Instructions
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Reporting County</i>	Select the county reporting the case.
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
⇒	<i>Hospital Information</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter admission date(s).
→	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date of physician diagnosis ◆ Date the disease/condition was added to the top 3 differential diagnoses in patient medical record. ◆ Date a condition specific laboratory test was ordered. Date identified as a symptomatic contact of another case, whichever was earliest.

Lab Report		
NBS Field Name		Description/Instructions
	lame	/Instructions
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ◆ Date of physician diagnosis (if known), or ◆ Date of the condition specific laboratory test result, or ◆ Date identified as a symptomatic contact of another case
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	
	Illness Duration	
	Age at Onset/Age Type	
	Is the patient pregnant?	If yes, enter Due Date and Patient's OB/GYN, if known
	Does the patient have pelvic inflammatory disease?	
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .
Epidemiologic		
→	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.
	Is this patient a food handler?	Select Yes, No, or Unknown.
→	Is this case part of an outbreak?	If yes, contact the NEDSS Project Office to have outbreak name entered.
→	Outbreak Name	If case is part of an outbreak, chose outbreak name from list.
→	Is the case traceable within 2 generations of international import?	Select Yes, No, or Unknown.
→	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately. Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	<i>Imported Country</i>	Indicate country where patient became ill.
⇒	<i>Imported State</i>	Indicate state where patient became ill (not TX).
	Imported City	Indicate city where patient became ill.
⇒	<i>Imported County</i>	Indicate county where patient became ill.
Case Information		
	Transmission Mode	

Lab Report			
NBS Field Name		Description/Instructions	
Name		/Instructions	
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed, or clinical diagnosis.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Clinical Diagnosis – Case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider. (See General Information for guidelines.)
→	Confirmation Date	The first date the confirmatory lab test was positive/reactive or if not available, the first date the result would have been reportable to the health department. (i.e., run date, test date)	
→	Case Status	Select Confirmed, Probable, Suspect or Not a Case according to the http://www.dshs.texas.gov/EADU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
	Immediate National Notifiable Condition	Select Yes, No, or Unknown.	
	Notification Comments to CDC		
Administrative			
	General Comments	If specimen sent to CDC for testing, enter the date and enter the result of the genotype in the comments section.	
Mumps Tab			
Symptoms			
→	Did the patient experience any symptoms related to mumps?	Select Yes, No, or Unknown.	
→	What was first symptom?	Select the first symptom experienced by the patient. Specify "Other" as needed.	
→	Parotitis (opposite 2 nd molars)?	Select Yes, No, or Unknown.	
→	Parotitis Laterality	Select Bilateral (both sides), Other (specify under "Other Parotitis Laterality," Unilateral (one side only), or Unknown	
⇒	Jaw Pain?	Select Yes, No, or Unknown.	

Lab Report		
NBS Field Name		Description/Instructions
Iame		/Instructions
⇒	Submandibular salivary gland swelling?	Select Yes, No, or Unknown.
⇒	Sublingual salivary gland swelling?	Select Yes, No, or Unknown.
	Salivary Gland Swelling (including parotitis) Onset Date	Enter date of salivary gland swelling (including parotitis) onset date.
→	Salivary Gland Swelling (including parotitis) Duration in Days	
⇒	Fever?	Select Yes, No, or Unknown. If "Yes," enter highest measured temperature and Date of Fever Onset.
⇒	Loss of Appetite?	Select Yes, No, or Unknown. If "Yes," enter onset date of this symptom.
⇒	Tiredness/Malaise?	Select Yes, No, or Unknown. If "Yes," enter onset date of this symptom.
⇒	Headache?	Select Yes, No, or Unknown. If "Yes," enter onset date of this symptom.
⇒	Myalgia/Muscle Pain?	Select Yes, No, or Unknown. If "Yes," enter onset date of this symptom.
⇒	Other symptom(s)?	Select Yes, No, or Unknown. If "Yes," specify.
Complications		
→	Did the patient experience any complications related to mumps?	Select Yes, No, or Unknown.
→	Meningitis	Select Yes, No, or Unknown. If "Yes," enter onset date of this complication.
→	Encephalitis	Select Yes, No, or Unknown. If "Yes," enter onset date of this complication.
→	Deafness	Select Yes, No, or Unknown. If "Yes," enter onset date of this complication. Enter the type of deafness [Other (specify below), Permanent, Temporary, Unknown].
→	Orchitis	Select Yes, No, or Unknown. If "Yes," enter onset date and end date of this complication.
→	Oophoritis	Select Yes, No, or Unknown. If "Yes," enter onset date of this complication.
→	Mastitis	Select Yes, No, or Unknown. If "Yes," enter onset date of this complication.
→	Pancreatitis	Select Yes, No, or Unknown. If "Yes," enter onset date of this complication.
→	Other Complications	Select Yes, No, or Unknown. If "Yes," enter onset date of this complication and specify.
Laboratory		
→	Was laboratory testing done to confirm the diagnosis?	Select Yes, No, or Unknown. If "Yes," enter laboratory information below.

Lab Report		
NBS Field Name		Description/Instructions
Name		/Instructions
→	Was the case laboratory confirmed?	Select Yes, No, or Unknown.
	Was a specimen sent to CDC for testing?	Select Yes, No, or Unknown.
Lab Repeating Block – enter as many labs as needed. Click “Add” for each lab entered.		
→	Test Type	Select from the drop-down list.
	Other Test Type	
→	Test Result (Qualitative)	Select from the drop-down list.
⇒	<i>Test Result (Quantitative)</i>	Enter quantitative test result if available.
	Quantitative Test Result Units	
→	Lab Report Date	Enter date.
→	Specimen Collection Date	Enter date.
	Specimen ID	Lab specimen ID issued.
→	Specimen Source	Select from the drop-down list.
	Other Specimen Source	
⇒	<i>Date Specimen Sent to CDC</i>	If specimen sent to CDC for testing, enter the date and enter the result of the genotype in the comments section.
⇒	<i>Performing Lab Type</i>	
	Other Performing Lab Type	
⇒	<i>Lab Test Ordering Provider</i>	Free text field. Enter provider information.
⇒	<i>Lab Test Reporting Facility</i>	Free text field. Enter reporting facility information.
Vaccine Preventable Disease (VPD) Lab Message Linkage		
	VPD Lab Message Reference Laboratory	
	VPD Lab Message Patient Identifier	
	VPD Lab Message Specimen Identifier	
Epidemiology		
⇒	<i>Length of time in the U.S. since last travel</i>	Enter number and select from the dropdown list the number units of time.
→	International Destination(s) of Recent Travel	Select all countries that apply.
⇒	<i>Date of Return from Travel</i>	
→	Transmission Setting	Select from dropdown list. If case is in a facility that houses detained migrants, please choose “Other.”
⇒	<i>Were age and setting verified?</i>	Select Yes, No, or Unknown.
→	Is the patient a resident in a congregate care/living setting?	Select Yes, No, or Unknown.
→	Type of Residence	If patient lives in a congregate setting, select the most appropriate answer from the dropdown list. If “Other,” specify.
→	Was the patient homeless?	Select Yes, No, or Unknown.

Lab Report		
NBS Field Name		Description/Instructions
Name		/Instructions
→	Was symptom onset 12-25 days of entering U.S., following travel/living outside U.S.? (Import Status)	Select Yes, No, or Unknown. Please select Yes for any travel and document travel in the General Comments section if there is General Information.
→	If this is a U.S.-acquired case, how should the case be classified by source? (Import Status)	For definitions on source case classification, refer to https://ndc.services.cdc.gov/case-definitions/mumps-2024/
→	Is this case epi-linked to another confirmed or probable case?	Select Yes, No, or Unknown.
⇒	<i>Confirmed previous natural disease</i>	Select Yes, No, or Unknown.
Vaccination Information		
→	Did the patient ever receive mumps-containing vaccine?	Select Yes, No, or Unknown. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified and select answer "Unknown."
→	Date of 1st MMR Vaccine	Enter date if received.
→	Date of 2nd MMR Vaccine	Enter date if received.
→	Date of 3rd MMR Vaccine	Enter date if received.
→	If 3rd MMR dose received, was this due to a 3rd dose vaccination clinic?	Select Yes, No, or Unknown.
→	Number of doses received ON or AFTER first birthday	Enter number.
→	Number of vaccine doses against mumps received prior to illness onset	Enter number.
→	Date of last dose prior to illness onset	Enter date. This date should match the newest MMR vaccine date given.
→	Was the patient vaccinated per ACIP recommendations?	Select Yes, No, or Unknown.
→	Reason patient not vaccinated per ACIP recommendations	Select from dropdown list. If "Other," specify.
⇒	<i>Notes pertaining to the patient's vaccination history</i>	Enter information as needed.
Contact Record Tab		
→	Name	First name and last name of contact
→	Relationship to Case	Select from dropdown list.
→	Age	Enter age and appropriate units.
⇒	<i>Mumps Disease History</i>	Select Yes, No, or Unknown.
⇒	<i>Mumps Vaccine History</i>	Select from dropdown list.

NBS Entry Guidelines for Notification

Notifications are required for confirmed, probable, and suspect cases.

Neisseria meningitidis, invasive (Mening disease)

General Information

Cases of meningococcal disease should be reported to DSHS Central Office immediately. Upon completion, the [Meningococcal Infection Investigation Form](#) is required and should be sent to DSHS Central Office via the Regional office.

Information on treatment and prevention measures can be found in the Emerging and Acute Infectious Disease Guidelines: <https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance>

The meningococcal vaccination history should be entered as a vaccination record in NBS and attached to the investigation. Enter the date of vaccination, age at vaccination, vaccine type, and any other available information. Include the name of the vaccine (e.g., Menactra) in the comments field. To search ImmTrac for this patient, within the investigation, click "Manage Associations" and under the "Vaccinations" section, click "Query Registry." Confirm the patient's information is correct then click "Submit Query." Check the box next to the vaccine to associate it with the current investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified.

A summary of available meningococcal vaccines can be found at:

<https://www.cdc.gov/vaccines/vpd/mening/hcp/about-vaccine.html>

A summary of meningococcal vaccine recommendations can be found at:

<https://www.cdc.gov/meningococcal/hcp/vaccine-recommendations/index.html>

Vaccine Type	NBS Selection	Manufacturers (2025)
Unspecified meningococcal A,C,Y,W-135 diphtheria conjugate	Meningococcal ACWY, unspecified formulation	Use for unknown manufacturer
Meningococcal C conjugate (Not licensed for use in US.)	Meningococcal C conjugate	*NeisVac-C – GlaxoSmithKline *Men C or Meningitec – Wyeth *Menjugate – Sanofi Pasteur MSD
Meningococcal (Serogroups A, C, Y and W-135) Diphtheria Toxoid Conjugate Vaccine	Meningococcal conjugate (MCV4, Menactra)	Menactra (MCV4P) – Aventis Pasteur
Meningococcal (Groups A, C, Y, W) Conjugate Vaccine	Meningococcal conjugate (MCV4, MenQuadfi)	MenQuadfi – Sanofi Pasteur
Meningococcal (Serogroups A, C, Y and W-135) Diphtheria CRM197 Conjugate Vaccine	Meningococcal oligosaccharide (groups A, C, Y and W-135) diphtheria toxoid conjugate vaccine (MCV4O)	Menveo (MCV4O) – Novartis
Meningococcal polysaccharide vaccine, Groups A, C, Y and W combination, with Group B recombinant (pentavalent vaccine)	Meningococcal polysaccharide (MPSV5, Penbraya)	Penbraya – Pfizer
Meningococcal polysaccharide vaccine, Groups A, C, Y and W combination, with Group B recombinant (pentavalent vaccine)	Meningococcal polysaccharide (MPSV5, Penmenvy)	Penmenvy – GlaxoSmithKline

Vaccine Type	NBS Selection	Manufacturers (2025)
Unspecified pentavalent vaccine	Meningococcal polysaccharide (MPSV5), unspecified formulation	Use for unknown manufacturer
Meningococcal polysaccharide vaccine, Groups A, C, Y and W-135 combination	Meningococcal MPSV4	*Menomune A/C/Y/W-135 (MPSV4) – Aventis Pasteur
Bivalent meningococcal (Groups C,Y) <i>Haemophilus influenzae</i> type b conjugate	Meningococcal C/Y-HIB PRP	*MenHibrix (Hib-MenCY) GlaxoSmithKline
Meningococcal Group B recombinant vaccine	Meningococcal B, recombinant	Bexsero (MenB) – Novartis; Trumenba (MenB) – Pfizer

*Historic

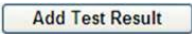
For a complete vaccination schedule for children and adults go to:

<https://www.dshs.texas.gov/immunizations/public/schedules>.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by **e** and **BOLD** and other preferred data entry fields by [and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Meningitis/Invasive Respiratory Disease . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇒	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
➔	Ordered Test	Refer to table below.

Lab Report		
NBS Field Name		Description/Instructions
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood venous; Cerebral spinal fluid; Synovial fluid (Joint fluid); Pleural fluid (thoracentesis fld); Other (specify in comments).
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	➔ Ordered Test	➔ Resulted Test	➔ Test Result(s)
CSF Culture	Culture, CSF (drop-down list or short search "culture")	Neisseria meningitidis Identified (short search "mening")	Organism: Neisseria meningitidis including group if typed (short search "mening")
Blood Culture	Culture, Blood (drop-down list or short search "culture")	Neisseria meningitidis Identified (short search "mening")	Organism: Neisseria meningitidis including group if typed (short search "mening")
Culture of sterile body fluid (such as synovial, pleural, or pericardial)	Culture, Body Fluid (short search "culture")	Neisseria meningitidis Identified (short search "mening")	Organism: Neisseria meningitidis including group if typed (short search "mening")
Immunohistochemistry (IHC), or latex agglutination test	Neisseria meningitidis antigen (short search "mening")	Neisseria meningitidis antigen (short search "mening")	Coded Result: "detected" or "not detected" AND Text Result: Describe test method

PCR test	Neisseria meningitidis, PCR (DNA or RNA) (short search "mening")	Neisseria meningitidis, PCR (DNA or RNA) (short search "mening")	Coded Result: "detected" or "not detected" OR Numeric Result and Reference Range
Gram negative diplococci in sterile source specimen	Gram stain (drop-down list)	Gram stain (drop-down list)	Text Result: Type a description of findings (e.g., Gram negative diplococci)

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
➔	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	<i>Program Area</i>	IDEAS- Meningitis/Invasive Respiratory – Will default based on condition
	State Case ID	
	ABC's Case ID	Not applicable for Texas
➔	<i>Investigation Start Date</i>	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	<i>Investigation Status</i>	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	Share record with Guests for this Program Area and Jurisdiction	
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator
	ABC's Investigator	Not applicable for Texas
Other Patient Information		
	Type of Insurance	
	Specify Other	
	Weight	
	Height	
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select

Investigation		
NBS Field Name		Description/Instructions
		"other state and local agencies." If none of the categories apply, note source in comments.
⇒	Reporting Source (Organization)	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	Reporter	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Enter Yes, No, or Unknown
	Patient Chart Number	
➔	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Admission Date	If patient hospitalized, enter admission date(s).
➔	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	Duration of Stay	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
	ABC's Culture Hospital	Not applicable for Texas
	ABC's Treatment Hospital	Not applicable for Texas
	Was patient transferred from another hospital?	Not applicable for Texas
	ABC's Transfer Hospital	Not applicable in Texas
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i> If onset date is unknown. "Date first positive culture obtained" must be filled in.
	Illness End Date	
➔	Types of Infection caused by organism	Select primary diagnosis or if specimen source is cerebrospinal fluid, select meningitis; if blood, select bacteremia without focus; and if other select as appropriate.
	Other Infection	
➔	Bacterial species isolated from any normally sterile site	Defaults to <i>Neisseria meningitidis, invasive.</i> (Selection of another organism will result in a change of condition. If the condition is in a different program area it will go to an error page.

Investigation

NBS Field Name		Description/Instructions
		Enter the case as condition consistent with the organism isolated.)
	If polymicrobial ABCs case, indicate other non-ABCs bacterial species isolated from any normally sterile site:	Not applicable for Texas
	Specify Other 1	Not applicable for Texas
	Specify Other 2	Not applicable for Texas
→	Date first positive culture obtained	Required if onset date is unknown. Enter earliest collection date of specimens that are culture positive.
→	Sterile site from which organism isolated	Select site(s) from drop-down list that match sterile specimens with lab reports. (See normally sterile site definition in the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/)
	Specify Internal Body Site	
	Other Normally Sterile Site	
	Non-sterile sites from which organism isolated	
	Other Nonsterile Site	
⇒	<i>Did the patient have any underlying conditions?</i>	Enter Yes, No, or Unknown
	Underlying Conditions	
	Transplanted organ	If the underlying condition is "organ transplant," specify the organ
	Other malignancy	If the underlying condition is "other malignancy," specify the malignancy
	Other prior illness	If the underlying condition is "prior illness," specify the illness (up to three)
	Other prior illness 2	
	Other prior illness 3	
	Is patient < 1 month of age?	Not applicable for Texas
	Time of Birth	Not applicable in Texas
	Gestational Age	Not applicable in Texas
	Birthweight	Not applicable in Texas
→	Did the patient die from this illness?	If patient died from <i>Neisseria meningitidis</i> , enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .
→	What was the serogroup?	Enter the specific serogroup, if known. If serogroup testing is pending, see below. If the isolate was not forwarded for serotyping or if serotyping could not be performed, select "Unknown"
→	Other serogroup	If serogroup testing is pending, select "Other (specify)" and enter "pending."
	How was case identified?	
	Other Sterile Site	If "culture from other sterile site" is selected, please enter the site
	Specify IHC Specimen 1	

Investigation		
NBS Field Name		Description/Instructions
	Specify IHC Specimen 2	If "N. meningitidis antigen by IHC" is selected, specify the specimen (up to three)
	Specify IHC Specimen 3	
	Specify PCR Source	If "N. meningitidis DNA by PCR" is selected, specify the PCR source
	Other Identification Method	If "other" is selected, specify the identification method
	If case identified by non-culture method, date sample collected for diagnostic testing:	
	Is this a secondary case?	
	Specify type	
	Specify other	
⇒	<i>If N. Meningitidis was isolated from blood or CSF, was it resistant to Sulfa?</i>	Enter Yes, No, or Unknown
⇒	<i>If N. Meningitidis was isolated from blood or CSF, was it resistant to Rifampin?</i>	Enter Yes, No, or Unknown
➔	Is the patient currently attending college? (15-24 years only)	Enter "yes" for any type of college or university (2-year, 4-year, etc.)
⇒	<i>Year in school</i>	
⇒	<i>Full-time or part-time student (as defined by college)</i>	
➔	Housing	
➔	Other Housing	
➔	College Organization	Conduct search for College as needed. <i>Note: If not found, search by city, etc. and then enter new college/university as needed.</i>
Vaccine Information		
➔	Has patient received the polysaccharide meningococcal vaccine?	If yes, please enter data in the Vaccination Record. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified and select answer "Unknown."
➔	Has patient received the conjugate meningococcal vaccine?	If yes, please enter data in the Vaccination Record. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified and select answer "Unknown."
Epidemiologic		
➔	If < 6 year of age, is the patient in daycare?	Answer this question for any age child (including afterschool daycare)
➔	Day Care Facility	Conduct search for daycare facility.

Investigation			
NBS Field Name		Description/Instructions	
		Note: If not found, search by city, etc. and then enter new Day Care as needed.	
➔	Was the patient a resident of a nursing home or other chronic care facility at the time of first positive culture?	Enter Yes, No, or Unknown	
➔	Chronic Care Facility	Conduct search for chronic care facility Note: If not found, search by city, etc. and then enter new Chronic Care Facility as needed.	
➔	Is this case part of an outbreak?	If yes, contact the NEDSS Project Office to have outbreak name entered	
➔	Outbreak Name	If case is part of an outbreak, chose outbreak name from list.	
⇒	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	Imported Country	Indicate country where patient became ill.	
⇒	Imported State	Indicate state where patient became ill (not TX).	
⇒	Imported City	Indicate city where patient became ill.	
⇒	Imported County	Indicate county where patient became ill.	
➔	Confirmation Method	Select method used to determine case status. Select lab confirmed or clinical diagnosis.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Clinical diagnosis (suspect cases only) – Case status selected is based on clinical diagnosis of purpura fulminans as evidenced by diagnosis reported by physician or health care provider.
➔	Case Status	Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
➔	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
➔	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
Administrative			

Investigation		
NBS Field Name		Description/Instructions
	Was the case first identified through audit?	Not applicable for Texas
	Does this case have recurrent disease with the same pathogen	Not applicable for Texas
	Case Report Status	Not applicable for Texas
⇒	General Comments	If patient traveled or attended any events or gatherings in the 2 weeks prior to illness onset, please describe here.
Custom Fields		
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date of physician diagnosis and presumptive positive test (Chapter 22: Laboratory Support for Surveillance of Vaccine-Preventable Diseases Manual for the Surveillance of Vaccine-Preventable Diseases CDC), or ◆ Date a laboratory test result was positive; or ◆ Date a condition-specific laboratory test was ordered, whichever was earliest.
Condition Specific Custom Fields		
→	Date Earliest Public Health Control Measure Initiated	Date of earliest public health intervention including: ◆ Confirm that symptomatic individuals are placed on droplet precautions until 24 hours after effective antibiotic treatment. ◆ Review high risk exposures with medical provider. ◆ Interview patient or surrogate for contact tracing. ◆ Work with school, daycare, or long-term care facility to identify and notify close contacts. ◆ Recommend or administer chemoprophylaxis as indicated. ◆ Initiate quarantine as needed. ◆ Educate contacts on risk, transmission, and symptoms. ◆ Request hospital or laboratory to forward the isolate to the DSHS lab

NBS Entry Guidelines for Notification

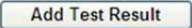
Notifications are required for confirmed and probable cases.

Oropouche Virus Disease, congenital

NBS Entry Guidelines for Laboratory Reports

Complete the [Arbovirus case investigation form](#). Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

NBS Field Name		Description/Instructions
Order Information		
→	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
→	Program Area	Enter or edit to Zoonosis . Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Select appropriate source, usually Serum, Urine or Cerebral Spinal Fluid
	Specimen Site	
→	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	Select hospitalized, outpatient, or unknown.
	Pregnant	Select Yes, No, or Unknown.
	Weeks	Enter number of weeks pregnant.
Test Result(s)		
→	Resulted Test and Test Result(s)	Refer to table below and use appropriate fields below.
⇨	<i>Coded Result</i>	Refer to table below.
⇨	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇨	<i>Text Result</i>	Refer to table below.
⇨	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	Select corrected, final, preliminary or results pending.
	Result comments	Enter comments as needed.

NBS Field Name		Description/Instructions
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇌ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Isolation of Oropouche virus from tissue, blood, CSF, or other body fluid	Arbovirus Culture (short search "arbo")	Arbovirus Identified (short search "arbo")	Text Result: Enter "Oropouche virus" and detection method
Oropouche virus nucleic acid detection or other Zika antigen detection	Arbovirus - Result (short search "arbo")	Zika virus RNA (long search "Zika")	Coded Result: "positive," "negative," or "indeterminate" -or- Numeric Result: CT value and units and Reference Range AND- Text Result: Enter "Oropouche virus" and test method (PCR, NAT or similar).
Oropouche-specific neutralizing antibodies by a plaque reduction neutralization test (PRNT)	Arbovirus Ab (method: Neut) (long search "arbo")	Arbovirus Ab (method: Neut) (long search "arbo")	Coded Result: "positive," "negative," or "indeterminate" AND- Numeric Result: titer value and Reference Range AND- Text Result: Enter "Oropouche virus" and test method (PRNT).
Oropouche-specific IgM antibodies	Arbovirus antibody, IgM (short search "arbo")	Arbovirus antibody, IgM (short search "arbo")	Coded Result: "positive," "negative," "equivocal", etc. AND- Text Result: Enter "Oropouche virus" Optional addition - Numeric Result: value or titer, and Reference Range

NBS Entry Guidelines for Investigation

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

NBS Field Name		Description/Instructions
Investigation Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	Zoonosis - Will default based on condition chosen.
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a non-negative condition specific laboratory result was ordered (e.g. specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.

NBS Field Name		Description/Instructions
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Reporting Provider	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	"Physician" auto populates if investigation is created from a lab report. Search for physician or health practitioner as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Duration will auto-populate if "Admission Date" and "Discharge date" are entered. If admission date is same as discharge date, enter 1.
	Hospitalized at a Second Hospital	Select Yes, No, or Unknown.
	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date
	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
	Hospital Duration 2	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed
	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
	Hospital Discharge 3 Date	If patient hospitalized, enter 3 rd discharge/transfer date.
	Hospital 3 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Laboratory Test Table	Enter every Oropouche-specific test performed relevant to this case, regardless of result . Select "Add" after completing the following five fields for each test to add it to the table.

NBS Field Name		Description/Instructions
➔	Test Type	Select appropriate response from drop-down list, based on specimen and assay type.
➔	Test Result/Interpretation	Select Positive, Equivocal, Negative or Not Done.
➔	Specimen Type	Select appropriate response from drop-down list.
➔	Specimen Collection Date	Enter collection date of specimen.
➔	Performing Lab Type	Select "CDC Lab," "Commercial Laboratory" or "State Public Health Lab."
Click on Add when the Diagnostic Lab Test Findings section is completed and add additional lab results as needed.		
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ♦ Date a condition specific laboratory test was positive
➔	Illness Onset Date	Enter the specimen collection date as the onset date. May not be left blank.
	Age at Onset	Will automatically fill in based on onset date.
	Age at Onset Units	Use the drop-down list next to it to select, days, months, etc.
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Date of Death	Enter date of death if applicable.
⇒	<i>Fever</i>	Select No or Unknown.
	<i>Max Temp(F)</i>	
⇒	<i>Chills</i>	Select No or Unknown.
⇒	<i>Headache</i>	Select No or Unknown.
⇒	<i>Anorexia</i>	Select No or Unknown.
⇒	<i>Conjunctivitis</i>	Select No or Unknown.
⇒	<i>Retro-orbital pain</i>	Select No or Unknown.
⇒	<i>Severe malaise</i>	Select No or Unknown.
⇒	<i>Nausea/vomiting</i>	Select No or Unknown.
⇒	<i>Diarrhea</i>	Select No or Unknown.
⇒	<i>Stiff neck</i>	Select No or Unknown.
⇒	<i>Muscle weakness</i>	Select No or Unknown.
⇒	<i>Myalgia</i>	Select No or Unknown.
⇒	<i>Joint/bone pain</i>	Select No or Unknown.
⇒	<i>Rash</i>	Select No or Unknown.
	<i>Describe</i>	
⇒	<i>Vertigo</i>	Select No or Unknown.
⇒	<i>Altered taste</i>	Select No or Unknown.
⇒	<i>Abnormal reflexes</i>	Select No or Unknown.
⇒	<i>Nerve palsies</i>	Select No or Unknown.
⇒	<i>Ataxia</i>	Select No or Unknown.

NBS Field Name		Description/Instructions
⇒	<i>Altered mental state</i>	Select No or Unknown.
⇒	<i>Confusion</i>	Select No or Unknown.
⇒	<i>Seizures</i>	Select No or Unknown.
⇒	<i>Paralysis</i>	Select No or Unknown.
⇒	<i>CSF pleocytosis</i>	Select No or Unknown.
⇒	<i>Demyelinating neuropathy</i>	Select No or Unknown.
⇒	<i>Neuritis</i>	Select No or Unknown.
⇒	<i>Arthritis</i>	Select No or Unknown.
⇒	<i>Persistent vomiting</i>	Select No or Unknown.
⇒	<i>Oral ulcer</i>	Select No or Unknown.
⇒	<i>Other Symptoms</i>	Select No or Unknown.
⇒	<i>Dengue patient?</i>	Select No (even if co-infected).
	Abdominal pain	N/A
	Leukopenia	N/A
	Extravascular fluid accumulation	N/A
	Positive tourniquet test	N/A
	Petechiae	N/A
	Purpura/Ecchymosis	N/A
	Mucosal bleeding	N/A
	Liver enlargement	N/A
	Thrombocytopenia	N/A
	Increasing hematocrit	N/A
	Severe plasma leakage with respiratory distress	N/A
	Severe bleeding	N/A
	Severe organ involvement	N/A
	Elevated liver transaminases	N/A
	Impaired consciousness	N/A
	Is the patient pregnant?	N/A – Do not answer maternal questions for congenital case.
	Pregnancy complications	N/A
	Pregnancy outcome	N/A
	Mother's last menstrual period before delivery	N/A
➔	Newborn complications	Select from "Congenital anomaly of central nervous system," "intracranial calcification," "intrauterine growth retardation," "limb defects," "microcephaly," and/or "ocular defects."
⇒	<i>Mother-Infant case ID linkage 1</i>	Add investigation ID (CAS#) of paired mother's (or twins, if applicable) Oropouche investigation, if available.
⇒	<i>Mother-Infant Case ID Linkage 2</i>	

NBS Field Name			Description/Instructions
⇒	Mother-Infant Case ID Linkage 3		
	Is patient enrolled in the US Zika Pregnancy Registry?		Leave blank. Registry not open.
Epidemiologic			
→	Clinical Syndrome		Select "Congenital infection."
	Other Clinical Syndrome		
⇒	Clinical Syndrome, Secondary		Leave blank or select None if not applicable.
⇒	Other Clinical Syndrome, Secondary		If Other selected for Secondary Clinical Syndrome, describe in free text.
→	Blood donor		Select No (infants cannot donate blood).
	Date of Donation		
→	Identified by Blood Donor Screening		Select No (infants cannot donate blood).
→	Blood Transfusion Received		Select Yes, No, or Unknown.
→	Organ Donor		Select Yes, No, or Unknown.
→	Organ Transplant Received		Select Yes, No, or Unknown.
→	Breast Fed Infant		Select Yes, No, or Unknown. Indicates whether the patient is a newborn who was consuming breast milk before diagnosis.
→	Lab acquired		Indicates whether infection thought to be acquired via laboratory exposure.
	Average number of hours spent outdoors each day (in 30 days prior to onset)		
→	Type of Arbovirus		Select "Oropouche virus."
	Dengue (DENV) Serotype		N/A
→	CDC Publish Indicator		Select "yes" to share with CDC.
⇒	Is this case part of an outbreak?		Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
⇒	Outbreak Name		Select outbreak name from drop-down list.
→	Where was the disease acquired?	Indicate where disease was acquired.	Indigenous – infant acquired the infection from the mother and not through direct travel.
	Imported Country		N/A
	Imported State		N/A
	Imported City		N/A
	Imported County		N/A
→	Transmission Mode		Select "In-Utero (transplacental)."
	Detection Method		Select appropriate response from drop-down list.

NBS Field Name				Description/Instructions	
→	Confirmation Method		Indicate method(s) used to determine case status. Select lab confirmed.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Or select other relevant option if not lab confirmed.	
	Confirmation Date		Date criteria for the case status of the case were met.		
→	Case Status		Select Confirmed, Probable, or Not a Case according to the case definition.		
→	MMWR Week		Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.		
→	MMWR Year		Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.		
	Country of Usual Residence		Select country of usual residence from drop-down list.		
	Country of Birth		Select country of birth from drop-down list.		
⇒	<i>Binational Reporting Criteria</i>		Select binational reporting criteria from drop-down list (Use Ctrl to select more than one).		
Public Health Control Measures					
⇒	<i>Date initial public health control measures were initiated</i>		Select appropriate date.		
⇒	<i>Public health control measures used</i>		Select all appropriate control measures from drop-down; use "Other" as needed.		
	Other public health control measures used		If "Other" selected above, describe measure(s) used.		
⇒	<i>Indicate barriers to timely initiation of control measures</i>		Select all barriers from drop-down; use "Other" as needed.		
	Other barriers to timely initiation of public health control measures		If "Other" selected above, describe barrier(s) experienced.		
General Comments					
	General Comments		Enter comments as needed.		

NBS Entry Guidelines for Notification

Notifications are required for confirmed, probable, and suspect cases.

Suspect cases will not be included in case counts but are being tracked for programmatic review.

Oropouche Virus Disease, non-congenital

NBS Entry Guidelines for Laboratory Reports

Complete the [Arbovirus case investigation form](#). Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

NBS Field Name			Description/Instructions
Order Information			
➔	Reporting Facility		Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>		Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>		Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area		Enter or edit to Zoonosis . Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.
➔	Jurisdiction		Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>		Enter date result was reported to provider if available.
➔	Date Received by Public Health		"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>		Refer to table below.
	Accession Number		Enter unique ID assigned to specimen.
➔	Specimen Source		Select appropriate source, usually Serum, Urine or Cerebral Spinal Fluid
	Specimen Site		
➔	Date Specimen Collected		Enter date specimen collected.
	Patient Status at Specimen Collection		Select hospitalized, outpatient, or unknown.
	Pregnant		Select Yes, No, or Unknown.
	Weeks		Enter number of weeks pregnant.
Test Result(s)			
➔	Resulted Test and Test Result(s)		Refer to table below and use appropriate fields below.
⇨	<i>Coded Result</i>		Refer to table below.
⇨	<i>Numeric Result</i>		Refer to table below. Enter units in the 2 nd box.
⇨	<i>Text Result</i>		Refer to table below.
⇨	<i>Reference Range</i>		If applicable, enter the reference range or cut-off value for normal results.
	Result status		Select corrected, final, preliminary or results pending.

NBS Field Name		Description/Instructions
	Result comments	Enter comments as needed.
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Isolation of Oropouche virus from tissue, blood, CSF, or other body fluid	Arbovirus Culture (short search "arbo")	Arbovirus Identified (short search "arbo")	Text Result: Enter "Oropouche virus" and detection method
Oropouche virus nucleic acid detection or other antigen detection	Oropouche virus RNA (long search "oropo")	Oropouche virus RNA (long search "oropo")	Coded Result: "positive," "negative," or "indeterminate" -or- Numeric Result: CT value and units and Reference Range
Oropouche-specific neutralizing antibodies by a plaque reduction neutralization test (PRNT)	Oropouche virus Ab.Neut (long search "oropo")	Oropouche virus Ab.Neut (long search "oropo")	Coded Result: "positive," "negative," or "indeterminate" AND- Numeric Result: titer value and Reference Range AND- Text Result: test method (PRNT).
Oropouche-specific IgM antibodies	Oropouche virus Ab.IgM (long search "oropo")	Oropouche virus Ab.IgM (long search "oropo")	Coded Result: "positive," "negative," "equivocal", etc. AND- Text Result: Enter "Oropouche virus" Optional addition - Numeric Result: value or titer, and Reference Range

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Information	

Investigation		
NBS Field Name		Description/Instructions
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Zoonosis - Will default based on condition chosen.
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a non-negative condition specific laboratory result was ordered (e.g. specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>

Investigation		
NBS Field Name		Description/Instructions
Clinical		
⇒	Physician	"Physician" auto populates if investigation is created from a lab report. Search for physician or health practitioner as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Duration will auto-populate if "Admission Date" and "Discharge date" are entered. If admission date is same as discharge date, enter 1.
	Hospitalized at a Second Hospital	Select Yes, No, or Unknown.
	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date
	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
	Hospital Duration 2	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed
	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
	Hospital Discharge 3 Date	If patient hospitalized, enter 3 rd discharge/transfer date.
	Hospital 3 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Laboratory Test Table	Enter every Oropouche-specific test performed relevant to this case, regardless of result . Select "Add" after completing the following five fields for each test to add it to the table.
➔	Test Type	Select appropriate response from drop-down list, based on specimen and assay type.
➔	Test Result/Interpretation	Select Positive, Equivocal, Negative or Not Done.
➔	Specimen Type	Select appropriate response from drop-down list.
➔	Specimen Collection Date	Enter collection date of specimen.
➔	Performing Lab Type	Select "CDC Lab," "Commercial Laboratory" or "State Public Health Lab."

Investigation		
NBS Field Name		Description/Instructions
Click on Add when the Diagnostic Lab Test Findings section is completed and add additional lab results as needed.		
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ♦ Date a condition specific laboratory test was positive
→	Illness Onset Date	Enter "Illness Onset Date."
	Age at Onset	Enter number. Default is years. Use days if <1 month, months for ≥1 month and <1 year, and years for ≥1 year. Note: <i>Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
	Age at Onset Units	Use the drop-down list to select, days, months, etc. Note: <i>Unit will auto-populate if "Date of Birth" and "Illness Onset Date" are entered.</i>
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
→	Date of Death	Enter date of death if applicable.
→	Fever	Select Yes, No, or Unknown.
	Max Temp(F)	If "Yes," enter highest temperature, if known.
⇒	<i>Chills</i>	Select Yes, No, or Unknown.
→	Headache	Select Yes, No, or Unknown.
⇒	<i>Anorexia</i>	Select Yes, No, or Unknown.
⇒	<i>Conjunctivitis</i>	Select Yes, No, or Unknown.
→	Retro-orbital pain	Select Yes, No, or Unknown.
⇒	<i>Severe malaise</i>	Select Yes, No, or Unknown.
⇒	<i>Nausea/vomiting</i>	Select Yes, No, or Unknown.
⇒	<i>Diarrhea</i>	Select Yes, No, or Unknown.
→	Stiff neck	Select Yes, No, or Unknown.
⇒	<i>Muscle weakness</i>	Select Yes, No, or Unknown.
→	Myalgia	Select Yes, No, or Unknown.
→	Joint/bone pain	Select Yes, No, or Unknown.
⇒	<i>Rash</i>	Select Yes, No, or Unknown.
	Describe	If "Yes," enter description of rash.
⇒	<i>Vertigo</i>	Select Yes, No, or Unknown.
⇒	<i>Altered taste</i>	Select Yes, No, or Unknown.
⇒	<i>Abnormal reflexes</i>	Select Yes, No, or Unknown.
⇒	<i>Nerve palsies</i>	Select Yes, No, or Unknown.
⇒	<i>Ataxia</i>	Select Yes, No, or Unknown.
→	Altered mental state	Select Yes, No, or Unknown.
⇒	<i>Confusion</i>	Select Yes, No, or Unknown.
→	Seizures	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Paralysis</i>	Select Yes, No, or Unknown.
➔	CSF pleocytosis	Select Yes, No, or Unknown.
⇒	<i>Demyelinating neuropathy</i>	Select Yes, No, or Unknown.
⇒	<i>Neuritis</i>	Select Yes, No, or Unknown.
⇒	<i>Arthritis</i>	Select Yes, No, or Unknown.
⇒	<i>Persistent vomiting</i>	Select Yes, No, or Unknown.
⇒	<i>Oral ulcer</i>	Select Yes, No, or Unknown.
⇒	<i>Other Symptoms</i>	Select Yes, No, or Unknown.
⇒	<i>Dengue patient?</i>	Select No (even if co-infected).
	Abdominal pain	N/A
	Leukopenia	N/A
	Extravascular fluid accumulation	N/A
	Positive tourniquet test	N/A
	Petechiae	N/A
	Purpura/Ecchymosis	N/A
	Mucosal bleeding	N/A
	Liver enlargement	N/A
	Thrombocytopenia	N/A
	Increasing hematocrit	N/A
	Severe plasma leakage with respiratory distress	N/A
	Severe bleeding	N/A
	Severe organ involvement	N/A
	Elevated liver transaminases	N/A
	Impaired consciousness	N/A
➔	Is the patient pregnant?	Select Yes, No, or Unknown. Select yes if patient was pregnant while infected, even if the patient is not pregnant at the time of case reporting in NBS. Field is unavailable for entry for male patients.
➔	Pregnancy complications	Select from "fetal growth abnormality," "fetus with central nervous system (CNS) abnormalities," "intracranial calcification," or "microcephaly." Leave blank if no complications detected.
➔	Pregnancy outcome	Select from "delivery (live birth)," "fetal death (fetal loss)," "perinatal death," "premature birth of newborn," "still pregnant," "stillbirth (intrauterine fetal death)," or "therapeutic termination of pregnancy."
⇒	<i>Mother's last menstrual period before delivery</i>	Enter LMP for this pregnancy.
	Newborn complications	Leave blank for non-congenital cases. List pregnancy complications for pregnant cases in Pregnancy Complications question above.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Mother-Infant Case ID Linkage 1</i>	Add investigation ID (CAS#) of paired infant's Oropouche investigation, if available.
⇒	<i>Mother-Infant Case ID Linkage 2</i>	
⇒	<i>Mother-Infant Case ID Linkage 3</i>	
⇒	<i>Is patient enrolled in the US Zika Pregnancy Registry?</i>	Leave blank. Registry is closed.
Epidemiologic		
➔	Clinical Syndrome	Select "Febrile illness" if fever has non-neuroinvasive symptoms and appropriate neurological manifestation such as "Meningitis" if patient has neuroinvasive symptoms.
	Other Clinical Syndrome	If Other selected for Clinical Syndrome, describe in free text.
⇒	<i>Clinical Syndrome, Secondary</i>	Leave blank or select None if not applicable.
	Other Clinical Syndrome, Secondary	If Other selected for Secondary Clinical Syndrome, describe in free text.
➔	Blood donor	Select Yes, No, or Unknown.
➔	Date of Donation	Enter date of donation.
➔	Identified by Blood Donor Screening	Select Yes, No, or Unknown.
➔	Blood Transfusion Received	Select Yes, No, or Unknown.
➔	Organ Donor	Select Yes, No, or Unknown.
➔	Organ Transplant Received	Select Yes, No, or Unknown.
➔	Breast Fed Infant	Select No for non-congenital cases, as this indicates whether the patient is a newborn who was breastfeeding before illness onset.
➔	Lab acquired	Indicates whether infection thought to be acquired via laboratory exposure.
⇒	<i>Average number of hours spent outdoors each day (in 30 days prior to onset)</i>	Select appropriate drop-down for amount of time.
➔	Type of Arbovirus	Select "Oropouche virus."
	Dengue (DENV) Serotype	N/A
➔	CDC Publish Indicator	Select "yes" to share with CDC.
⇒	<i>Is this case part of an outbreak?</i>	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.

Investigation			
NBS Field Name		Description/Instructions	
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous – patient acquired the infection in their home jurisdiction. International – patient acquired the infection while outside of US. In State, Out of Jurisdiction – patient acquired the infection while in another jurisdiction within TX. Out of State – patient acquired the infection while traveling within US but outside of TX; specify state. Imported, but not able to determine source state and/or county – patient acquired the infection outside home jurisdiction and within the US but unable to determine where. Unknown – unable to determine.
→	Imported Country	Indicate country where patient acquired the infection. Required if “International” selected.	
→	Imported State	Indicate state where patient acquired the infection. Required if “Out of State” selected.	
⇒	<i>Imported City</i>	Indicate city where patient acquired the infection.	
→	Imported County	Indicate county where patient acquired the infection. Required if “In State, Out of Jurisdiction” selected.	
→	Transmission Mode	Select most appropriate disease transmission mode, most likely “vector-borne transmission;” “In-Utero (transplacental)” is not applicable for non-congenital cases.	
	Detection Method	Select appropriate response from drop-down list.	
→	Confirmation Method	Indicate method(s) used to determine case status. Select lab confirmed.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See current year Disease Surveillance and Epidemiology Health Practitioner Guidance and Training Texas DSHS .	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
	Country of Usual Residence	Select country of usual residence from drop-down list.	
	Country of Birth	Select country of birth from drop-down list.	

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Binational Reporting Criteria</i>	Select binational reporting criteria from drop-down list (Use Ctrl to select more than one).
Public Health Control Measures		
⇒	<i>Date initial public health control measures were initiated</i>	Select appropriate date.
⇒	<i>Public health control measures used</i>	Select all appropriate control measures from drop-down; use "Other" as needed.
	Other public health control measures used	If "Other" selected above, describe measure(s) used.
⇒	<i>Indicate barriers to timely initiation of control measures</i>	Select all barriers from drop-down; use "Other" as needed.
	Other barriers to timely initiation of public health control measures	If "Other" selected above, describe barrier(s) experienced.
General Comments		
	General Comments	Enter comments as needed.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Other Novel Coronavirus (MERS, SARS-CoV-1, etc.)

General Information

Suspected MERS patients should be evaluated as candidates for MERS-CoV testing by local and regional health departments in conjunction with treating physicians. Call EAIDB at 512-776-7676 for consultation if needed. Patients who meet CDC's MERS Patient Under Investigation (PUI) criteria should be tested for MERS-CoV. For any patient who is tested for MERS-CoV, please complete the "Middle East Respiratory Syndrome (MERS) Patient Under Investigation (PUI) Short Form", available from [MERS-investigation-short-form_Dec2015_Final.docx \(texas.gov\)](#). For confirmed and probable MERS cases, a more extensive investigation form will be provided. Please send a copy of the investigation form(s), case notes, lab reports, and medical records to Central Office via the Regional Office.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter IDEAS – Meningitis/Invasive Respiratory <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Serum; Blood, venous; Sputum; Bronchial; Pleural fluid (thoracentesis fld); or Other (fill in nasopharynx and/or oropharynx, or trachea), as appropriate
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	

Lab Report	
NBS Field Name	Description/Instructions
Weeks	
Test Result(s)	
➔ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔ Resulted Test	Refer to table below.
⇒ Coded Result	Refer to table below.
⇒ Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒ Text Result	Refer to table below.
⇒ Reference Range	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
Novel coronavirus RT-PCR	Leave blank	Microorganism Identified (short search "microorg")	Organism: Human coronavirus (short search "coronav") AND Text Result: Enter Test name and result, i.e., "NCV-2012 rRT-PCR; MERS-CoV Negative"
Novel coronavirus serology (Note: Only performed by CDC)	Leave blank	Microorganism Identified (short search "microorg")	Organism: Human coronavirus (short search "coronav") AND Text Result: Enter Test name and titer result and interpretation

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Summary	
➔ <i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ <i>Program Area</i>	IDEAS – Meningitis/Invasive Respiratory Disease - Will default based on condition.
State Case ID	

Investigation		
NBS Field Name		Description/Instructions
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
⇒	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigation	Enter date investigation assigned to investigator.
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	Reporting Source (Organization)	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	Reporter	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
➔	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Admission Date	If patient hospitalized, enter admission date(s).
➔	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	Duration of Stay	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.

Investigation			
NBS Field Name		Description/Instructions	
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date a condition specific laboratory test was positive	
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>	
➔	Illness End Date	Enter "Illness End Date." <i>Note: Leave blank if illness end date is unknown or the patient has asymptomatic infection.</i>	
	Illness Duration		
⇒	Age at Onset/Age Type	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.	
➔	Is the patient pregnant?		
	Does the patient have pelvic inflammatory disease?		
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And enter date of death for <i>Deceased Date</i> .	
Epidemiologic			
	Is this patient associated with a day care facility?	Fill in the Day Care section.	
	Is this patient a food handler?	Fill in the Food Handler section.	
➔	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
➔	Outbreak Name	Select outbreak name from drop-down list.	
⇒	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX Out of State – patient became ill while traveling within US but outside of TX
⇒	Imported Country	Indicate country where patient became ill.	
⇒	Imported State	Indicate state where patient became ill (not TX).	
	Imported City	Indicate city where patient became ill.	
⇒	Imported County	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
➔	Confirmation Method	Select method used to determine case status. Select lab confirmed.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case were met	
➔	Case Status	Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	

Investigation			
NBS Field Name		Description/Instructions	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
Administrative			
⇒	<i>General Comments</i>	Please indicate whether the patient had any exposure to healthcare facilities (as a visitor, patient, healthcare worker or other staff member) during recent travel.	
Custom Fields			
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by ◆ Date of physician diagnosis ◆ Date the disease/condition was added to the top 3 differential diagnoses in patient medical record ◆ Date a condition specific laboratory was ordered ◆ Date patient was identified as a symptomatic contact of a confirmed or suspected MERS case	
Day Care			
⇒	<i>Attend a day care center?</i>	Select Yes, No, or Unknown.	
⇒	<i>Work at a day care center?</i>	Select Yes, No, or Unknown.	
⇒	<i>Live with a day care attendee?</i>	Select Yes, No, or Unknown.	
⇒	<i>What type of day care facility?</i>	Select appropriate type of daycare facility from drop-down list.	
⇒	<i>What is the name of the day care facility?</i>	Enter name of day care facility	
⇒	<i>Is food prepared at this facility?</i>	Select Yes, No, or Unknown.	
⇒	<i>Does this facility care for diapered persons?</i>	Select Yes, No, or Unknown.	
Food Handler			
⇒	<i>Did patient work as a food handler after onset of illness?</i>	Select Yes, No, or Unknown.	
⇒	<i>What was last date worked as a food handler after onset of illness?</i>	Enter date last worked in mm/dd/yyyy format.	
⇒	<i>Where was patient a food handler?</i>	Enter name of establishment where the patient worked as a food handler.	
Travel History			
→	Did patient travel prior to onset of illness?	Select Yes, No, or Unknown.	
	Applicable incubation period for this illness is:	Enter incubation period.	Incubation period for novel coronavirus may be unknown; for MERS, it is 2-14 days.
⇒	<i>What was the purpose of the travel?</i>	Select purpose of travel from drop-down list. (Use Ctrl to select more than one.)	

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>If "Other," please specify other purpose of travel:</i>	
	Please specify the destination(s):	
→	Destination 1 Type:	Select the Domestic or International radio button.
→	Destination 1	Select the destination from the resulting drop-down list.
→	Mode of Travel:	Select appropriate mode of travel from drop-down list.
→	Date of Arrival:	
→	Date of Departure:	
→	Destination 2 Type:	Select the Domestic or International radio button.
→	Destination 2	Select the destination from the resulting drop-down list.
→	Mode of Travel:	Select appropriate mode of travel from drop-down list.
→	Date of Arrival:	
→	Date of Departure:	
→	Destination 3 Type:	Select the Domestic or International radio button.
→	Destination 3	Select the destination from the resulting drop-down list.
→	Mode of Travel:	Select appropriate mode of travel from drop-down list.
→	Date of Arrival:	
→	Date of Departure:	
→	If more than 3 destinations, specify details here:	
Drinking Water Exposure		
⇒	<i>What is the source of tap water at home?</i>	Select appropriate response from drop-down list.
⇒	<i>If "Other," specify other source of tap water at home:</i>	
⇒	<i>If "Private Well," how was the well water treated at home?</i>	Select appropriate response from drop-down list.
⇒	<i>What is the source of tap water at school/work?</i>	Select appropriate response from drop-down list.
⇒	<i>If "Other," specify other source of tap water at school/work:</i>	
⇒	<i>If "Private Well," how was the well water treated at school/work?</i>	Select appropriate response from drop-down list.
⇒	<i>Did the patient drink untreated water in the 7 days prior to onset of illness?</i>	Select Yes, No, or Unknown.
Recreational Water Exposure		
⇒	<i>Was there recreational water exposure in the 7 days prior to illness?</i>	Select Yes, No, or Unknown.
⇒	<i>What was the recreational water exposure type?</i>	Select recreational water exposure type from the drop-down list. (Use Ctrl to select more than one.)
⇒	<i>If "Other," please specify other recreational water exposure type:</i>	
⇒	<i>If "Swimming Pool," please specify swimming pool type:</i>	(Use Ctrl to select more than one)

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>If "Other," please specify other swimming pool type:</i>	
⇒	<i>Name or location of water exposure:</i>	Enter name(s) or location(s) of water exposure.
Animal Contact		
➔	Did patient come in contact with an animal?	Select Yes, No, or Unknown.
➔	Type of animal:	Select type of animal from drop-down list. <i>(Use Ctrl to select more than one.)</i>
➔	If "Other," please specify other type of animal:	
⇒	<i>If "Other Amphibian," please specify other type of amphibian:</i>	
➔	If "Other Mammal," please specify other type of mammal:	
⇒	<i>If "Other Reptile," please specify other type of reptile:</i>	
➔	Name or Location of Animal Contact:	Enter name(s) or location(s) of animal contact.
⇒	<i>Did the patient acquire a pet prior to onset of illness?</i>	Select Yes, No, or Unknown.
	Applicable incubation period for this illness is:	Enter incubation period. Incubation period for novel coronavirus may be unknown.
Seafood Exposure		
⇒	<i>Has the patient eaten seafood in the last 14 days?</i>	Select Yes, No, or Unknown.
⇒	<i>Was the seafood eaten undercooked?</i>	Select Yes, No, or Unknown.
⇒	<i>Was the seafood eaten raw?</i>	Select Yes, No, or Unknown.
⇒	<i>If "Yes," type of raw seafood:</i>	Select from drop-down list.
⇒	<i>If "Other Shellfish," specify type of other shellfish:</i>	
⇒	<i>If "Other Fish," specify type of fish:</i>	
⇒	<i>Where was raw seafood obtained?</i>	Select from drop-down list.
⇒	<i>If "Other," specify other source where raw seafood was obtained:</i>	
⇒	<i>Date raw seafood consumed:</i>	
⇒	<i>Time raw seafood consumed:</i>	Enter hh:mm. Also select the radio button for either AM or PM.
⇒	<i>If the type of raw seafood was "Oysters," are shipping tags available from suspect lot?</i>	Select Yes, No, or Unknown.
⇒	<i>If shipping tags are available, name of shippers who handled suspected raw oysters:</i>	Enter name of shippers who handled suspected raw oysters. Please also include certification numbers if on tags.
Underlying Conditions		

Investigation			
NBS Field Name		Description/Instructions	
→	Did patient have any of the following underlying conditions?	Select underlying conditions. (Use Ctrl to select more than one.)	
→	If "Diabetes Mellitus," specify whether on insulin:	Select Yes, No, or Unknown.	
→	If "Gastric Surgery," please specify type:		
→	If "Hematologic Disease," please specify type:		
→	If "Immunodeficiency," please specify type:		
→	If "Organ Transplant," please specify organ:		
→	If "Other Liver Disease," please specify type:		
→	If "Other Malignancy," please specify type:		
→	If "Other Prior Illness," please specify:		
→	If "Other Renal Disease," please specify type:		
Related Cases			
→	Does the patient know of any similarly ill persons?	Select Yes, No, or Unknown.	
→	If "Yes," did the health department collect contact information about other similarly ill persons and investigate further?	Select Yes, No, or Unknown.	Note: Please enter details in the space provided for General Comments in the Administrative group on this Investigation.
→	Are there other cases related to this one?	Enter no, sporadic; unknown; yes, household; or yes, outbreak.	

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Paragonimiasis

General Information

For individual cases, use: [Paragonimiasis-Investigation](#) form. Please send a copy of the form to Central Office via the Regional Office.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS- Foodborne <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Stool-fecal; Sputum; Serum; other appropriate choice, or Other with description in Result Comments.
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇨	<i>Coded Result</i>	Refer to table below.
⇨	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇨	<i>Text Result</i>	Refer to table below.

Lab Report		
NBS Field Name	Description/Instructions	
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Microscopic examination	Leave blank	OVA AND PARASITE IDENTIFIED (short search "ova")	Organism: Paragonimus (search "Paragon")
Antibody detection by EIA, CF, or Immunoblot	Leave Blank	PARAGONIMUS SP AB (long search "Paragon")	Coded Result: "detected", "not detected," or "indeterminate" –or – Numeric or Text result

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient’s zip code. Review and correct as needed. Select or edit “Jurisdiction” based on patient address if available, location of patient’s provider, or location of reporting facility, in that order.
➔	Program Area	IDEAS – Foodborne - Will default based on condition.
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Not required for Paragonimiasis
⇒	Investigation Status	Defaults to “Open.” Change to “Closed” when investigation and data entry are completed.
	Shared Indicator	
	State Case ID	

Investigation		
NBS Field Name		Description/Instructions
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigation	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date a condition specific laboratory test was positive
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Reporting Provider	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
→	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter 1 st admission date.
→	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Duration of Stay	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Hospitalized at a Second Hospital</i>	
⇒	<i>Hospital 2</i>	Search for 2 nd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 2 Admission Date</i>	If patient hospitalized, enter 2 nd admission date.
⇒	<i>Hospital 2 Discharge Date</i>	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	<i>Hospital 2 Duration</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospital 3</i>	Search for 3 rd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 3 Admission Date</i>	If patient hospitalized, enter 3 rd admission date.
⇒	<i>Hospital 3 Discharge Date</i>	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	<i>Hospital 3 Duration</i>	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification if applicable.
➔	Diagnosis Date	“Diagnosis Date” is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of the condition specific laboratory result.
➔	Illness Onset Date	Enter “Illness Onset Date.” <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	
	Illness Duration	
	Illness Duration Units	
⇒	<i>Age at Onset</i>	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
⇒	<i>Age at Onset Units</i>	Use the drop-down list next to age to select, days, months, etc.
	Is the patient pregnant?	
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter “yes” for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .
➔	Date of Death	
Epidemiologic		
⇒	<i>Is this patient associated with a day care facility?</i>	Select Yes, No, or Unknown.
⇒	<i>Is this patient a food handler?</i>	Select Yes, No, or Unknown.
➔	Is this case part of an outbreak?	If applicable, select “Yes” and select the corresponding “Outbreak Name.” Contact the NEDSS Project Office to have an outbreak name entered.
➔	Outbreak Name	Select outbreak name from drop-down list.
➔	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown.
➔	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).

Investigation			
NBS Field Name		Description/Instructions	
→	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
→	Imported Country	Indicate country where patient became ill.	
⇒	<i>Imported State</i>	Indicate state where patient became ill.	
⇒	<i>Imported City</i>	Indicate city where patient became ill.	
⇒	<i>Imported County</i>	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed, clinical diagnosis, or epi-linked.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments. Clinical Diagnosis – case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider.
	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
General Comments			
	General Comments		

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable

Pertussis

General Information

Information on treatment and prevention measures can be found in the Emerging and Acute Infectious Disease Guidelines <https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance>

Individual case track records (CTR) are required to be completed and submitted to the central office. The Pertussis CTR can be found at: [Pertussis Case Track Record \(texas.gov\)](https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance). For deaths, complete the pertussis death worksheet and submit it to the central office in addition to the pertussis CTR. Medical records, autopsy report, and death certificate should also be obtained and submitted to the central office. The Pertussis Death worksheet can be found at:

[EAIDU/investigation/forms/Pert-Death080519.pdf](https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance)

The pertussis vaccination history is REQUIRED to be entered as a vaccination record in NBS and associated with the investigation. Enter the date of vaccination, age at vaccination, vaccine type, and any other available information. To search ImmTrac for this patient, within the investigation, click "Manage Associations" and under the "Vaccinations" section, click "Query Registry." Confirm the patient's information is correct then click "Submit Query." Check the box next to the vaccine to associate it with the current investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified.

Vaccine Type	NBS Selection	Manufacturers for US (2024)
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis	DtaP	Infanrix-GlaxoSmithKline *Tripedia-Sanofi Pasteur
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis	DtaP, 5 pertussis antigens	Daptacel – Sanofi Pasteur
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Hepatitis B and Inactivated Polio	DtaP-Hep B-IPV	Pediarix – GlaxoSmithKline
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis-Haemophilus type b	DtaP-Hib	*TriHIBit – Sanofi Pasteur
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with <i>Haemophilus influenzae</i> type b and Inactivated Polio	DtaP-Hib-IPV	Pentacel – Sanofi Pasteur
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Inactivated Polio	DtaP-IPV	KINRIX – GlaxoSmithKline Quadracel – Sanofi Pasteur
Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate, and Hepatitis B [Recombinant] Vaccine	DTaP-IPV-HIB-HEP B	Vaxelis – MSP Vaccine Company - (partnership Merck and Sanofi Pasteur)
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Haemophilus influenzae type b and Hepatitis B	DtaP-IPV-HIB-HEP B, historical	
Diphtheria-Tetanus-Pertussis	DTP	*Tri-Immunol-Lederle
Diphtheria-Tetanus-Pertussis-	DTP-Hib	*Tetramune – Wyeth

Diphtheria-Tetanus-Pertussis-Haemophilus type b- Hepatitis B	DTP-Hib-Hep B	
Pertussis unspecified	Pertussis	
Tetanus Toxoid reduced-Diphtheria-acellular Pertussis vaccine	Tdap	Adacel – Sanofi Pasteur Boostrix – GlaxoSmithKline

*Historic

List of Vaccines Licensed for Immunization and Distribution in the US:

<https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>

For a complete vaccination schedule for children and adults go to:

<https://www.dshs.texas.gov/immunizations/public/schedules>.

NBS Entry Guidelines for Lab Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*.

Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.; enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Immunizations Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
➔	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Nose for nasopharyngeal swab.
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		

Lab Report		
NBS Field Name	Description/Instructions	
➔ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.	
➔ Resulted Test	Refer to table below.	
Coded Result	Refer to table below.	
⇒ Numeric Result	Refer to table below. Enter units in the 2 nd box.	
⇒ Text Result	Refer to table below.	
⇒ Reference Range	If applicable, enter the reference range or cut-off value for normal results.	
Result status		
Result comments		
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
Comments		

Ordered Test, Resulted Test and Test Results			
Description	➔ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Confirmatory lab results			
Culture	Bordetella pertussis, Culture (drop-down list)	Bordetella pertussis-Result (drop-down list)	Coded Result: "isolated" or "not isolated"
Bordetella pertussis, PCR	Bordetella pertussis, PCR (DNA or RNA) (drop-down list)	Bordetella pertussis-Result (drop-down list)	Coded Result: "detected," "not detected," or "indeterminate"
Non-confirmatory lab results			
Bordetella pertussis Antibody Tests	Bordetella pertussis antibodies (drop-down list)	Bordetella pertussis Antibodies, IgA and/or Bordetella pertussis Antibodies, IgG and/or Bordetella pertussis, Antibodies, IgM (drop-down list)	Coded Result: "detected," "not detected," or "indeterminate"
Pertussis DFA	Bordetella pertussis antigen (drop-down list)	Bordetella pertussis Smear, by DFA (drop-down list)	Coded Result: "detected," "not detected," or "indeterminate"

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*.
Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Case Info Tab		
Investigation Summary		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	Immunizations – Will default based on condition
	State Case ID	
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Source		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: • Date of physician diagnosis, or • Date the disease/condition was added to the top 3 differential diagnoses for the patient, or • Date a condition-specific laboratory test was ordered, or • Date identified as a symptomatic contact of another case, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Reporting Provider</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>

Investigation		
NBS Field Name		Description/Instructions
➔	Reporting County	Name of the county reporting the case
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
➔	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Admission Date	If patient hospitalized, enter admission date(s).
➔	Discharge Date	If patient hospitalized, enter discharge date(s).
➔	Duration of Stay	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ◆ Date of the condition specific laboratory test result, or ◆ Date of physician diagnosis (if known), or ◆ Date identified as a symptomatic contact of another case
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown.</i>
⇒	Illness End Date	Enter "Illness End Date" if known.
⇒	Illness Duration	Illness duration will be difference between onset and end date; Enter the number here.
⇒	Illness Duration Units	Select Day, Hour, Minute, Month or Unknown.
⇒	Is the patient pregnant?	Select Yes, No or Unknown if the case is a female of reproductive age group
➔	Did the patient die from pertussis/complications (incl. secondary infection) associated w/pertussis?	Select Yes, No, or Unknown. If the patient died from pertussis, go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .
➔	Date of Death	If patient died, enter date of death.
Epidemiologic		
⇒	Is this person associated with a day care facility?	Select Yes, No, or Unknown.
⇒	Is this person a food handler?	Select Yes, No, or Unknown.
⇒	Was the patient a healthcare provider (HCP) at illness onset?	Select Yes, No, or Unknown.

Investigation			
NBS Field Name		Description/Instructions	
→	Is this case part of a cluster or outbreak (e.g., total is 3 or more cases)?	If 3 or more cases are epi-linked, contact the NEDSS Help Desk to have outbreak name added to the drop-down list. In Texas, only clusters of 3 or more epi-linked cases are considered outbreaks.	
→	Outbreak Name	Select outbreak name from drop-down list	
Disease Acquisition			
→	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	Imported Country	Indicate country where patient became ill.	
⇒	Imported State	Indicate state where patient became ill (not TX).	
⇒	Imported City	Indicate city where patient became ill.	
⇒	Imported County	Indicate county where patient became ill.	
⇒	Country of Usual Residence	Enter if known.	
Exposure Location			
⇒	Country of Exposure	Enter the Country of Exposure Location	
⇒	State or Province of Exposure	Enter the State or Province of Exposure	
⇒	City of Exposure	Enter the City of Exposure Location	
⇒	County of Exposure	Enter the County of Exposure Location	
Binational Reporting			
	Binational Reporting Criteria	Select from drop down menu. Use Ctrl to select all that apply.	
Case Information			
⇒	Transmission Mode	Select from drop down menu.	
⇒	Detection Method	Select from drop down menu.	
→	Confirmation Method	Select method used to determine case status. Select lab confirmed or epi linked for confirmed cases and clinical diagnosis for probable cases.	Laboratory confirmed –laboratory criteria required for case status selected was met (Confirmed culture + or PCR +); if NBS lab report not entered, enter lab information into appropriate fields. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments. Clinical Diagnosis – Case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider.
⇒	Confirmation Date	Date criteria for the case status of the case were met.	

Investigation		
NBS Field Name		Description/Instructions
→	Case Status	Select Confirmed, Probable, Suspect or Not a Case according to the case definition. Suspect should not be a final status for pertussis, but should be used when in the process of investigating and sufficient information is not available to make a final case status determination. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.
General Comments		
	General Comments	
Pertussis Tab		
Pregnancy and Birth		
⇒	<i>Was the patient < 12 months old at illness onset?</i>	Select Yes, No, or Unknown.
⇒	<i>Mother's age at date of Infant's Birth</i>	If patient under 12 months, enter mother's age.
⇒	<i>Birth Weight (in gms)</i>	If patient under 12 months, enter birth weight in gms.
⇒	<i>Patient's Gestational Age (in weeks)</i>	If patient under 12 months, enter gestational age in weeks.
⇒	<i>Did the mother receive Tdap?</i>	Select Yes, No, or Unknown.
⇒	<i>If mother received Tdap, when was it administered in relation to the pregnancy?</i>	Select from Prior to Pregnancy, During Pregnancy, Post Partum, or Other
⇒	<i>Other If mother received Tdap, when was it administered in relation to the pregnancy?</i>	If Other was selected for previous question, specify when it was administered in relation to the pregnancy.
⇒	<i>If mother received Tdap, what date was it administered? (if available)</i>	Enter the date of Tdap administration
Symptoms		
→	Did the patient have a cough?	Select Yes, No, or Unknown.
→	Cough Onset Date	Enter cough onset date.
→	Age at Cough Onset Date	Enter age at cough onset
→	Total Cough Duration	Enter the total number of days coughing if still coughing at final interview, or number of days of cough at final interview.
→	Date of Final Interview	Enter date of final interview (must be more than 14 days after cough onset).
→	Cough at final interview	Select Yes, No, or Unknown.
→	Paroxysmal Cough?	Select Yes, No, or Unknown.
→	Whoop?	Select Yes, No, or Unknown.
→	Post-tussive Vomiting?	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
➔	Apnea?	Select Yes, No, or Unknown.
➔	Cyanosis?	Select Yes, No, or Unknown.
⇒	<i>Other symptom(s)?</i>	Select Yes, No, or Unknown.
⇒	<i>Symptom Notes:</i>	If selected Yes, then enter the other symptoms
Complications		
⇒	<i>Did the patient experience any complications related to pertussis?</i>	Select Yes, No, or Unknown.
⇒	<i>Result of chest X-ray for pneumonia</i>	Select Negative, Not Done, Positive, or Unknown.
⇒	<i>Did the patient have generalized or focal seizures due to pertussis?</i>	Select Yes, No, or Unknown.
⇒	<i>Did the patient have acute encephalopathy due to pertussis?</i>	Select Yes, No, or Unknown.
⇒	<i>Other complications</i>	Specify if there are any other complications
Treatment		
➔	Were antibiotics given to the patient?	Select Yes, No, or Unknown.
➔	Medication (Antibiotic) Administered	Select antibiotic from the drop-down list. If unknown, please select "unknown." If other, please enter antibiotic name in general comments.
➔	Treatment Start Date	Enter the date the antibiotic was started.
➔	Number of Days Actually Taken	Enter the number of days the selected antibiotic was taken.
Click on  when the Antibiotic section is completed. Add additional antibiotics as needed.		
Laboratory		
➔	Was laboratory testing done for pertussis?	Select Yes, No, or Unknown.
⇒	<i>Was the case laboratory confirmed?</i>	Select Yes, No, or Unknown.
⇒	<i>Specimen sent to CDC?</i>	Select Yes, No, or Unknown.
Interpretive Lab Data Repeating Block		
➔	Lab Test Type	Select the lab type from drop down menu. If Lab Test Type is not in the given options, select Other
⇒	<i>Other Lab Test Type</i>	If Other option is selected, enter the lab test type
➔	Lab Test Result Qualitative	Select the qualitative lab test result from drop down menu. If qualitative lab test result is not in the given options, select Other
⇒	<i>Other Lab Test Result Qualitative</i>	If Other option is selected, enter the qualitative lab test result
⇒	<i>Lab Test Result Quantitative</i>	If the lab test result is quantitative, enter the quantitative value
⇒	<i>Quantitative Test Result Units</i>	Enter appropriate quantitative result units
➔	Specimen Collection Date/Time	Enter date of specimen collection
	Specimen Source	Select specimen source from drop down menu. If specimen source is not in the given options, select Other
	<i>Other Specimen Source</i>	If Other option is selected, enter the specimen source
	<i>Date Specimen Sent to CDC</i>	If specimen was sent to CDC for testing, enter the date it was sent to CDC.

Investigation		
NBS Field Name		Description/Instructions
→	Performing Lab Type	Select the performing lab type from drop down menu. If performing lab type is not in the given options, select Other
	<i>Other Performing Lab Type</i>	If Other option is selected, enter the performing lab type
Click on Add Lab when the Lab section is completed. Add additional labs as needed		
Vaccine Preventable Disease (VPD) Lab Message Linkage		
	<i>VPD Lab Message Reference Laboratory</i>	Select reference laboratory from the drop-down menu
	<i>VPD Lab Message Patient Identifier</i>	Enter patient identifier
	<i>VPD Lab Message Specimen Identifier</i>	Enter specimen identifier
Vaccination Information		
→	Did the patient receive a pertussis-containing vaccine?	Select Yes, No, or Unknown. If yes, please enter data in the Vaccination Record. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified and select answer "Unknown."
→	If yes, how many doses?	Enter the total number of doses received so far
→	Vaccination doses prior to illness onset	Enter the total number of doses received prior to illness onset date
→	Date of last dose prior to illness onset	Enter date of last dose received prior to illness onset.
→	Was the patient vaccinated per ACIP recommendations?	Select Yes, No, or Unknown.
→	Reason patient not vaccinated per ACIP recommendations	Select Born outside the United States, Lab evidence of previous disease, MD diagnosis of previous disease, Medical contraindication, Never offered vaccine, Other, Parent/Patient forgot to vaccinate, Parent/Patient refusal, Parent/Patient report of previous disease, Philosophical objection, Religious exemption, Under age for vaccination, or Unknown.
⇒	<i>Other Reason patient not vaccinated per ACIP recommendations</i>	If Other is selected, enter the other reason why patient was not vaccinated per ACIP recommendations
⇒	<i>Notes pertaining to the patient's vaccination history</i>	Enter any information that you want to provide about vaccination history.
Epidemiology		
→	Is this case epi-linked to a laboratory-confirmed case?	Select Yes, No, or Unknown.
→	Case ID of epi-linked case	If yes, enter case ID (i.e., CAS-----TX01).
⇒	<i>Transmission Setting (Where did this case acquire pertussis?)</i>	Select from the drop-down list; if unknown, please select "unknown"
⇒	<i>Other Transmission Setting (Where did this case acquire pertussis?)</i>	If Other is selected, enter the other setting where transmission occurred.

Investigation		
NBS Field Name		Description/Instructions
⇒	Was there documented transmission from this case of pertussis to a new setting (outside of the household)?	Select Yes, No, or Unknown.
⇒	What was the new setting (outside of the household) for transmission of pertussis from this case?	Select from the drop-down list.
⇒	Other What was the new setting (outside of the household) for transmission of pertussis from this case?	Enter the setting not listed in the drop-down list above.
➔	Were there one or more suspected sources of infection (A suspected source is another person with a cough who was in contact with the case 7-20 days before the case's cough)?	Select Yes, No, or Unknown.
⇒	Number of Suspected Sources of Infection	Enter number.
⇒	Number of contacts of this case recommended to receive antibiotic prophylaxis:	Enter number of contacts to this case that were recommended to receive antibiotic prophylaxis.
For each suspected source of infection, indicate the following:		
⇒	Age	Enter age (add source data for each suspected source).
⇒	Sex	Enter sex (add source data for each suspected source).
⇒	Cough Onset Date	Enter estimated cough onset date of source. (add source data for each suspected source).
⇒	Relationship to Case	Select from the drop-down list; if unknown, please select "unknown." (Add source data for each suspected source).
	Other Relationship to Case	If relationship to case is Other, specify relationship that is not listed in the drop-down list above.
⇒	How many doses of pertussis-containing vaccine has this suspected source received?	Select from the drop-down list.
Click on Add Source when this section is completed for each source		

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases. Investigators can attach documents (forms, immunization records, etc.) to the Supplemental Information tab under Notes and Attachments.

Plague

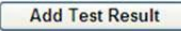
General Information

Please complete the: [Plague](#) form and route to the Zoonosis Control Branch through your regional Zoonosis Control Program.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood venous, Serum, CSF, Lymph node aspirate, Bronchial, Sputum, other appropriate source, or Other (describe in Lab Comments)
	Specimen Site	Select appropriate response from drop-down list.
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	Select hospitalized, outpatient, or unknown.
	Pregnant	Select Yes, No, or Unknown.
	Weeks	Enter number of weeks pregnant.
Test Result(s)		
➔	Resulted Test and Test Result(s)	Refer to table below and use appropriate fields below.
⇨	<i>Coded Result</i>	Refer to table below.

Lab Report	
NBS Field Name	Description/Instructions
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒ <i>Text Result</i>	Refer to table below.
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
Result status	Select corrected, final, preliminary or results pending.
Result comments	Enter comments as needed.
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	→ Resulted Test	→ Result/Organism
Plague antibody	Yersinia antibody (short search "yer")	Yersinia antibody, IgG or- Yersinia antibody, IgM (short search "yer")	Coded Result: Enter "positive," "negative," "equivocal" or- Numeric Result and Reference Range
Plague isolate	Yersinia culture (short search "yer")	Yersinia SP identified (short search "yer")	Organism: Yersinia pestis (organism) (drop-down list)
Detection of F1 Antigen by fluorescent assay	Yersinia Pestis AG (long search "pestis")	Yersinia SP identified (short search "yer")	Organism: Yersinia pestis (organism) (drop-down list) and Text Result: DFA- F1 antigen
Yersinia PCR	Yersinia PCR (DNA or RNA) (short search "yer")	Yersinia Pestis DNA (long search "pestis")	Coded result: Enter "detected" or "not detected"

NBS Entry Guidelines for Investigation

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Information	
→ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.

Investigation		
NBS Field Name		Description/Instructions
➔	Program Area	Zoonosis – Will default based on condition.
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Enter the first date public health action or intervention was taken.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	Leave blank.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date a non-negative condition specific laboratory result was ordered (e.g., specimen collection date), or ♦ Date of physician diagnosis, or ♦ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ♦ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>

Investigation		
NBS Field Name		Description/Instructions
⇒	Reporting Provider	Search for reporting provider if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	Select Yes, No, or Unknown.
⇒	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification if applicable.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of physician diagnosis, or ♦ Date a condition specific laboratory was positive.

Investigation		
NBS Field Name		Description/Instructions
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	Enter "Illness End Date." <i>Note: Leave blank if end date is unknown or the patient has asymptomatic infection.</i>
	Illness Duration	Enter number of days and select "Days" for units (default). Use "Months" or "Years" if more appropriate. <i>Note: Illness Duration is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>
	Illness Duration Units	Use the drop-down list next to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>
	Age at Onset	Enter number and unit. Default is years. Use days if <1 month, months for >1 month and <1 year, and years for >1 year. <i>Note: Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
	Age at Onset Units	Use the drop-down list next to it to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .
→	Date of Death	Enter date of death.
Epidemiologic		
	Is this person associated with a day care facility?	Select Yes, No, or Unknown.
	Is this person a food handler?	Select Yes, No, or Unknown.
⇒	<i>Is this case part of an outbreak?</i>	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.
	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown.
	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).

Investigation			
NBS Field Name		Description/Instructions	
➔	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at unknown location.
➔	Imported Country	Indicate country where patient acquired illness. Required if “Out of Country” selected.	
➔	Imported State	Indicate state where patient acquired illness. Required if “Out of State” selected.	
⇒	Imported City	Indicate city where patient acquired illness.	
➔	Imported County	Indicate county where patient acquired illness. Required if “Out of jurisdiction, from another jurisdiction” selected.	
➔	Transmission Mode	Select “Zoonotic,” “Vectorborne,” “Other” or “Indeterminate.”	
	Detection Method	Select appropriate response from drop-down list.	
➔	Confirmation Method	Select method used to determine case status.	Laboratory confirmed or report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
⇒	Confirmation Date	Date criteria for the case status of the case were met.	
➔	Case Status	Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. See most current http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf	
➔	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
➔	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.	
General Comments			
	General Comments	Enter comments as needed.	

NBS Entry Guidelines for Notification

Notifications are required for confirmed, probable and suspect cases. Suspect cases will not be included in case counts but are being tracked for programmatic review.

Poliomyelitis, paralytic

General Information

Information on treatment and prevention measures can be found in the Emerging and Acute Infectious Disease Guidelines:

<https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance>

There is no specific case-investigation form; however, a detailed written report will be required by DSHS. Copies of all lab results and the complete medical record will be needed.

The polio vaccination history should be entered as a vaccination record in NBS and attached to the investigation. Enter the date of vaccination, age at vaccination, vaccine type, and any other available information. To search ImmTrac for this patient, within the investigation, click "Manage Associations" and under the "Vaccinations" section, click "Query Registry." Confirm the patient's information is correct then click "Submit Query." Check the box next to the vaccine to associate it with the current investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified.

Vaccine Type	NBS Selection	Manufacturers for US (2024)
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Hepatitis B and Inactivated Polio	DtaP-Hep B-IPV	Pediarix – GlaxoSmithKline
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with <i>Haemophilus influenzae</i> type b and Inactivated Polio	DtaP-Hib-IPV	Pentacel – Sanofi Pasteur
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Inactivated Polio	DtaP-IPV	KINRIX – GlaxoSmithKline Quadracel – Sanofi Pasteur
Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate, and Hepatitis B [Recombinant] Vaccine	DTaP-IPV-HIB-HEP B	Vaxelis – MSP Vaccine Company - (partnership Merck and Sanofi Pasteur)
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Haemophilus influenzae type b and Hepatitis B	DtaP-IPV-HIB-HEP B, historical	
Inactivated polio	IPV (Poliovirus vaccine, inactivated)	*IPOL – Aventis Pasteur *Poliovax – Sanofi Pasteur
Oral Polio	OPV	discontinued in US/available internationally

*Historic

List of Vaccines Licensed for Immunization and Distribution in the US:

<https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>

For a complete vaccination schedule for children and adults go to:

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Immunizations . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Stool = fecal, Cerebrospinal fluid, other appropriate choice, or Other (describe in Result Comments).
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇨	<i>Coded Result</i>	Refer to table below.
⇨	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇨	<i>Text Result</i>	Refer to table below.
⇨	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	

Lab Report	
NBS Field Name	Description/Instructions
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
	Comments

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Coded Result
Culture	Culture, CSF; Culture, stool; or Culture, Viral (short search "culture")	If not typed, select: Polio virus – result If typed, select Polio Virus Identified (drop-down list)	Coded Result: "isolated" or "not isolated" Organism: Select Human poliovirus 1, 2, or 3 (short search "polio")
PCR	Polio virus PCR (DNA or RNA) (drop-down list)	Polio virus – Result (drop-down list)	Coded Result: "detected," "not detected," or "indeterminate"
Antibody testing	Poliovirus antibody (drop-down list)	Polio virus antibody, IgG; Polio virus antibody, IgM; Polio virus antibody; or Polio virus antibody, CSF (drop-down list)	Coded Result: "positive," "negative," or "indeterminate"

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Information	
➔ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ Program Area	Immunizations – Will default based on condition.
➔ Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated
	Not required for Polio
⇒ Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	Shared Indicator
	State Case ID

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or ◆ Date a condition-specific laboratory was ordered, whichever was earliest.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Organization</i>	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
➔	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Admission Date	If patient hospitalized, enter 1 st admission date.
➔	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.

Investigation		
NBS Field Name		Description/Instructions
⇒	Duration of Stay	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	
⇒	Hospital 2	Search for 2 nd hospital. Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	Search for 3 rd hospital. Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification if applicable.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ◆ Date of physician diagnosis (if known), or ◆ Date of the condition specific laboratory result.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	
	Illness Duration	
	Illness Duration Units	
⇒	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
⇒	Age at Onset Units	Use the drop-down list next to it to select, days, months, etc.
	Is the patient pregnant?	
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .
➔	Date of Death	
Epidemiologic		
➔	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.
➔	Is this patient a food handler?	Select Yes, No, or Unknown.
➔	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
➔	Outbreak Name	Select outbreak name from drop-down list.

Investigation		
NBS Field Name		Description/Instructions
→	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown. Note: Can be linked to a paralytic or nonparalytic case.
→	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).
→	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately. Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
→	Imported Country	Indicate country where patient became ill.
→	Imported State	Indicate state where patient became ill.
	Imported City	Indicate city where patient became ill.
→	Imported County	Indicate county where patient became ill.
	Transmission Mode	
	Detection Method	
→	Confirmation Method	Select method used to determine case status. Select lab confirmed or clinical diagnosis. Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Clinical Diagnosis – case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider.
→	Confirmation Date	Date criteria for the case status of the case were met.
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
General Comments		
	General Comments	

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases; however, notifications will not be sent to CDC by EAIDU staff until CDC has determined the final case status.

Poliovirus, infection nonparalytic

General Information

Information on treatment and prevention measures can be found in the Emerging and Acute Infectious Disease Guidelines:

<https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance>

There is no specific case-investigation form; however, a detailed written report will be required by DSHS. Copies of all lab results and the complete medical record will be needed.

The polio vaccination history should be entered as a vaccination record in NBS and attached to the investigation. Enter the date of vaccination, age at vaccination, vaccine type, and any other available information. To search ImmTrac for this patient, within the investigation, click "Manage Associations" and under the "Vaccinations" section, click "Query Registry." Confirm the patient's information is correct then click "Submit Query." Check the box next to the vaccine to associate it with the current investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified.

Vaccine Type	NBS Selection	Manufacturers for US (2024)
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Hepatitis B and Inactivated Polio	DtaP-Hep B-IPV	Pediarix – GlaxoSmithKline
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with <i>Haemophilus influenzae</i> type b and Inactivated Polio	DtaP-Hib-IPV	Pentacel – Sanofi Pasteur
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Inactivated Polio	DtaP-IPV	KINRIX – GlaxoSmithKline Quadracel – Sanofi Pasteur
Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate, and Hepatitis B [Recombinant] Vaccine	DTaP-IPV-HIB-HEP B	Vaxelis – MSP Vaccine Company - (partnership Merck and Sanofi Pasteur)
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Haemophilus influenzae type b and Hepatitis B	DtaP-IPV-HIB-HEP B, historical	
Inactivated polio	IPV (Poliovirus vaccine, inactivated)	*IPOL – Aventis Pasteur *Poliovax – Sanofi Pasteur
Oral Polio	OPV	discontinued in US/available internationally

*Historic

List of Vaccines Licensed for Immunization and Distribution in the US:

<https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>

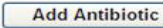
For a complete vaccination schedule for children and adults go to:

<https://www.dshs.texas.gov/immunizations/public/schedules>

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Immunizations . Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇒	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
⇒	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Stool = fecal, Cerebrospinal fluid, other appropriate choice, or Other (describe in Result Comments).
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	Coded Result	Refer to table below.
⇒	Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒	Text Result	Refer to table below.
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	

Lab Report	
NBS Field Name	Description/Instructions
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Coded Result
Culture	Culture, CSF; Culture, stool; or Culture, Viral (short search "culture")	If not typed, select: Polio virus – result. If typed, select Polio Virus Identified (drop-down list)	Coded Result: "isolated" or "not isolated" Organism: Select Human poliovirus 1, 2, or 3 (short search "polio")
PCR	Polio virus PCR (DNA or RNA) (drop-down list)	Polio virus – Result (drop-down list)	Coded Result: "detected," "not detected," or "indeterminate"
Antibody testing	Poliovirus antibody (drop-down list)	Polio virus antibody, IgG; Polio virus antibody, IgM; Polio virus antibody; or Polio virus antibody, CSF (drop-down list)	Coded Result: "positive," "negative," or "indeterminate"

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Information	
➔ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ Program Area	Immunizations – Will default based on condition.
➔ Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
Date Earliest Public Health Control Measure Initiated	Not required for Polio
⇒ Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
Shared Indicator	

Investigation		
NBS Field Name		Description/Instructions
	State Case ID	
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigation	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or ◆ Date a condition specific laboratory was ordered, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Reporting Provider	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
→	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>

Investigation		
NBS Field Name		Description/Instructions
➔	Admission Date	If patient hospitalized, enter 1 st admission date.
➔	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospitalized at a Second Hospital</i>	
⇒	<i>Hospital 2</i>	Search for 2 nd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 2 Admission Date</i>	If patient hospitalized, enter 2 nd admission date.
⇒	<i>Hospital 2 Discharge Date</i>	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	<i>Hospital 2 Duration</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospital 3</i>	Search for 3 rd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 3 Admission Date</i>	If patient hospitalized, enter 3 rd admission date.
⇒	<i>Hospital 3 Discharge Date</i>	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	<i>Hospital 3 Duration</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification if applicable.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ♦ Date of physician diagnosis (if known), or ♦ Date of the condition-specific laboratory result.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	
	Illness Duration	
	Illness Duration Units	
⇒	<i>Age at Onset</i>	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
⇒	<i>Age at Onset Units</i>	Use the drop-down list next to it to select, days, months, etc.
	Is the patient pregnant?	
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .
➔	Date of Death	
Epidemiologic		
⇒	<i>Is this patient associated with a day care facility?</i>	Select Yes, No, or Unknown.
⇒	<i>Is this patient a food handler?</i>	Select Yes, No, or Unknown.
➔	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.

Investigation			
NBS Field Name		Description/Instructions	
→	Outbreak Name	Select outbreak name from drop-down list.	
→	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown. Note: Can be linked to a paralytic or nonparalytic case.	
→	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
→	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
→	Imported Country	Indicate country where patient became ill.	
→	Imported State	Indicate state where patient became ill.	
	Imported City	Indicate city where patient became ill.	
→	Imported County	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
General Comments			
	General Comments		

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Prion diseases, such as Creutzfeldt-Jakob Disease (CJD)

General Information

Please contact the DSHS Prion Disease Coordinator immediately for case investigation coordination at (512) 776-7676.

For the purposes of surveillance and notification, prion diseases such as Creutzfeldt-Jakob disease (CJD) include sporadic CJD (sCJD), and also includes sporadic fatal insomnia (SFI), variably protease-sensitive prionopathy (VPSPr), any genetic or familial CJD (gCJD or fCJD), fatal familial insomnia (FFI), Gerstmann-Sträussler-Scheinker syndrome (GSS), iatrogenic CJD (iCJD), Kuru, variant CJD (vCJD), and any novel prion disease affecting humans.

Because the final case status for most cases cannot be appropriately assigned until autopsy results are available, onset may be insidious, and duration may be months or years, CJD cases are counted by year of death rather than year of onset. Date of death should be entered before a case is submitted for notification and closed in NBS.

Cases with a family history of CJD or suspected CJD should be offered genetic testing as an additional method of diagnosis as it is non-invasive and can accurately diagnose the genetic types of prion disease (gCJD or fCJD, Fatal Familial Insomnia (FFI), and Gerstmann-Sträussler-Scheinker syndrome (GSS)); an autopsy is still encouraged.

The 14-3-3 and tau protein levels in the CSF are helpful with diagnosis but are NOT diagnostic. Neither test possess the sensitivity or the specificity required to be diagnostic. The RT-QuIC test, a CSF assay, has a higher sensitivity and specificity due to detection of the pathogenic prion protein. Currently, a whole brain autopsy, with analysis of the neuropathology and the immunohistochemical and biochemical properties of the protease-resistant prion protein, is the only **definitive** mode of confirmation for CJD.

The National Prion Disease Pathology Surveillance Center (NPDPSC) can assist in the coordination and offers financial assistance in the transport of the body for autopsy, specimen collection and shipping, and specimen immunohistochemical-pathological analysis. It is essential to contact the prion disease coordinator/epidemiologist for CJD as soon as a case of CJD is suspected. Call (512) 776-7676 and ask for the epidemiologist responsible for prion diseases/Creutzfeldt-Jakob disease (CJD).

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Infectious Disease <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>

Lab Report		
NBS Field Name	Description/Instructions	
→ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.	
⇒ <i>Lab Report Date</i>	Enter date result was reported to provider if available.	
→ Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).	
⇒ <i>Ordered Test</i>	Refer to table below.	
⇒ <i>Accession Number</i>	Enter unique ID assigned to specimen if available.	
→ Specimen Source	Select "Brain autopsy," "Brain biopsy," "Cerebral spinal fluid," or other appropriate selection.	
	Specimen Site	
→ Date Specimen Collected	Enter date specimen collected.	
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
→ Resulted Test	Refer to table below.	
→ Coded Result	Refer to table below.	
→ Numeric Result	Refer to table below. Enter units in the 2 nd box.	
⇒ <i>Text Result</i>	Refer to table below.	
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.	
	Result status	
⇒ <i>Result comments</i>	Refer to table below. Include any additional important information, such as if a CSF specimen was bloody.	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on Submit or Submit and Create Investigation when the Test Result(s) section is completed and add additional lab results as needed.		
Lab Report Comments		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	→ Resulted Test	→ Other Test Result(s) – Coded Result, Numeric Result, Units, Text Result, Result Comments
14-3-3 protein in CSF	14-3-3 AG (long search "14-") and select test with code 31989-7	14-3-3 AG (long search "14-") and select test with code 31989-7	Coded Result: Select "positive", "inconclusive", "negative" or "not tested" Numeric Result: Enter value. Units: Select "AU" if applicable

Tau protein in CSF	TAU PROTEIN (long search "tau") and select test for CSF	TAU PROTEIN (long search "tau") and select test for CSF	Coded Result: Select "positive" or "negative" Numeric Result: Enter value. Units: Select "pg/mL" if applicable
RT-QuIC in CSF	This test is not currently available in NEDSS. Add the test results in investigation general comments.		
Prion Disease Biomarker Panel in CSF	Prion disease biomarker panel (long search "prion")	Prion disease biomarker panel (long search "prion")	This panel contains three test results. Only enter information in the Result Comments. Result Comments: Add Test name, result, reference range and units for each of the test results
IHC test on brain biopsy or autopsy tissue	PRION PROTEIN – Method Immune Stain (long search "prion")	PRION PROTEIN – Method Immune Stain (long search "prion")	Coded Result: "present" or "absent"
WB test on brain biopsy or autopsy tissue	PRION PROTEIN – Method IB (long search "prion")	PRION PROTEIN – Method IB (long search "prion")	Coded Result: "present" or "absent"
Genetic testing on brain biopsy or autopsy tissue or blood	This test is not currently available in NEDSS. Add the test results and specimen source in investigation general comments.		
Microscopic cytology of brain tissue	MICROSCOPIC EXAM (long search "microsc")	MICROSCOPIC EXAM (long search "microsc")	Text Result: Describe findings
Final neuropathology including genetic testing results	This is not currently available in NEDSS. Add the final neuropathology test results in investigation general comments.		
MRI	Describe relevant test and results in investigation general comments.		
EEG	Describe relevant test and results in investigation general comments.		

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
➔	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	<i>Program Area</i>	IDEAS – Infectious Disease – Will default based on condition
	State Case ID	Leave blank. A state CJD ID number will be entered by EAIDU.
➔	Investigation Start Date	Enter date investigation began or if no follow up was done, enter the date the report was received.

Investigation		
NBS Field Name		Description/Instructions
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
→	Date of Report	Enter the earliest date first reported to either a local or state health department. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as "laboratory," "hospital," or "private physician office." For cases identified by a health department during an investigation, select "Other State and Local Agencies." For investigations identified in death data, select "Vital Statistics." If none of the categories apply, note source in general comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office. This may be blank if information was reported directly to the state health department central office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
⇒	<i>Hospital Information</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the general comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter admission date(s).
⇒	<i>Discharge Date</i>	If patient hospitalized, enter discharge date(s).
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge minus (-) admission date for listed hospital stay. If admission date is same as discharge date, enter 1.

Investigation		
NBS Field Name		Description/Instructions
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by the earliest known date below: ◆ Date of physician diagnosis ◆ Date of non-neuropathology condition specific laboratory result if patient has consistent clinical features. ◆ Date of neuropathology results if other condition specific laboratory testing was not previously performed.
→	Illness Onset Date	Enter date (use first day of month if exact date unknown) that first symptoms were noticed by the patient or family member.
→	Illness End Date	Enter date of death.
⇒	<i>Illness Duration</i>	Enter approximate duration of illness from first symptoms to death in months.
	Age at Onset	
	Is the patient pregnant?	
	Does the patient have pelvic inflammatory disease?	
→	Did the patient die from this illness?	If patient died from the illness, enter "Yes." This should be "Yes" before an investigation is closed as CJD is a fatal illness. Also, go to the Patient tab and enter "Yes" for "Is the Patient Deceased?" and enter date of death in "Deceased Date".
Epidemiologic		
	Is this patient associated with a day care facility?	
	Is this patient a food handler?	
	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
	Outbreak Name	Select outbreak name from drop-down list.
	Where was the disease acquired?	Only utilize if entering a variant or iatrogenic CJD case (extremely rare): Select the appropriate option.
	Imported Country	Only utilize if entering a variant or iatrogenic CJD case (extremely rare): If known, indicate country where patient was exposed.
	Imported State	Only utilize if entering a variant or iatrogenic CJD case (extremely rare): If known, indicate state where patient was exposed.
	Imported City	Only utilize if entering a variant or iatrogenic CJD case (extremely rare): If known, indicate city where patient was exposed.
	Imported County	Only utilize if entering a variant or iatrogenic CJD case (extremely rare): If known, indicate county where patient was exposed.
	Transmission Mode	For sporadic CJD cases, can select "indeterminate." For genetic cases, can select "other" and indicate it is a genetic case in the general comments. For variant or iatrogenic CJD cases (extremely rare), select appropriate transmission mode if available. If not available, can select "other" and indicate the mode of transmission in general comments.

Investigation		
NBS Field Name		Description/Instructions
	Detection Method	If the information was reported by a laboratory, select "Laboratory reported," by a provider, select "Provider reported," and if otherwise, select "other."
→	Confirmation Method	Indicate method(s) used to determine case status. Select lab confirmed, laboratory report and medical record review, clinical diagnosis and medical record review, or medical record review. Laboratory confirmed – Laboratory criteria required for confirmed case status was met. If NBS lab report not created, enter lab information into general comments. Laboratory report AND Medical record review – Select both options for cases that are not confirmed cases but have supportive laboratory criteria and meet clinical criteria. These will most likely be probable cases. If NBS lab report not created, enter lab information into general comments. Clinical diagnosis AND Medical record review – Case status is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider and meets clinical criteria without laboratory evidence, but consistent brain MRI or EEG. These will most likely be probable cases. OR Case status is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider and meets clinical criteria without laboratory evidence. These will most likely be possible (suspect) cases. Medical record review – Case status is based on meeting clinical criteria without supportive laboratory criteria, but no clinical diagnosis mentioned in medical records. These will most likely be possible (suspect) cases.
	Confirmation Date	Date criteria for the case status of the case were met. For confirmed cases, can use the neuropathology report date.
→	Case Status	Select Confirmed, Probable, Suspected (for Possible classification), or Not a Case according to the case definition. See the Epi Case Criteria Guide available within: Texas DSE Guidance Manuals webpage. https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf
→	MMWR Week	Auto-populates based on data entry date. The MMWR week does not need to be edited unless cases are being entered in the following MMWR year, and then the week should be changed to 52 or 53 (based on the MMWR year of the death).
→	MMWR Year	Auto-populates based on data entry date. For CJD, the MMWR year should be edited to the year of death.
Administrative		
	General Comments	Add all information that was not captured elsewhere in this investigation tab and any laboratory results not entered as labs.
Custom Fields		

Investigation		
NBS Field Name		Description/Instructions
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date the disease/condition was added to the differential diagnoses in patient medical record, or ◆ Date a condition specific laboratory test was ordered (or specimen collection date) or ◆ Date disease/condition mentioned in any diagnostic test results (e.g., brain MRI).
Travel History		
⇒	<i>Did patient travel prior to onset of illness?</i>	Select "Yes" if patient traveled outside of US since 1980. This is mostly utilized for vCJD cases.
	Applicable incubation period for this illness is:	
	What was the purpose of the travel?	
	If "Other," please specify other purpose of travel:	
	Please specify the destination(s):	
⇒	<i>Destination 1 Type:</i>	Select the International radio button.
⇒	<i>Destination 1</i>	Select the country from the resulting drop-down list.
	Mode of Travel:	
⇒	<i>Date of Arrival:</i>	If exact date is unknown, select 1 st day of month.
⇒	<i>Date of Departure:</i>	If exact date is unknown, select 1 st day of month or date that reflects approximate duration of stay.
⇒	<i>Destination 2 Type:</i>	Select the International radio button.
⇒	<i>Destination 2</i>	Select the country from the resulting drop-down list.
	Mode of Travel:	
⇒	<i>Date of Arrival:</i>	If exact date is unknown, select 1 st day of month.
⇒	<i>Date of Departure:</i>	If exact date is unknown, select 1 st day of month or date that reflects approximate duration of stay.
⇒	<i>Destination 3 Type:</i>	Select the International radio button.
⇒	<i>Destination 3</i>	Select the country from the resulting drop-down list.
	Mode of Travel:	
⇒	<i>Date of Arrival:</i>	If exact date is unknown, select 1 st day of month.
⇒	<i>Date of Departure:</i>	If exact date is unknown, select 1 st day of month or date that reflects approximate duration of stay.
⇒	<i>If more than 3 destinations, specify details here:</i>	
Drinking Water Exposure		
	What is the source of tap water at home?	
	If "Other," specify other source of tap water at home:	
	If "Private Well," how was the well water treated at home?	
	What is the source of tap water at school/work?	
	If "Other," specify other source of tap water at school/work:	

Investigation		
NBS Field Name		Description/Instructions
	If "Private Well," how was the well water treated at school/work?	
	Did the patient drink untreated water in the 7 days prior to onset of illness?	
Seafood Exposure		
	Has the patient eaten seafood in the last 14 days?	
	Was the seafood eaten undercooked?	
	Was the seafood eaten raw?	
	If "Yes," type of raw seafood:	
	If "Other Shellfish," specify type of other shellfish:	
	If "Other Fish," specify type of other fish:	
	Where was raw seafood obtained?	
	If "Other," specify other source where raw seafood was obtained:	
	Date raw seafood consumed:	
	Time raw seafood consumed:	
	If the type of raw seafood was "Oysters," are shipping tags available from suspect lot?	
	If shipping tags are available, name of shippers who handled suspected raw oysters:	
Underlying Conditions		
	Did patient have any of the following underlying conditions?	
	If "Other Prior Illness," please specify:	
	If "Diabetes Mellitus," specify whether on insulin:	
	If "Gastric Surgery," please specify type:	
	If "Hematologic Disease," please specify type:	
	If "Immunodeficiency," please specify type:	
	If "Other Liver Disease," please specify type:	
	If "Other Malignancy," please specify type:	

Investigation		
NBS Field Name		Description/Instructions
	If "Other Renal Disease," please specify type:	
	If "Organ Transplant," please specify organ:	This can be completed if patient had iCJD due to tissue transplant. Include tissue type.
Related Cases		
	Does the patient know of any similarly ill persons?	
	If "Yes," did the health department collect contact information about other similarly ill persons and investigate further?	
⇒	<i>Are there other cases related to this one?</i>	Can select "no, sporadic" if there are no known related cases, or "yes, outbreak" if the case is associated with an outbreak.

NBS Entry Guidelines for Investigation

Do not create notifications for this condition; all notifications will be created at DSHS Central Office

Q Fever, acute

General Information

Please complete the [Q Fever Case Investigation Form \(state.tx.us\)](https://state.tx.us) and route to the Zoonosis Control Branch through your regional Zoonosis Control office.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood venous, Serum, other appropriate source, or Other (describe in Lab Comments)
	Specimen Site	Select appropriate response from drop-down list.
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇨	<i>Coded Result</i>	Refer to table below.
⇨	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇨	<i>Text Result</i>	Refer to table below.

Lab Report		
NBS Field Name		Description/Instructions
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Phase 1 Antibody	Coxiella 513urnetiid (Q fever) antibody (drop-down list)	Coxiella 513urnetiid (Q fever) phase 1 antibody (drop-down list)	Coded Result: Enter "detected," "positive," "high," etc and Numeric Result: Enter all titer values (e.g., 1:512 or <1:64) Text Result: Enter IgG Antibody
Phase 2 Antibody	Coxiella burnetii (Q fever) antibody (drop-down list)	Coxiella burnetii (Q fever) phase 2 antibody (drop-down list)	Coded Result: Enter "detected," "positive," "high," etc. and Numeric Result: Enter all titer values (e.g., 1:512 or <1:64) Text Result: Enter IgG Antibody
PCR or other molecular testing	Coxiella burnetii (Q Fever), PCR (DNA or RNA) (short search "burn")	Coxiella burnetii (Q fever) DNA (short search "burn")	Coded Result: "positive," "negative," or "indeterminate"
Antigen detection – IHC	Coxiella burnetii (Q Fever) antigen (short search "burn")	Coxiella burnetii antigen (short search "burn")	Coded Result: "detected," "not detected" Text Result: Enter test method
Cell culture	Rickettsia Culture (short search "rick")	COXIELLA BURNETII (Q FEVER) IDENTIFIED (short search "burn")	Organism: Coxiella burnetii (organism)

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*.
Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	Zoonosis - Will default based on condition chosen.
→	Investigation Start Date	Enter date investigation began or, if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Enter date of earliest public health intervention.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	Leave blank.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a non-negative condition specific laboratory result was ordered (e.g. specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.

Investigation		
NBS Field Name		Description/Instructions
➔	Reporting Organization	"Reporting Organization" auto-populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Reporting Provider	Search for reporting provider if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	"Physician" auto-populates if investigation is created from a lab report. Conduct search for "Physician" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	Hospital	If hospitalized, search for "Hospital." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Duration will auto-populate if "Admission Date" and "Discharge date" are entered. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	Select Yes or No, if known.
⇒	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification.

Investigation		
NBS Field Name		Description/Instructions
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ♦ Date of physician diagnosis (if known), or ♦ Date of the condition specific laboratory result
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: If unknown, enter date of hospital admission or, secondly, specimen collection date.</i>
	Illness End Date	Enter end date for illness, if known. <i>Note: Leave blank if end date is unknown or the patient has asymptomatic infection.</i>
	Illness Duration	Enter number. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Illness Duration is auto-populated if "Illness Onset Date" and "Illness End Date" are entered. If end date is same as onset date, enter 1.</i>
	Illness Duration Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>
⇒	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
⇒	Age at Onset Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
➔	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Date of Death	If patient died from the illness, enter deceased date.
Epidemiologic		
	Is this person associated with a day care facility?	Not required
	Is this person a food handler?	Not required
⇒	<i>Is this case part of an outbreak?</i>	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.
	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown. Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and enter the NBS ID of the epi-linked case.
	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).

Investigation			
NBS Field Name		Description/Instructions	
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.
→	Imported Country	Indicate country where patient acquired illness. Required if “Out of Country” selected.	
→	Imported State	Indicate state where patient acquired illness. Required if “Out of State” selected.	
⇒	Imported City	Indicate city where patient acquired illness.	
→	Imported County	Indicate county where patient acquired illness. Required if “Out of jurisdiction, from another jurisdiction” selected.	
→	Transmission Mode	Select “Vectorborne” or “Zoonotic.”	
	Detection Method	Select appropriate response from drop-down list.	
→	Confirmation Method	Select method used to determine case status.	Laboratory confirmed or Laboratory report –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information manually and associate with the investigation.
	Confirmation Date	Enter date when the criteria for case status were met.	
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year, if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.	
General Comments			
	General Comments	Enter comments as needed.	

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Q Fever, chronic

General Information

Please complete the [Q Fever Case Investigation Form \(state.tx.us\)](https://state.tx.us) and route to the Zoonosis Control Branch through your regional Zoonosis Control office.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Blood venous, Serum, other appropriate source, or Other (describe in Lab Comments)
	Specimen Site	Select appropriate response from drop-down list.
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇨	<i>Coded Result</i>	Refer to table below.
⇨	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇨	<i>Text Result</i>	Refer to table below.

Lab Report		
NBS Field Name		Description/Instructions
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Phase 1 Antibody	Coxiella burnetii (Q fever) antibody (drop-down list)	Coxiella burnetii (Q fever) phase 1 antibody (drop-down list)	Coded Result: Enter "detected," "positive," "high," etc. and Numeric Result: Enter all titer values (e.g. 1:512 or <1:64) Text Result: Enter IgG Antibody
Phase 2 Antibody	Coxiella burnetii (Q fever) antibody (drop-down list)	Coxiella burnetii (Q fever) phase 2 antibody (drop-down list)	Coded Result: Enter "detected," "positive," "high," etc., and Numeric Result: Enter all titer values (e.g. 1:512 or <1:64) Text Result: Enter IgG Antibody
PCR or other molecular testing	Coxiella burnetii (Q Fever), PCR (DNA or RNA) (short search "burn")	Coxiella burnetii (Q fever) DNA (short search "burn")	Coded Result: "positive," "negative," or "indeterminate"
Antigen detection – IHC	Coxiella burnetii (Q Fever) antigen (short search "burn")	Coxiella burnetii antigen (short search "burn")	Coded Result: "detected," "not detected" Text Result: Enter test method
Cell culture	Rickettsia Culture (short search "rick")	COXIELLA BURNETII (Q FEVER) IDENTIFIED (short search "burn")	Organism: Coxiella burnetii (organism)

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	Zoonosis - Will default based on condition chosen.
→	Investigation Start Date	Enter date investigation began or, if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Not required for chronic Q fever
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	Leave blank.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date a non-negative condition specific laboratory result was ordered (e.g. specimen collection date), or ♦ Date of physician diagnosis, or ♦ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ♦ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.

Investigation		
NBS Field Name		Description/Instructions
⇒	Reporting Organization	"Reporting Organization" auto-populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Reporting Provider	Search for reporting provider if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	"Physician" auto-populates if investigation is created from a lab report. Conduct search for "Physician" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	Hospital	If hospitalized, search for "Hospital." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Duration will auto-populate if "Admission Date" and "Discharge Date" are entered. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	Select Yes or No, if known.
⇒	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification.

Investigation		
NBS Field Name		Description/Instructions
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ♦ Date of physician diagnosis (if known), or ♦ Date of the condition specific laboratory result
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: If unknown, enter date of hospital admission or, secondly, specimen collection date.</i>
	Illness End Date	Enter end date for illness, if known. <i>Note: Leave blank if end date is unknown or the patient has asymptomatic infection.</i>
	Illness Duration	Enter number. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Illness Duration is auto-populated if "Illness Onset Date" and "Illness End Date" are entered. If end date is same as onset date, enter 1.</i>
	Illness Duration Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>
⇒	<i>Age at Onset</i>	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
⇒	<i>Age at Onset Units</i>	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
➔	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Date of Death	If patient died from the illness, enter deceased date.
Epidemiologic		
	Is this person associated with a day care facility?	Not required
	Is this person a food handler?	Not required
⇒	<i>Is this case part of an outbreak?</i>	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.
	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown. Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and enter the NBS ID of the epi-linked case.
	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).

Investigation			
NBS Field Name		Description/Instructions	
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.
→	Imported Country	Indicate country where patient acquired illness. Required if “Out of Country” selected.	
→	Imported State	Indicate state where patient acquired illness. Required if “Out of State” selected.	
⇒	<i>Imported City</i>	Indicate city where patient acquired illness.	
→	Imported County	Indicate county where patient acquired illness. Required if “Out of jurisdiction, from another jurisdiction” selected.	
→	Transmission Mode	Select “Vectorborne” or “Zoonotic.”	
	Detection Method	Select appropriate response from drop-down list.	
→	Confirmation Method	Select method used to determine case status.	Laboratory confirmed or Laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information manually and associate with the investigation.
	Confirmation Date	Enter date when the criteria for case status were met.	
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year, if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.	
General Comments			
	General Comments	Enter comments as needed.	

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Rabies, human

General Information

Please contact your regional Zoonosis Control Program for the human rabies investigation form.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇒	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
[	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood venous, Serum, other appropriate source, or Other (describe in Lab Comments)
	Specimen Site	Select appropriate response from drop-down list.
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	Coded Result	Refer to table below.
⇒	Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒	Text Result	Refer to table below.

Lab Report		
NBS Field Name	Description/Instructions	
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Isolation of Lyssavirus	Rabies Virus Culture (short search=rabies)	Rabies Virus Identified (long search=rabies)	Organism = "present"
Lyssavirus antigen	Rabies virus antigen (short search=rabies)	Rabies virus antigen (short search=rabies)	Coded Result: Enter "positive" or "negative" or "indeterminate"
Lyssavirus antibody in serum or CSF	Rabies virus antibody (short search=rabies)	Rabies virus antibody (short search=rabies)	Coded Result: "positive," "negative," or "indeterminate"
RT-PCR	Rabies virus, PCR (DNA or RNA) (short search=rabies)	Rabies virus DNA (short search = rabies)	Coded Result: "detected," "not detected" Text Result: Enter test method

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient’s zip code. Review and correct as needed. Select or edit “Jurisdiction” based on patient address if available, location of patient’s provider, or location of reporting facility, in that order.
➔	Program Area	Zoonosis - Will default based on condition.
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Enter date of earliest public health intervention.

Investigation		
NBS Field Name		Description/Instructions
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆Date of physician diagnosis, or ◆Date a condition specific laboratory was positive.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Organization</i>	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for "Reporting Provider" if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>

Investigation		
NBS Field Name		Description/Instructions
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
⇒	<i>Hospital</i>	If hospitalized, search for "Hospital." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter 1 st admission date.
⇒	<i>Discharge Date</i>	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	<i>Total duration of stay in the hospital (in days)</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospitalized at a Second Hospital</i>	Select Yes, No, or Unknown.
⇒	<i>Hospital 2</i>	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 2 Admission Date</i>	If patient hospitalized, enter 2 nd admission date.
⇒	<i>Hospital 2 Discharge Date</i>	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	<i>Hospital 2 Duration</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospital 3</i>	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 3 Admission Date</i>	If patient hospitalized, enter 3 rd admission date.
⇒	<i>Hospital 3 Discharge Date</i>	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	<i>Hospital 3 Duration</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification if applicable.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of physician diagnosis, or ♦ Date a condition specific laboratory was positive.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: If unknown, enter date of hospital admission or, secondly, specimen collection date.</i>
	<i>Illness End Date</i>	Enter "Illness End Date." <i>Note: Leave blank if end date is unknown or the patient has asymptomatic infection.</i>
	<i>Illness Duration</i>	Enter number of days and select "Days" for units (default). Use "Months" or "Years" if more appropriate. <i>Note: Illness Duration is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>
	<i>Illness Duration Units</i>	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>

Investigation			
NBS Field Name		Description/Instructions	
	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for > 1 month and < 1 year, and years for > 1 year. Note: <i>Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>	
	Age at Onset Units	Use the drop-down list to select days, weeks, etc. Note: <i>Unit is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>	
	Is the patient pregnant?	Select Yes, No, or Unknown.	
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .	
➔	Date of Death	Enter date of death.	
Epidemiologic			
	Is this patient associated with a day care facility?		
	Is this patient a food handler?		
⇒	<i>Is this case part of an outbreak?</i>	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.	
	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown.	
	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
➔	Where was the disease acquired?	Indicate where disease was acquired.	Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.
➔	Imported Country	Indicate country where patient acquired illness.	
➔	Imported State	Indicate state where patient acquired illness.	
➔	Imported City	Indicate city where patient acquired illness.	
➔	Imported County	Indicate county where patient acquired illness.	
	Transmission Mode	Select "Zoonotic."	
	Detection Method	Select appropriate response from drop-down list.	
➔	Confirmation Method	Select method used to determine case status.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case were met.	

Investigation		
NBS Field Name		Description/Instructions
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.
General Comments		
	General Comments	Enter comments as needed.

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Relapsing Fever (Soft Tick Relapsing Fever - STRF)

General Information

Please complete the [Tick-borne Relapsing Fever Case Investigation Form \(state.tx.us\)](https://state.tx.us) and route to the Zoonosis Control Branch through your regional Zoonosis Control Program.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Select or edit to Zoonosis . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood venous, Serum, other appropriate choice, or Other (describe in Result Comments).
	Specimen Site	Select appropriate response from drop-down list.
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	Select hospitalized, outpatient, or unknown.
	Pregnant	Select Yes, No, or Unknown.
	Weeks	Enter number of weeks pregnant.
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇨	<i>Coded Result</i>	Refer to table below.
⇨	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.

NBS Field Name			Description/Instructions
⇒	Text Result	Refer to table below.	
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.	
	Result status	Select corrected, final, preliminary or results pending.	
	Result comments	Enter comments as needed.	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.			
Administrative			
	Comments		

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Isolation of <i>Borrelia hermsii</i> , <i>B. turicatae</i> or other STRF <i>Borrelia</i> sp. from blood using a <i>Borrelia</i> -specific medium	<i>Borrelia</i> species Culture (short search "Borrelia")	<i>Borrelia</i> Sp Identified (short search "Borrelia") If <i>B. hermsii</i> : <i>Borrelia hermsii</i> Identified (long search "hermsii")	Coded Result: "isolated" or "not isolated" and Text Result: Isolation of <i>B.</i> _____ from blood
<i>Borrelia hermsii</i> , <i>B. turicatae</i> , or other STRF <i>Borrelia</i> sp. detection through nucleic acid testing, such as PCR, which differentiates soft-tick relapsing fever <i>Borrelia</i> spp. from other relapsing fever <i>Borrelia</i> spp.	<i>Borrelia</i> Sp Ag (long search "Borrelia Sp")	<i>Borrelia</i> Sp Ag (long search "Borrelia Sp")	Coded result: "positive" or "negative" and Text Result: <i>B.</i> _____ by PCR and sequencing
Identification of <i>Borrelia</i> spirochetes in peripheral blood, bone marrow, or cerebral spinal fluid (CSF)	<i>Borrelia</i> species Culture (short search "Borrelia")	<i>Borrelia</i> Sp Identified (short search "Borrelia")	Coded result: "positive" or "negative" and Text Result: <i>Borrelia</i> spirochetes identified in _____
Serologic evidence infection by EIA, IFA, immunoblot or another serologic test for relapsing fever <i>Borrelia</i> sp.	If <i>B. hermsii</i> : <i>Borrelia hermsii</i> AB (long search "hermsii") If another species, leave blank	<i>Borrelia</i> Sp Ag (short search "Borrelia") If <i>B. hermsii</i> : <i>Borrelia hermsii</i> AB (long search "hermsii")	Coded result: "positive" or "equivocal" or "negative" and Text Result: Tick-borne relapsing fever by EIA Tick-borne relapsing fever by immunoblot
Relapsing fever <i>Borrelia</i> detection through nucleic acid testing, such as PCR, which does not differentiate soft-tick	<i>Borrelia</i> Sp Ag (long search "Borrelia Sp")	<i>Borrelia</i> Sp Ag (long search "Borrelia Sp")	Coded result: "positive" or "negative" and Text Result: Relapsing fever <i>Borrelia</i> by PCR

relapsing fever <i>Borrelia</i> spp. from other relapsing fever <i>Borrelia</i> spp.			

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient’s zip code. Review and correct as needed. Select or edit “Jurisdiction” based on patient address if available, location of patient’s provider, or location of reporting facility, in that order.
➔	Program Area	Zoonosis - Will default based on condition.
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to “Open.” Change to “Closed” when investigation and data entry are completed.
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigation	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date a non-negative condition specific laboratory result was ordered (e.g. specimen collection date), or ♦ Date of physician diagnosis, or ♦ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ♦ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
➔	Reporting Source Type	Select type of “Reporting Source” for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select “other state and local agencies.” If none of the categories apply, note source in comments.

Investigation		
NBS Field Name		Description/Instructions
➔	Reporting Organization	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	Reporting Provider	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select No, Unknown, or Yes.
⇒	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter admission date(s).
⇒	Discharge Date	If patient hospitalized, enter discharge date(s).
➔	Date of Symptom Onset:	Enter "Illness Onset Date." <i>Note: If onset date is unknown, enter date of specimen collection.</i>
	Age at Onset	Enter number and unit.
	Age at Onset Units	Default is years. Use days if <1 month, months for ≥1 month and <1 year, and years for ≥1 year.
➔	Is there a more likely clinical explanation for these symptoms?	Enter No, Unknown, or Yes.
⇒	If yes, provide explanation.	Enter more likely clinical explanation.
➔	Was the patient pregnant during illness?	Was individual pregnant at the time of onset? Indicate No, Unknown, or Yes. Field is unavailable for entry for male patients.
⇒	If yes, provide week of pregnancy at onset	Enter week of pregnancy.
⇒	Outcome of Pregnancy	Select Delivery (Live birth), Fetal death (Fetal loss), Perinatal death, Premature birth of newborn, Still pregnant, Stillbirth (Intrauterine Fetal Death), or Therapeutic termination of pregnancy
⇒	Due Date	Enter due date
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and enter date of death for <i>Deceased Date</i> .
➔	Date of Death	If applicable, enter date of death.
➔	Fever	Enter No, Unknown or Yes.
➔	Fever Type	Enter Measured or Subjective.
➔	Date of 1st fever	Enter date of first fever.

Investigation		
NBS Field Name		Description/Instructions
➔	Average febrile episode duration (days)	Enter average number of days fever lasted for each febrile episode.
➔	Highest temp	Enter highest temperature.
➔	Number of Relapses	Enter number of relapses. If only 1 febrile episode, enter 0 for number of relapses.
➔	Headache	Enter No, Unknown, or Yes.
➔	Myalgia	Enter No, Unknown, or Yes.
➔	Nausea/Vomiting	Enter No, Unknown, or Yes.
➔	Arthralgia	Enter No, Unknown, or Yes.
➔	Other Signs and Symptoms	Enter No, Unknown, or Yes. If Yes, answer for other S/S below.
⇒	<i>Abdominal Pain</i>	Enter No, Unknown, or Yes.
⇒	<i>Dry Cough</i>	Enter No, Unknown, or Yes.
⇒	<i>Eye Pain</i>	Enter No, Unknown, or Yes.
⇒	<i>Diarrhea</i>	Enter No, Unknown, or Yes.
⇒	<i>Photophobia</i>	Enter No, Unknown, or Yes.
⇒	<i>Neck Pain</i>	Enter No, Unknown, or Yes.
⇒	<i>Confusion</i>	Enter No, Unknown, or Yes.
⇒	<i>Rash</i>	Enter No, Unknown, or Yes.
⇒	<i>Jaundice</i>	Enter No, Unknown, or Yes.
⇒	<i>Hepatomegaly</i>	Enter No, Unknown, or Yes.
⇒	<i>Splenomegaly</i>	Enter No, Unknown, or Yes.
⇒	<i>Bell's Palsy</i>	Enter No, Unknown, or Yes.
⇒	<i>Other symptom(s)?</i>	Enter No, Unknown, or Yes.
⇒	<i>Other symptoms</i>	Enter other symptoms.
Treatment Information		
➔	Did the patient receive antibiotic treatment	Enter No, Unknown, or Yes. If Yes, enter antibiotic name below.
⇒	<i>Antibiotic</i>	Select Ceftriazone, Doxycycline, Erythromycin and/or Other.
⇒	<i>Other Antibiotic</i>	Enter name of other antibiotic, if applicable.
➔	Did the patient respond to treatment?	Enter No, Unknown, or Yes.
Laboratory Information		
Laboratory Findings – enter all TBRF testing into the table.		
➔	Lab Test Type	Select Culture, Enzyme Immunoassay (EIA), Microscopy, Nucleic Acid Testing (NAT), such as PCR, Nucleotide Sequencing, or Western Blot.
➔	Lab Test Result	Enter Equivocal, Negative, Positive, Test, Not Done.
➔	Species	Enter <i>Borrelia hermsii</i> , <i>Borrelia parkeri</i> , <i>Borrelia</i> sp., <i>Borrelia turicatae</i> , or Relapsing Fever <i>Borrelia</i> sp.
➔	Specimen Type	Enter Blood, Bone marrow, CSF, Plasma, or Serum.
➔	Specimen Collection Date	Enter date specimen was collected.
➔	Performing Lab Type	Enter CDC Lab, Commercial Lab, or Public Health Lab.
Epidemiologic		
TBRF Epidemiology – During the 3 weeks prior to symptom onset:		
➔	Did the patient report cave exploration (i.e., caving or spelunking)?	Enter No, Unknown, or Yes.

Investigation			
NBS Field Name		Description/Instructions	
⇒	<i>If yes, identify and describe geographic location of the cave(s)</i>		
➔	Did the patient report tick bites?	Enter No, Unknown, or Yes.	
⇒	<i>If yes, identify and describe geographic location of tick bite exposure</i>		
➔	Did the patient spend time in or around a rodent infested dwelling?	Enter No, Unknown, or Yes.	
⇒	<i>If yes, identify and describe geographic location of rodent infested dwelling</i>		
➔	Did the patient travel outside their country of residence?	Enter No, Unknown, or Yes. If Yes, complete table.	
Travel dates and Locations Prior to Illness Onset, enter travel dates and locations into the table for the 3 weeks prior to illness onset.			
⇒	<i>Date of Arrival at Destination</i>	Enter date.	
⇒	<i>Date of Departure from Destination</i>	Enter Date.	
⇒	<i>City</i>	Enter city name.	
⇒	<i>County</i>	Select county.	
⇒	<i>State</i>	Select state.	
⇒	<i>Country</i>	Select country.	
➔	Did the patient know other individuals with the same exposure?	Enter No, Unknown, or Yes. If Yes, complete table.	
⇒	<i>Name</i>	Enter Name.	
⇒	<i>Phone Number</i>	Enter 10-digit phone number.	
⇒	<i>Illness?</i>	Enter No, Unknown, or Yes.	
➔	Epi-linked to laboratory confirmed case?	Select No, Unknown, or Yes. Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and enter the Case ID of the epi-linked case.	
⇒	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
➔	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous Imported, but not able to determine source state and/ or county. International – patient acquired illness while outside of US. In state, out of jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.
➔	Imported Country	Indicate country where patient acquired illness. Required if "International" selected.	

Investigation		
NBS Field Name		Description/Instructions
→	Imported State	Indicate state where patient acquired illness. Required if "Out of State" selected.
⇒	<i>Imported City</i>	Indicate city where patient acquired illness.
→	Imported County	Indicate county where patient acquired illness. Required if "In state, out of jurisdiction" selected.
→	Transmission Mode	Select "Vectorborne"
→	Confirmation Method	Indicate method(s) used to determine case status
		Laboratory confirmed or laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case was met
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
General Comments		
	Comments or other pertinent epidemiological data:	Enter comments as needed.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Rickettsiosis, unspecified

General Information

Please complete the [Rickettsial Disease Case Investigation Form \(state.tx.us\)](https://state.tx.us) and route to the Zoonosis Control Branch through your regional Zoonosis Control office.

Note: For "Rickettsiosis, unspecified," an undetermined case can only be classified as probable.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional, or state).
⇨	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood venous, Serum, other appropriate source, or Other (describe in Lab Comments)
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇨	Coded Result	Refer to table below.
⇨	Numeric Result	Refer to table below. Enter units in the 2 nd box.

Lab Report		
NBS Field Name	Description/Instructions	
⇒ Text Result	Refer to table below.	
⇒ Reference Range	If applicable, enter the reference range or cut-off value for normal results.	
Result status		
Result comments		
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
Comments	Enter comments as needed.	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Rickettsia typhi IFA	Rickettsia typhi antibody	Rickettsia typhi antibody, IgG; (short search "typhi") OR Rickettsia typhus group antibody, IgG;	Coded Result: Enter "detected," "positive," "high," etc. and Numeric Result: Enter all titer values (e.g. 1:128 or <1:64)
Rickettsia rickettsii IFA	Rickettsia rickettsii antibody	Rickettsia rickettsii antibody, IgG; OR Rocky Mountain Spotted Fever (RMSF) Antibody, IgG;	Coded Result: Enter "detected," "positive," "high," etc. and Numeric Result: Enter all titer values (e.g. 1:128 or <1:64)

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by and *italics*.
Control + Click to see [Patient Tab Lab Report Table](#).

Investigation		
NBS Field Name	Description/Instructions	
Investigation Information		
➔ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.	
➔ Program Area	Zoonosis - Will default based on condition chosen	
➔ Investigation Start Date	Enter date investigation began or, if no follow up was done, enter the date the report was received.	
Date Earliest Public Health Control Measure Initiated	Not required for Rickettsiosis, unspecified	
➔ Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.	

Investigation		
NBS Field Name		Description/Instructions
	State Case ID	Leave blank.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a non-negative condition specific laboratory result was ordered (e.g., specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
→	Reporting Organization	"Reporting Organization" auto-populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	"Physician" auto-populates if investigation is created from a lab report. Conduct search for "Physician" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	Hospital	If hospitalized, search for "Hospital." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Duration will auto-populate if "Admission Date" and "Discharge Date" are entered. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	Select Yes or No, if known.
⇒	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ♦ Date of physician diagnosis (if known), or ♦ Date of the condition specific laboratory result
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: If unknown, enter date of hospital admission or, secondly, specimen collection date.</i>
	Illness End Date	Enter end date for illness, if known.
	Illness Duration	Enter number. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Illness Duration is auto-populated if "Illness Onset Date" and "Illness End Date" are entered. If end date is same as onset date, enter 1.</i>
	Illness Duration Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>

Investigation			
NBS Field Name		Description/Instructions	
⇒	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. Note: Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.	
⇒	Age at Onset Units	Use the drop-down list next to it to select days, weeks, etc. Note: Unit is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.	
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.	
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for Is the Patient Deceased? and date of death for Deceased Date.	
→	Date of Death	If patient died from the illness, enter deceased date.	
Epidemiologic			
	Is this person associated with a day care facility?	Not Required	
	Is this person a food handler?	Not Required	
⇒	Is this case part of an outbreak?	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
⇒	Outbreak Name	Select outbreak name from drop-down list.	
	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown. Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and enter the NBS ID of the epi-linked case.	
	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.
→	Imported Country	Indicate country where patient acquired illness. Required if "Out of Country" selected.	
→	Imported State	Indicate state where patient acquired illness. Required if "Out of State" selected.	
⇒	Imported City	Indicate city where patient acquired illness.	
→	Imported County	Indicate county where patient acquired illness. Required if "Out of jurisdiction, from another jurisdiction" selected.	
→	Transmission Mode	Select "Vectorborne."	

Investigation			
NBS Field Name		Description/Instructions	
	Detection Method	Select appropriate response from drop-down list.	
→	Confirmation Method	Select method used to determine case status.	Laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information manually and associate with the investigation.
	Confirmation Date	Enter date when the criteria for case status were met.	
→	Case Status	Select Probable or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year, if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.	
General Comments			
	General Comments	Enter comments as needed.	

NBS Entry Guidelines for Notification

Notifications are required for probable cases.

Rubella

General Information

Information on treatment and prevention measures can be found in the Emerging and Acute Infectious Disease Guidelines: <https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance>

Individual case report forms are required to be completed and submitted to the Central Office via the Regional Office.

The Rash-Fever Illness case track can be found at [Measles/Rubella Case Track Record \(texas.gov\)](#) Laboratory reports that are entered under the lab section should be associated with the investigation.

The rubella vaccination history should be entered as a vaccination record in NBS and attached to the investigation. Enter the date of vaccination, age at vaccination, vaccine type, and any other available information. To search ImmTrac for this patient, within the investigation, click "Manage Associations" and under the "Vaccinations" section, click "Query Registry." Confirm the patient's information is correct then click "Submit Query." Check the box next to the vaccine to associate it with the current investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified.

Vaccine Type	NBS Selection	Manufacturers for US (2024)
MMRV (Measles-Mumps-Rubella-Varicella Virus Vaccine Live)	Measles, mumps, rubella, and varicella virus vaccine	ProQuad- Merck
MMR (Measles-Mumps-Rubella)	MMR	M-M-R II- Merck Priorix – GlaxoSmithKline
Measles/Rubella	M/R	
Rubella	Rubella	
Rubella/Mumps	Rubella/Mumps	

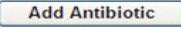
For a complete vaccination schedule for children and adults go to:

<https://www.dshs.texas.gov/immunizations/public/schedules>

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>

Lab Report		
NBS Field Name	Description/Instructions	
→ Program Area	Enter or edit to Immunizations . Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.	
→ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.	
⇒ Lab Report Date	Enter date result was reported to provider if available.	
→ Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).	
⇒ Ordered Test	Refer to table below.	
Accession Number	Enter unique ID assigned to specimen.	
→ Specimen Source	Blood venous, Urine, Nose (for pharyngeal specimen), or Other (describe in Result Comments).	
Specimen Site		
→ Date Specimen Collected	Enter date specimen collected.	
Patient Status at Specimen Collection		
Pregnant		
Weeks		
Test Result(s)		
→ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.	
→ Resulted Test	Refer to table below.	
⇒ Coded Result	Refer to table below.	
⇒ Numeric Result	Refer to table below. Enter units in the 2 nd box.	
⇒ Text Result	Refer to table below.	
⇒ Reference Range	If applicable, enter the reference range or cut-off value for normal results.	
Result status		
Result comments		
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
Comments		

Ordered Test, Resulted Test and Test Results			
Description	⇐ Ordered Test	→ Resulted Test	→ Test Result(s)
Culture	Rubella virus Culture (drop-down list)	Rubella Virus – Result OR	Coded Result: "isolated" or "not isolated" OR

		Rubella virus Identified (drop-down list)	Rubella Virus (organism) (drop-down list)
Antibody testing	Rubella virus antibody (drop-down list)	Rubella virus antibodies (drop-down list)	Coded Result: "positive," "negative," or "indeterminate" (enter note in Result Text if combined IgG/IgM)
Antibody testing for IgM	Rubella virus antibody (drop-down list)	Rubella virus Antibodies, IgM (drop-down list)	Coded Result: "positive," "negative," or "indeterminate"
Antibody testing for IgG	Rubella virus antibody (drop-down list)	Rubella virus Antibodies, IgG (drop-down list)	Coded Result: "positive," "negative," or "indeterminate;" enter interpretation of acute/convalescent comparison in Text Result
PCR	Rubella virus antigen (short search "rubel")	Rubella virus antigen (short search "rubel")	Coded Result: "detected" or "not detected," and Text Result: enter test method

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Immunizations - Will default based on condition
	State Case ID	
⇨	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		

Investigation		
NBS Field Name		Description/Instructions
→	<i>Date of Report</i>	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	<i>Reporting Source</i>	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	<i>Earliest Date Reported to County</i>	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	<i>Earliest Date Reported to State</i>	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
→	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter admission date(s).
→	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ◆ Date of the condition specific laboratory test result, or ◆ Date of physician diagnosis (if known), or ◆ Date identified as a symptomatic contact of another case
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
→	Illness End Date	
→	Illness Duration	

Investigation		
NBS Field Name		Description/Instructions
➔	Did the patient have a Maculopapular Rash	Select Yes, No, or Unknown.
➔	Rash onset date	Enter rash onset date
➔	Rash duration	Enter number of days for rash duration
➔	<i>Did the patient have a fever?</i>	Select Yes, No, or Unknown.
➔	<i>Highest measured temperature</i>	Enter highest measured temperature and select Celsius or Fahrenheit.
➔	<i>Arthralgia/Arthritis</i>	Select Yes, No, or Unknown.
➔	<i>Lymphadenopathy</i>	Select Yes, No, or Unknown.
➔	<i>Conjunctivitis</i>	Select Yes, No, or Unknown.
➔	<i>Arthralgia/Arthritis</i>	Select Yes, No, or Unknown.
➔	<i>Encephalitis</i>	Select Yes, No, or Unknown.
➔	<i>Thrombocytopenia</i>	Select Yes, No, or Unknown.
➔	<i>Other Complications</i>	Select Yes, No, or Unknown.
➔	Specify Other	
➔	<i>Did patient die from rubella or complications (including secondary infections) associated with rubella?</i>	Select Yes, No, or Unknown. If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Cause of death	Enter cause of death
Laboratory		
➔	<i>Was laboratory testing done for rubella?</i>	Select Yes, No, or Unknown.
➔	<i>Rubella IgM EIA (1st)?</i>	Select Yes, No, or Unknown.
➔	Which method was used?	Select from drop-down list. DSHS lab test is capture method.
➔	Date of Test	
➔	Test Result	Select from drop-down list.
➔	Test Result Value	
⇒	<i>Rubella IgM EIA (2nd)?</i>	Select Yes, No, or Unknown.
⇒	<i>Which method was used?</i>	Select from drop-down list. DSHS lab test is capture method.
⇒	<i>Date of Test</i>	
⇒	<i>Test Result</i>	Select from drop-down list.
⇒	<i>Test Result Value</i>	
⇒	<i>Rubella IgM other?</i>	Select Yes, No, or Unknown.
⇒	<i>Specify Other Rubella IgM</i>	
⇒	<i>Date of Other</i>	
⇒	<i>Other Result</i>	Select from drop-down list.
⇒	<i>Test Result Value</i>	
⇒	<i>Rubella IgG, EIA -Acute?</i>	Select Yes, No, or Unknown.
⇒	<i>Date of Test</i>	
⇒	<i>Test Result Value</i>	

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Rubella IgG, EIA - Convalescent?</i>	Select Yes, No, or Unknown.
⇒	<i>Date of Test</i>	
⇒	<i>Test Result Value</i>	
⇒	<i>Difference Between Acute/ Convalescent IgG EIA Tests:</i>	Select from drop-down list.
⇒	<i>Hemagglutination Inhibition Test - Acute?</i>	Select Yes, No, or Unknown.
⇒	<i>Date of Test</i>	
⇒	<i>Test Result Value</i>	
⇒	<i>Hemagglutination Inhibition Test-Convalescent?</i>	Select Yes, No, or Unknown.
⇒	<i>Date of Test</i>	
⇒	<i>Test Result Value</i>	
⇒	<i>Difference Between Acute/ Convalescent Hemagglutination Inhibition Tests</i>	Select from drop-down list.
⇒	<i>Complement Fixation Test - Acute?</i>	Select Yes, No, or Unknown.
⇒	<i>Date of Test</i>	
⇒	<i>Test Result Value</i>	
⇒	<i>Complement Fixation Test - Convalescent?</i>	Select Yes, No, or Unknown.
⇒	<i>Date of Test</i>	
⇒	<i>Test Result Value</i>	
⇒	<i>Difference Between Acute/ Convalescent Complement Fixation Tests</i>	Select from drop-down list.
⇒	<i>Rubella IgG, Other (#1)?</i>	Select Yes, No, or Unknown. If an avidity tested was performed, enter the lab information here.
⇒	<i>Specify Other</i>	
⇒	<i>Date of Other</i>	
⇒	<i>Other Result</i>	Select from drop-down list.
⇒	<i>Test Result Value</i>	
⇒	<i>Rubella IgG, Other (#2)?</i>	Select Yes, No, or Unknown.
⇒	<i>Specify Other</i>	
⇒	<i>Date of Other</i>	
⇒	<i>Other Result</i>	Select from drop-down list.
⇒	<i>Test Result Value</i>	
⇒	<i>Rubella IgG, Other (#3)?</i>	Select Yes, No, or Unknown.
⇒	<i>Specify Other</i>	
⇒	<i>Date of Other</i>	
⇒	<i>Other Result</i>	Select from drop-down list.
⇒	<i>Test Result Value</i>	

Investigation		
NBS Field Name	Description/Instructions	
→ <i>Virus Isolation Performed?</i>	Select Yes, No, or Unknown.	
→ Date of Virus Isolation		
→ Source of Specimen	Select from drop-down list.	
→ Other Source		
→ Virus Isolation Result	Select from drop-down list.	
→ RT-PCR Performed?	Select Yes, No, or Unknown.	
→ Date of RT-PCR		
→ Source of RT-PCR	Select from drop-down list.	
→ Other Source		
→ RT-PCR Result	Select from drop-down list.	
⇒ <i>Latex Agglutination Test Performed?</i>	Select Yes, No, or Unknown.	
⇒ <i>Date of Test</i>		
⇒ <i>Test Result</i>		
⇒ <i>Test Result Value</i>		
⇒ <i>Immunofluorescent Antibody Assays Performed?</i>	Select Yes, No, or Unknown.	
⇒ <i>Date of Assays</i>		
⇒ <i>Source of Assays</i>	Select from drop-down list.	
⇒ <i>Other Source</i>		
⇒ <i>Assays Result</i>	Select from drop-down list.	
⇒ <i>Test Result Value</i>		
⇒ <i>Other Laboratory Testing for Rubella?</i>	Select Yes, No, or Unknown.	
⇒ <i>Specify Other Rubella Test</i>		
⇒ <i>Date of Other Rubella Test</i>		
⇒ <i>Other Result</i>		
⇒ <i>Test Result Value</i>		
⇒ <i>Were the clinical specimens sent to CDC for genotyping (molecular typing)?</i>	Select Yes, No, or Unknown.	
Date sent for Genotyping	If applicable, Central Office staff will enter this data.	
Was the (Rubella) virus genotype sequenced		
Specimen Type		
Other Type		
Vaccine Information		
→ Did the patient receive a rubella containing vaccine?	Select Yes, No, or Unknown. If yes, please enter data in the Vaccination Record. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified and select answer "Unknown."	
→ If No, Reason	Select from drop-down list; if unknown, please select "unknown."	
→ Number of doses patient received ON or AFTER first birthday		
Epidemiologic		

Investigation			
NBS Field Name		Description/Instructions	
→	Is this case epi-linked to another laboratory confirmed case?	Select Yes, No, or Unknown.	
→	Transmission setting	Select from drop-down list.	
→	Is this case part of an outbreak of 3 or more cases?	Select Yes, No, or Unknown. If yes, contact the NEDSS Office to have outbreak name added to the drop-down list.	
→	Outbreak Name	Select from drop-down list.	
	Source of Infection (i.e. Person ID, Country...)		
→	Did rash onset occur 14 to 23 days upon entering the USA, following any travel or living outside the USA?	Select Yes, No, or Unknown.	
→	Is this case traceable (linked) to an international import?	Select Yes, No, or Unknown.	
→	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
→	Imported country	Indicate country where patient became ill.	
→	Imported state	Indicate state where patient became ill (not TX).	
	Imported City	Indicate city where patient became ill.	
→	Imported county	Indicate county where patient became ill.	
→	Case Status	Select Confirmed or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf	
→	Confirmation Method	Select method used to determine case status. Select lab confirmed or epi linked.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	

Investigation		
NBS Field Name		Description/Instructions
	General Comments	
Medical History		
→	Length of Time in US:	
→	Country of Birth:	Select from drop-down list.
→	If this is a female, is she pregnant	Select Yes, No, or Unknown.
→	What is the expected delivery date of the pregnancy?	
→	Expected Place of Delivery:	
→	Number of Weeks Gestation at Time of Rubella Disease:	
→	Trimester of Gestation at Time of Rubella Disease:	Select from drop-down list.
⇒	Is there documentation of previous rubella immunity testing?	Select Yes, No, or Unknown.
⇒	Result of Immunity Testing:	Select from drop-down list.
⇒	Year of Immunity Testing:	
⇒	Age of the Woman at Time of Immunity Testing:	
⇒	Did the woman ever have rubella disease prior to this pregnancy?	Select Yes, No, or Unknown.
⇒	Was previous rubella disease serologically confirmed by a physician?	Select Yes, No, or Unknown.
⇒	Year of the Previous Disease:	
⇒	Age of the Woman at Time of Previous Disease:	
⇒	What was the outcome of the current pregnancy?	Select from drop-down list.
⇒	If "Live birth", choose type;	Select from drop-down list.
⇒	If "Not a live birth", choose type:	Select from drop-down list.
⇒	At the time of cessation of pregnancy, what was the age of the fetus?	
⇒	If "Not a live birth", was autopsy/ pathology study conducted?	Select Yes, No, or Unknown.
⇒	Result of autopsy/pathology Study:	Enter a summary of autopsy findings including any rubella test results for fetus.
Custom Fields		

Investigation		
NBS Field Name		Description/Instructions
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: • Date of physician diagnosis, or • Date the disease/condition was added to the top 3 differential diagnoses for the patient, or • Date a condition specific laboratory test was ordered, or • Date identified as a symptomatic contact of another case, whichever was earliest.

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Rubella, congenital syndrome

General Information

Individual case report forms are required to be completed and submitted to the central office. The congenital rubella case report form can be found at [Measles/Rubella Case Track Record \(texas.gov\)](https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance).

In addition, medical records and laboratory reports should be obtained and submitted to the central office. Information on treatment and prevention measures can be found in the Emerging and Acute Infectious Disease Guidelines:

<https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance>

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Immunizations . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
⇨	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Blood venous, Urine, Nose (for pharyngeal specimen), Throat, Cerebral spinal fluid, or Other (describe in Result Comments).
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		

Lab Report	
NBS Field Name	Description/Instructions
➔ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔ Resulted Test	Refer to table below.
⇒ <i>Coded Result</i>	Refer to table below.
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒ <i>Text Result</i>	Refer to table below.
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional.
Click on when the Test Result(s) section is completed and add additional lab results as needed.

Administrative	
Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
Culture	Rubella virus Culture (drop-down list)	Rubella Virus – Result, or Rubella virus Identified (drop-down list)	Coded Result: “isolated” or “not isolated”, or Rubella Virus (organism) (drop-down list)
Antibody testing for IgM	Rubella virus antibody (drop-down list)	Rubella virus Antibodies, IgM (drop-down list)	Coded Result: “positive,” “negative,” or “indeterminate”
Antibody testing for IgG	Rubella virus antibody (drop-down list)	Rubella virus Antibodies, IgG (drop-down list)	Coded Result: “positive,” “negative,” or “indeterminate;” enter interpretation of acute/convalescent comparison in Text Result
PCR	Rubella virus antigen (short search “rubel”)	Rubella virus antigen (short search “rubel”)	Coded Result: “detected” or “not detected,” and Text Result: enter test method

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Summary	

Investigation		
NBS Field Name		Description/Instructions
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Immunizations – Will default based on condition
	State Case ID	
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Organization	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the infant hospitalized for this illness?	Select Yes, No, or Unknown.
➔	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Admission Date	If patient hospitalized, enter admission date(s).
➔	Discharge Date	If patient hospitalized, enter discharge date(s).

Investigation		
NBS Field Name		Description/Instructions
⇒	Total Duration of Stay within Hospital	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: • Date of physician diagnosis (if known), or • Date of physician diagnosis and presumptive positive tests, or • Date of the condition specific laboratory test result
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
⇒	Date of Last Evaluation by a Healthcare Provider	
⇒	Birth State	
⇒	Gestational age at birth	Weeks
⇒	Infant's Age at Diagnosis	Enter the numeric value
⇒	Infant's Age at Diagnosis (units)	Select from drop-down list.
⇒	Birth weight	Enter the numeric value
⇒	Birth weight (units):	Select from drop-down list.
Group A		
→	Cataracts	Select Yes, No, or Unknown.
→	Hearing Impairment (loss):	Select Yes, No, or Unknown.
→	Congenital Heart Disease:	Select Yes, No, or Unknown.
→	Patent Ductus Arteriosus:	Select Yes, No, or Unknown.
→	Peripheral Pulmonic Stenosis:	Select Yes, No, or Unknown.
→	Other Type of Congenital Heart Disease:	Select Yes, No, or Unknown.
→	Specify Other:	
→	Congenital Glaucoma	Select Yes, No, or Unknown.
→	Pigmentary Retinopathy:	Select Yes, No, or Unknown.
Group B		
→	Developmental Delay or Mental Retardation:	Select Yes, No, or Unknown.
→	Meningoencephalitis:	Select Yes, No, or Unknown.
→	Microcephaly:	Select Yes, No, or Unknown.
→	Purpura:	Select Yes, No, or Unknown.
→	Enlarged Spleen:	Select Yes, No, or Unknown.
→	Enlarged Liver:	Select Yes, No, or Unknown.
→	Radiolucent Bone Disease:	Select Yes, No, or Unknown.
→	Neonatal Jaundice:	Select Yes, No, or Unknown.
→	Low Platelets	Select Yes, No, or Unknown.
→	Dermal Erythropoiesis (Blueberry Muffin Syndrome):	Select Yes, No, or Unknown.
	Other Abnormalities:	
⇒	Specify other abnormalities 1:	
⇒	Specify other abnormalities 2:	
⇒	Specify other abnormalities 3:	

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Specify other abnormalities 4:</i>	
➔	Did the infant die from CRS or complications associated with CRS?	Select Yes, No, or Unknown. If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
⇒	<i>Primary cause of death from death certificate:</i>	
⇒	<i>Secondary cause of death from death certificate:</i>	
➔	Was an autopsy performed?	Select Yes, No, or Unknown.
⇒	<i>Final anatomical diagnosis of death from autopsy report:</i>	
Laboratory		
➔	<i>Was laboratory testing done for rubella?</i>	Select Yes, No, or Unknown.
➔	<i>Rubella IgM EIA (1st)?</i>	Select Yes, No, or Unknown.
➔	Which method was used?	Select from drop-down list. DSHS lab test is capture method.
➔	Date of Test	
➔	Result of Test	Select from drop-down list.
➔	Test Result Value	
⇒	<i>Rubella IgM EIA (2nd)?</i>	Select Yes, No, or Unknown.
⇒	<i>Which method was used?</i>	Select from drop-down list. DSHS lab test is capture method.
⇒	<i>Date of Test</i>	
⇒	<i>Result of Test</i>	Select from drop-down list.
⇒	<i>Test Result Value</i>	
⇒	<i>Rubella IgM other performed?</i>	Select Yes, No, or Unknown.
⇒	<i>Specify Other Rubella IgM</i>	
⇒	<i>Date of Rubella IgM Other</i>	
⇒	<i>Other Result</i>	Select from drop-down list.
⇒	<i>Test Result Value</i>	
➔	Rubella IgG Test #1 performed?	Select Yes, No, or Unknown. If an avidity tested was performed, enter the lab information here.
➔	Date of Rubella IgG Test #1:	
➔	Result of Test #1:	Select from drop-down list.
➔	Test Result Value	
➔	Rubella IgG Test #2 performed?	Select Yes, No, or Unknown.
➔	Date of Rubella IgG Test #2:	
➔	Result of Test #2:	Select from drop-down list.
➔	Test #2 Result Value:	
➔	Difference Between IgG Test #1 and IgG Test #2:	Select from drop-down list.
➔	Virus Isolation Performed?	Select Yes, No, or Unknown.
➔	Date of Virus Isolation	

Investigation		
NBS Field Name	Description/Instructions	
→ Source of Specimen	Select from drop-down list.	
→ Specify Other Source		
→ Result of Virus Isolation	Select from drop-down list.	
→ RT-PCR Performed?	Select Yes, No, or Unknown.	
→ Date of RT-PCR		
→ Source of RT-PCR Specimen	Select from drop-down list.	
→ Specify Other Specimen Source		
→ Result of RT-PCR	Select from drop-down list.	
→ Test Result Value		
→ Other Laboratory Testing for Rubella performed?	Select Yes, No, or Unknown.	
→ Specify Other Rubella Lab Test		
→ Date of Other Rubella Lab Test		
→ Result of Other Rubella Lab Test		
→ Other Rubella Lab Test Result Value		
→ Were the clinical specimens sent to CDC for genotyping (molecular typing)?	Select Yes, No, or Unknown.	
	Date sent for Genotyping	If applicable, Central Office will enter this information
	Was the (CRS) virus genotype sequenced?	
	Specify other sequence	
	Specimen Type	
Epidemiologic		
→ Case Status/State Appraisal	Select Confirmed, Probable or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/) https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf	
→ MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→ MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
	General Comments	
Mother's Medical History during this Pregnancy		
→ Has the mother ever been reported as a rubella case:	Select Yes, No, or Unknown.	
→ Mother's age at delivery of this pregnancy:		

Investigation		
NBS Field Name		Description/Instructions
→	Mother's occupation at time of this infant's conception:	
→	Did the mother attend a family planning clinic prior to conception of this infant?	Select Yes, No, or Unknown.
→	Mother immunized with rubella-containing vaccine?	Select Yes, No, or Unknown. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified and select answer "Unknown."
→	Date Vaccinated	
→	Source of Information	Select from drop-down list.
→	Other, specify	
→	Source of Vaccine	Select from drop-down list.
→	Mother's birth country:	Select from drop-down list.
→	Length of time mother has been in the US	
→	Number of previous pregnancies	
→	Number of live births (total)	
→	Has mother given birth previously in the US?	Select Yes, No, or Unknown.
→	If Yes, number of births delivered in US	
→	If Yes, list the dates (years)	
→	Number of children less than 18 years of age living in household during this pregnancy	
→	Were any of the children immunized with rubella-containing vaccine?	Select Yes, No, or Unknown.
→	If yes, how many?	
→	Was prenatal care obtained for this pregnancy?	Select Yes, No, or Unknown.
→	Date of first prenatal visit for this pregnancy	
→	Where was prenatal care obtained for this pregnancy?	Select from drop-down list.
→	Was there a rubella-like illness during this pregnancy?	Select Yes, No, or Unknown.
→	Month of pregnancy in which symptoms first occurred	
→	Was rubella diagnosed by a physician at time of illness?	Select Yes, No, or Unknown.
	Did the mother have any of the following:	
→	Rash:	Select Yes, No, or Unknown.

Investigation			
NBS Field Name		Description/Instructions	
→	Rash onset date		
→	Fever:	Select Yes, No, or Unknown.	
→	Lymphadenopathy	Select Yes, No, or Unknown.	
→	Arthralgia/Arthritis	Select Yes, No, or Unknown.	
→	Other, specify		
→	Does mother know where she might have been exposed to rubella?	Select Yes, No, or Unknown.	
→	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
→	Imported country	Indicate country where patient became ill.	
→	Imported state	Indicate state where patient became ill (not TX).	
	Imported City	Indicate city where patient became ill.	
→	Imported county	Indicate county where patient became ill.	
→	Was the mother directly exposed to a confirmed rubella case?	Select Yes, No, or Unknown.	
→	If Yes, please specify relationship	Select from drop-down list.	
→	Specify other relationship	If other, please enter the relationship	
→	Date of exposure		
→	Did the mother have serological testing prior to this pregnancy?	Select Yes, No, or Unknown.	
→	Was rubella lab testing performed for the mother in conjunction with this pregnancy?	Select Yes, No, or Unknown.	
→	Was rubella serologically confirmed at time of illness?	Select Yes, No, or Unknown.	
→	Date of confirmation		
→	Result of confirmation	Select from drop-down list.	

Custom Fields	
→	Earliest Date Suspected Enter date case first met the criteria for reporting to the health department as evidenced by: • Date of physician diagnosis, or • Date of physician diagnosis and presumptive positive test, or • Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or • Date a condition specific laboratory test was ordered, or • Date mother's infection was identified, whichever was earliest.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Salmonella Typhi

General Information

Use [Typhoid Fever Surveillance Report \(state.tx.us\)](https://state.tx.us) for all cases. Please send a copy of the investigation form to Central Office via the Regional Office.

For cluster or outbreak investigations, a cluster or outbreak specific questionnaire will be provided in the email notification from Central Office. Please send a copy of the investigation form to Central Office via the Regional Office.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Foodborne <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Stool = fecal; other appropriate choice; or Other with description in Result Comments. All sources are acceptable.
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.

Lab Report		
NBS Field Name		Description/Instructions
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional.
Click on  when the Test Result(s) section is completed and add additional lab results as needed.

Administrative	
Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Culture, any specimen source	Culture, specimen source if available, e.g., "Culture, Stool" (short search "culture") or Salmonella typhi culture (short search "typhi")	Salmonella Typhi Identified (drop-down list)	Organism: Select "Salmonella Typhi" (drop-down list or short search "typhi") AND Note: DO NOT select "Salmonella typhimurium" for Typhoid Fever cases. Isolates of <i>S. typhimurium</i> should be entered as Salmonellosis, non-Paratyphi/non-Typhi cases.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Summary	
➔ <i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ <i>Program Area</i>	IDEAS – Foodborne - Will default based on condition
State Case ID	
➔ Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔ Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.

Investigation		
NBS Field Name		Description/Instructions
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigator	Enter date investigation assigned to investigator.
Reporting Source		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	Reporting Source (Organization)	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	Reporter	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
⇒	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter admission date(s).
⇒	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	Duration of Stay	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of specimen collection (preferred for lab confirmed cases) or ♦ Date of physician diagnosis, or ♦ Date a condition specific laboratory test was positive, or ♦ Date identified as a symptomatic contact of another case

Investigation			
NBS Field Name		Description/Instructions	
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>	
	Illness End Date		
	Illness Duration		
	Age at Onset		
	Is the patient pregnant?	Select Yes, No, or Unknown.	
	Does the patient have pelvic inflammatory disease?	Select Yes, No, or Unknown.	
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .	
Epidemiologic			
	Is this patient associated with a day care facility?	Fill in the Day Care section.	
	Is this patient a food handler?	Fill in the Food Handler section.	
→	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
→	Outbreak Name	Select outbreak name from drop-down list.	
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX
⇒	<i>Imported Country</i>	Indicate country where patient became ill.	
⇒	<i>Imported State</i>	Indicate state where patient became ill.	
	<i>Imported City</i>		
⇒	<i>Imported County</i>	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
→	Confirmation Method	Indicate method(s) used to determine case status. Select lab confirmed or epi-linked.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.
	Confirmation Date	Date criteria for the case status of the case were met	
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf	

Investigation		
NBS Field Name		Description/Instructions
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.
Administrative		
	General Comments	
Custom Fields		
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date of physician diagnosis if known, or ◆ Date a condition specific laboratory test was positive, or ◆ Date identified as a symptomatic contact of a case, whichever was earliest.
Condition Specific Custom Fields		
→	Is this case epi-linked to a laboratory-confirmed case?	Select Yes, No, or Unknown.
⇒	<i>If epi-linked, case ID of epi-linked case:</i>	Enter case ID (i.e., CAS-----TX01).
→	Is this case epi-linked to a laboratory-confirmed case?	Select Yes, No, or Unknown.
⇒	<i>If epi-linked, case ID of epi-linked case:</i>	Enter case ID (i.e., CAS-----TX01).
⇒	Was there an attempt to contact this individual (or surrogate) for an interview?	Select Yes, No, Pending
⇒	What was the earliest date on which an interview was attempted?	Enter date (mm/dd/yyyy)
⇒	<i>Interview status?</i>	Select in drop-down menu
⇒	If other was selected, please describe :	Please enter information
⇒	If Interview was Completed, enter date :	Enter date (mm/dd/yyyy)
⇒	Number of attempts to contact	Enter number of attempts
⇒	Was a food or an environmental sample collected for testing?	Select Yes or No
⇒	Was there an after-hours attempt to contact (after 5:00 PM or weekend)?	Select Yes or No
Day Care		
⇒	<i>Attend a day care center?</i>	Select Yes, No, or Unknown.
⇒	<i>Work at a day care center?</i>	Select Yes, No, or Unknown.
⇒	<i>Live with a day care center attendee?</i>	Select Yes, No, or Unknown.

Investigation

NBS Field Name	Description/Instructions	
⇒ What type of day care facility?	Select appropriate type of daycare facility from drop-down list.	
⇒ What is the name of the day care facility?	Enter name of day care facility.	
⇒ Is food prepared at this facility?	Select Yes, No, or Unknown.	
⇒ Does this facility care for diapered persons?	Select Yes, No, or Unknown.	
Food Handler		
⇒ Did patient work as a food handler after onset of illness?	Select Yes, No, or Unknown.	
⇒ What was last date worked as a food handler after onset of illness?		
⇒ Where was patient a food handler?		
Travel History		
⇒ Did patient travel prior to onset of illness?	Select Yes, No, or Unknown.	
⇒ Applicable incubation period for this illness is:	Enter incubation period	For Salmonellosis enter 1-3 days.
⇒ What was the purpose of the travel?	Select purpose of travel (Use Ctrl to select more than one).	
⇒ If "Other", please specify other purpose of travel:		
Please specify the destination(s):		
⇒ Destination 1 Type:	Select the Domestic or International radio button.	
⇒ Destination 1	Select the destination from the resulting drop-down list.	
⇒ Mode of Travel:	Select appropriate mode of travel from drop-down list.	
⇒ Date of Arrival:		
⇒ Date of Departure:		
⇒ Destination 2 Type:	Select the Domestic or International radio button.	
⇒ Destination 2	Select the destination from the resulting drop-down list.	
⇒ Mode of Travel:	Select appropriate mode of travel from drop-down list.	
⇒ Date of Arrival:		
⇒ Date of Departure:		
⇒ Destination 3 Type:	Select the Domestic or International radio button.	
⇒ Destination 3	Select the destination from the resulting drop-down list.	
⇒ Mode of Travel:	Select appropriate mode of travel from drop-down list.	
⇒ Date of Arrival:		
⇒ Date of Departure:		
⇒ If more than 3 destinations, specify details here:		
Drinking Water Exposure		
⇒ What is the source of tap water at home?	Select appropriate response from drop-down list.	
⇒ If "Other", specify other source of tap water at home:		
⇒ If "Private Well", how was the well water treated at home?	Select appropriate response from drop-down list.	

Investigation

NBS Field Name	Description/Instructions
⇒ What is the source of tap water at school/work?	Select appropriate response from drop-down list.
⇒ If "Other", specify other source of tap water at school/work:	
⇒ If "Private Well", how was the well water treated at school/work?	Select appropriate response from drop-down list.
⇒ Did the patient drink untreated water in the 7 days prior to onset of illness?	Select Yes, No, or Unknown.

Recreational Water Exposure

⇒ Was there recreational water exposure in the 7 days prior to illness?	Select Yes, No, or Unknown.
⇒ What was the recreational water exposure type?	Select recreational water exposure type (<i>Use Ctrl to select more than one</i>).
⇒ If "Other", please specify other recreational water exposure type:	
⇒ If "Swimming Pool", please specify swimming pool type:	(<i>Use Ctrl to select more than one</i>)
⇒ If "Other", please specify other swimming pool type:	
⇒ Name or location of water exposure:	Enter details regarding name and location of water exposure.

Seafood Exposure

Has the patient eaten seafood in the last 14 days?	Enter Yes, No, or Unknown.
Was the seafood eaten undercooked?	Enter Yes, No, or Unknown.
Was the seafood eaten raw?	Enter Yes, No, or Unknown.
If "Yes", type of raw seafood:	Select from drop-down list.
If "Other Fish", specify type of other fish:	
If "Other Shellfish", specify type of other shellfish:	
Where was raw seafood obtained?	Select from drop-down list.
If "Other", specify other source where raw seafood was obtained:	
Date raw seafood consumed:	
Time raw seafood consumed:	hh:mm. Also select the radio button for either AM or PM.
If the type of raw seafood was "Oysters," are shipping tags available from suspect lot?	Enter Yes, No, or Unknown.
If shipping tags are available, name of shippers who handled suspected raw oysters:	Enter name of shippers who handled suspected raw oysters. Please also include certification numbers if on tags.

Underlying Conditions

⇒ Did patient have any of the following underlying conditions?	Select underlying conditions (<i>Use Ctrl to select more than one</i>).

Investigation

NBS Field Name	Description/Instructions
⇒ If "Other Prior Illness", please specify:	
⇒ If "Diabetes Mellitus", specify whether on insulin:	Select Yes, No, or Unknown.
⇒ If "Gastric Surgery", please specify type:	
⇒ If "Hematologic Disease", please specify type:	
⇒ If "Immunodeficiency", please specify type:	
⇒ If "Other Liver Disease", please specify type:	
⇒ If "Other Malignancy", please specify type:	
⇒ If "Other Renal Disease", please specify type:	
⇒ If "Organ Transplant", please specify organ:	

Related Cases

⇒ Does the patient know of any similarly ill persons?	Select Yes, No, or Unknown.
⇒ If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?	Select Yes, No, or Unknown. Note: Please enter details in the space provided for General Comments in the Administrative group on this Investigation.
⇒ Are there other cases related to this one?	Select "no, sporadic;" "unknown;" "yes, household;" or "yes, outbreak"

FoodNet

FoodNet Case?	Not applicable in Texas
Was patient transferred from one hospital to another?	Not applicable in Texas
If "Yes", specify name of the hospital to which the patient was transferred	Not applicable in Texas
Was there a second hospitalization?	Not applicable in Texas
Admission Date	Not applicable in Texas
Discharge Date	Not applicable in Texas
Did the patient immigrate to the US within 7 days of specimen collection?	Not applicable in Texas
In case-control study?	Not applicable in Texas
If "Yes", case control study id number	Not applicable in Texas
Type of Outbreak	Not applicable in Texas
CDC EFORS Number	Not applicable in Texas
Was case found during an audit?	Not applicable in Texas

Investigation

NBS Field Name		Description/Instructions
	Was the case interviewed by public health (i.e., state or local health department or FoodNet staff)?	Not applicable in Texas
Other Clinical Data		
	Is patient a U.S. Citizen?	Select Yes, No, or Unknown
	Was the patient symptomatic for Typhoid Fever?	Select Yes, No, or Unknown
	If "Yes", did the patient have any of the following signs or symptoms of Typhoid Fever?	Select all that apply. (<i>Use Ctrl to select more than one</i>).
	If "Other", please specify other signs or symptoms of Typhoid:	
	Was antibiotic sensitivity testing performed on the isolate?	Select Yes, No, or Unknown
	Did the patient receive Typhoid vaccination?	Select Yes, No, or Unknown
	Was the case traced to a Typhoid carrier?	Select that apply from drop-down menu
	Did the patient have bloody diarrhea during this illness?	Select Yes, No, or Unknown
	Did the patient have diarrhea (self-reported)?	Select Yes, No, or Unknown
	Did the patient have fever (self-reported) during this illness?	Select Yes, No, or Unknown

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Salmonella, non-Paratyphi/non-Typhi

General Information

No form required for individual cases unless they are cases of S.Paratyphi or S.Typhi infection or identified as part of a cluster or outbreak.

For S. Paratyphi and S. Typhi cases, please use the CDC Typhoid and Paratyphoid Fever Surveillance Report (available on the DSHS website:

<https://www.dshs.texas.gov/notifiable-conditions/investigation-forms>). Please send a copy of the investigation form to Central Office via the Regional Office.

For cluster or outbreak investigations, a cluster or outbreak specific questionnaire will be provided in the email notification from Central Office. Please send a copy of the investigation form to Central Office via the Regional Office.

Note: S. Typhimurium cases should be investigated under Salmonella, non-Paratyphi/non-Typhi.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Foodborne <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Stool = fecal; other appropriate choice; or Other with description in Result Comments. All sources are acceptable.
	Specimen Site	

Lab Report		
NBS Field Name		Description/Instructions
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔ è	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔ è	Resulted Test	Refer to table below.
⇒ [	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Culture, any specimen source	Culture, specimen source if available (e.g., "Culture, Stool") or Salmonella culture (drop-down list)	Salmonella SP Identified (drop-down list)	Organism: Select Salmonella (organism) if serotype unknown. Select the genus and serotype for organism isolated, (e.g., search for "heidelberg" and select Salmonella heidelberg). Select from drop-down list or search using the serotype as the keyword. (There are over 2300 serotypes and only 100 can be displayed in the drop-down list). Note: Culture, Whole Genome Sequence (WGS) or MS.MALDI-TOF meet laboratory criteria for Confirmed case status.

PCR (including GI Pathogen Panel)	Salmonella, PCR (DNA or RNA)- search using keyword "Salmonella"	Salmonella – Result (drop-down list)	Organism: select Salmonella (organism) from drop-down list AND Text Result: Enter the GI Panel type/brand (if applicable and known), e.g., FilmArray or BioFire, Luminex, Diatherix, etc.

NBS Entry Guidelines for Investigation

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient’s zip code. Review and correct as needed. Select or edit “Jurisdiction” based on patient address if available, location of patient’s provider, or location of reporting facility, in that order.
➔	Program Area	IDEAS – Foodborne - Will default based on condition
	State Case ID	
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to “Open.” Change to “Closed” when investigation and data entry are completed.
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigator	Enter date investigation assigned to investigator.
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Reporting Source	Select type of “Reporting Source” for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select “other state and local agencies.” If none of the categories apply, note source in comments.
⇒	Reporting Source (Organization)	“Reporting Source” auto populates if investigation is created from a lab report. Conduct search for “Reporting Source” as needed. Note: If not found, search by city, etc. and then enter new Provider as needed.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.

Investigation

NBS Field Name		Description/Instructions
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	Reporter	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
⇒	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter admission date(s).
⇒	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	Duration of Stay	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ◆ Date of specimen collection (preferred for lab confirmed cases) or ◆ Date of physician diagnosis, or ◆ Date a condition specific laboratory test was positive, or ◆ Date identified as a symptomatic contact of another case
⇒	Illness Onset Date	Enter "Illness Onset Date." Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.
	Illness End Date	
	Illness Duration	
	Age at Onset	
	Is the patient pregnant?	Select Yes, No, or Unknown.
	Does the patient have pelvic inflammatory disease?	Select Yes, No, or Unknown.
⇒	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
Epidemiologic		
	Is this patient associated with a day care facility?	Fill in the Day Care section.
	Is this patient a food handler?	Fill in the Food Handler section.

Investigation

NBS Field Name		Description/Instructions
⇒⇒	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered. Note: Notify the Central Office (foodbornetexas@dshs.texas.gov) through your Regional Office about the outbreak. Note II: Please add the outbreak to the National Outbreak Reporting System (NORS) found in the System for Enteric Disease Response, Investigation, and Coordination (SEDRIC). Click HERE to learn more about NORS, including what is and is not reportable.
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately. Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX
⇒	<i>Imported Country</i>	Indicate country where patient became ill.
⇒	<i>Imported State</i>	Indicate state where patient became ill.
	<i>Imported City</i>	
⇒	<i>Imported County</i>	Indicate county where patient became ill.
	<i>Transmission Mode</i>	
	<i>Detection Method</i>	
→	Confirmation Method	Indicate method(s) used to determine case status. Select lab confirmed or epi-linked. Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.
	<i>Confirmation Date</i>	Date criteria for the case status of the case were met
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See the https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance .http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.

Investigation		
NBS Field Name		Description/Instructions
Administrative		
	General Comments	
Custom Fields		
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date of physician diagnosis, or ◆ Date a condition specific laboratory test was positive, or ◆ Date identified as a symptomatic contact of a case, whichever was earliest.
Condition Specific Custom Fields		
→	If lab confirmed, was isolate serotyped?	Select Yes, No, or Unknown.
→	Serotype	Select serotype from drop-down list.
→	If Other, specify	Enter serotype if Other selected for serotype.
→	Is this case epi-linked to a laboratory-confirmed case?	Select Yes, No, or Unknown.
→⇒	If epi-linked, case ID of epi-linked case:	Enter case ID (i.e., CAS-----TX01).
Day Care		
⇒	<i>Attend a day care center?</i>	Select Yes, No, or Unknown.
⇒	<i>Work at a day care center?</i>	Select Yes, No, or Unknown.
⇒	<i>Live with a day care center attendee?</i>	Select Yes, No, or Unknown.
⇒	<i>What type of day care facility?</i>	Select appropriate type of daycare facility from drop-down list.
⇒	<i>What is the name of the day care facility?</i>	Enter name of day care facility.
⇒	<i>Is food prepared at this facility?</i>	Select Yes, No, or Unknown.
⇒	<i>Does this facility care for diapered persons?</i>	Select Yes, No, or Unknown.
Food Handler		
⇒	<i>Did patient work as a food handler after onset of illness?</i>	Select Yes, No, or Unknown.
⇒	<i>What was last date worked as a food handler after onset of illness?</i>	
⇒	<i>Where was patient a food handler?</i>	
Travel History		
⇒	<i>Did patient travel prior to onset of illness?</i>	Select Yes, No, or Unknown.
⇒	<i>Applicable incubation period for this illness is:</i>	Enter incubation period For Salmonellosis enter 1-3 days.
⇒	<i>What was the purpose of the travel?</i>	Select purpose of travel (<i>Use Ctrl to select more than one</i>).
⇒	<i>If "Other", please specify other purpose of travel:</i>	

Investigation

NBS Field Name		Description/Instructions
	Please specify the destination(s):	
⇒	<i>Destination 1 Type:</i>	Select the Domestic or International radio button.
⇒	<i>Destination 1</i>	Select the destination from the resulting drop-down list.
⇒	<i>Mode of Travel:</i>	Select appropriate mode of travel from drop-down list.
⇒	<i>Date of Arrival:</i>	
⇒	<i>Date of Departure:</i>	
⇒	<i>Destination 2 Type:</i>	Select the Domestic or International radio button.
⇒	<i>Destination 2</i>	Select the destination from the resulting drop-down list.
⇒	<i>Mode of Travel:</i>	Select appropriate mode of travel from drop-down list.
⇒	<i>Date of Arrival:</i>	
⇒	<i>Date of Departure:</i>	
⇒	<i>Destination 3 Type:</i>	Select the Domestic or International radio button.
⇒	<i>Destination 3</i>	Select the destination from the resulting drop-down list.
⇒	<i>Mode of Travel:</i>	Select appropriate mode of travel from drop-down list.
⇒	<i>Date of Arrival:</i>	
⇒	<i>Date of Departure:</i>	
⇒	<i>If more than 3 destinations, specify details here:</i>	
Drinking Water Exposure		
⇒	<i>What is the source of tap water at home?</i>	Select appropriate response from drop-down list.
⇒	<i>If "Other", specify other source of tap water at home:</i>	
⇒	<i>If "Private Well", how L the well water treated at home?</i>	Select appropriate response from drop-down list.
⇒	<i>What is the source of tap water at school/work?</i>	Select appropriate response from drop-down list.
⇒	<i>If "Other", specify other source of tap water at school/work:</i>	
⇒	<i>If "Private Well", how was the well water treated at school/work?</i>	Select appropriate response from drop-down list.
⇒	<i>Did the patient drink untreated water in the 7 days prior to onset of illness?</i>	Select Yes, No, or Unknown.
Recreational Water Exposure		
⇒	<i>Was there recreational water exposure in the 7 days prior to illness?</i>	Select Yes, No, or Unknown.
⇒	<i>What was the recreational water exposure type?</i>	Select recreational water exposure type (Use Ctrl to select more than one).
⇒	<i>If "Other", please specify other recreational water exposure type:</i>	
⇒	<i>If "Swimming Pool", please specify swimming pool type:</i>	(Use Ctrl to select more than one)
⇒	<i>If "Other", please specify other swimming pool type:</i>	

Investigation

NBS Field Name		Description/Instructions	
⇒	Name or location of water exposure:	Enter details regarding name and location of water exposure.	
Animal Contact			
⇒	Did patient come in contact with an animal?	Select Yes, No, or Unknown.	
⇒	Type of animal:	Select type of animal (<i>Use Ctrl to select more than one</i>)	
⇒	If "Other", please specify other type of animal:		
⇒	If "Other Amphibian", please specify other type of amphibian:		
⇒	If "Other Mammal", please specify other type of mammal::		
⇒	If "Other Reptile", please specify other type of reptile		
⇒	Name or Location of Animal Contact:	Enter name(s) or location(s) of animal contact	
⇒	Did the patient acquire a pet prior to onset of illness?	Select Yes, No, or Unknown.	
⇒	Applicable incubation period for this illness is:	Enter incubation period	For Salmonellosis enter 1-3 days.
Underlying Conditions			
⇒	Did patient have any of the following underlying conditions?	Select underlying conditions (<i>Use Ctrl to select more than one</i>).	
⇒	If "Other Prior Illness", please specify:		
⇒	If "Diabetes Mellitus", specify whether on insulin:	Select Yes, No, or Unknown.	
⇒	If "Gastric Surgery", please specify type:		
⇒	If "Hematologic Disease", please specify type:		
⇒	If "Immunodeficiency", please specify type:		
⇒	If "Other Liver Disease", please specify type:		
⇒	If "Other Malignancy", please specify type:		
⇒	If "Other Renal Disease", please specify type:		
⇒	If "Organ Transplant", please specify organ:		
Related Cases			
⇒	Does the patient know of any similarly ill persons?	Select Yes, No, or Unknown.	
⇒	If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?	Select Yes, No, or Unknown.	Note: Please enter details in the space provided for General Comments in the Administrative group on this Investigation.

Investigation

NBS Field Name		Description/Instructions
⇒	Are there other cases related to this one?	Select "no, sporadic;" "unknown;" "yes, household;" or "yes, outbreak."
FoodNet		
	FoodNet Case?	Not applicable in Texas
	Was patient transferred from one hospital to another?	Not applicable in Texas
	If "Yes", specify name of the hospital to which the patient was transferred	Not applicable in Texas
	Was there a second hospitalization?	Not applicable in Texas
	Admission Date	Not applicable in Texas
	Discharge Date	Not applicable in Texas
	Did the patient immigrate to the US within 7 days of specimen collection?	Not applicable in Texas
	In case-control study?	Not applicable in Texas
	If "Yes", case control study id number	Not applicable in Texas
	Type of Outbreak	Not applicable in Texas
	CDC EFORS Number	Not applicable in Texas
	Was case found during an audit?	Not applicable in Texas
	Was the case interviewed by public health (i.e., state or local health department or FoodNet staff)?	Not applicable in Texas

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Salmonella, Paratyphi

General Information

Use [Typhoid Fever Surveillance Report \(state.tx.us\)](https://state.tx.us) for all cases. Please send a copy of the investigation form to Central Office via the Regional Office.

For cluster or outbreak investigations, a cluster or outbreak specific questionnaire will be provided in the email notification from Central Office. Please send a copy of the investigation form to Central Office via the Regional Office.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
→	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
→	Program Area	Enter or edit to IDEAS – Foodborne <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Select Stool = fecal; other appropriate choice; or Other with description in Result Comments. All sources are acceptable.
	Specimen Site	
→	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
→	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
→	Resulted Test	Refer to table below.

Lab Report

NBS Field Name	Description/Instructions
⇒ <i>Coded Result</i>	Refer to table below.
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒ <i>Text Result</i>	Refer to table below.
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional.

Click on  when the Test Result(s) section is completed and add additional lab results as needed.

Administrative

Comments	

Ordered Test, Resulted Test and Test Results

Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Culture, any specimen source	Culture, specimen source if available, e.g., "Culture, Stool" (short search "culture") or Salmonella Paratyphi culture (short search "typhi")	Salmonella Paratyphi Identified (drop-down list)	Organism: Select "Salmonella Paratyphi" (drop-down list or short search "typhi")

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation

NBS Field Name	Description/Instructions
Investigation Summary	
➔ <i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ <i>Program Area</i>	IDEAS – Foodborne - Will default based on condition
State Case ID	
➔ <i>Investigation Start Date</i>	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔ <i>Investigation Status</i>	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒ <i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒ <i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source	

Investigation		
NBS Field Name		Description/Instructions
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
⇒	<i>Hospital Information</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter admission date(s).
⇒	<i>Discharge Date</i>	If patient hospitalized, enter discharge date(s).
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ◆ Date of specimen collection (preferred for lab confirmed cases) or ◆ Date of physician diagnosis, or ◆ Date a condition specific laboratory test was positive, or ◆ Date identified as a symptomatic contact of another case
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	<i>Illness End Date</i>	
	<i>Illness Duration</i>	
	<i>Age at Onset</i>	
	<i>Is the patient pregnant?</i>	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
	Does the patient have pelvic inflammatory disease?	Select Yes, No, or Unknown.
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
Epidemiologic		
	Is this patient associated with a day care facility?	Fill in the Day Care section.
	Is this patient a food handler?	Fill in the Food Handler section.
→	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
→	Outbreak Name	Select outbreak name from drop-down list.
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately. Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX
⇒	<i>Imported Country</i>	Indicate country where patient became ill.
⇒	<i>Imported State</i>	Indicate state where patient became ill.
	Imported City	
⇒	<i>Imported County</i>	Indicate county where patient became ill.
	Transmission Mode	
	Detection Method	
→	Confirmation Method	Indicate method(s) used to determine case status. Select lab confirmed or epi-linked. Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.
	Confirmation Date	Date criteria for the case status of the case were met
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.

Investigation		
NBS Field Name		Description/Instructions
Administrative		
	General Comments	
Custom Fields		
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date of physician diagnosis if known, or ◆ Date a condition specific laboratory test was positive, or ◆ Date identified as a symptomatic contact of a case, whichever was earliest.
Condition Specific Custom Fields		
➔	If lab confirmed, was isolate serotyped?	Select Yes, No, or Unknown
⇒	Select Serotype in drop-down menu	
⇒	If Other, specify:	
⇒	Is this case epi-linked to a laboratory-confirmed case?	Select Yes, No, or Unknown.
⇒	<i>If epi-linked, case ID of epi-linked case:</i>	Enter case ID (i.e., CAS-----TX01).
⇒	Was there an attempt to contact this individual (or surrogate) for an interview?	Select Yes, No, Pending
⇒	What was the earliest date on which an interview was attempted?	Enter date (mm/dd/yyyy)
⇒	<i>Interview status?</i>	Select in drop-down menu
⇒	If other was selected, please describe :	Please enter information
⇒	If Interview was Completed, enter date :	Enter date (mm/dd/yyyy)
⇒	Number of attempts to contact	Enter number of attempts
⇒	Was a food or an environmental sample collected for testing?	Select Yes or No
⇒	Was there an after-hours attempt to contact (after 5:00 PM or weekend)?	Select Yes or No
Day Care		
⇒	<i>Attend a day care center?</i>	Select Yes, No, or Unknown.
⇒	<i>Work at a day care center?</i>	Select Yes, No, or Unknown.
⇒	<i>Live with a day care center attendee?</i>	Select Yes, No, or Unknown.
⇒	<i>What type of day care facility?</i>	Select appropriate type of daycare facility from drop-down list.
⇒	<i>What is the name of the day care facility?</i>	Enter name of day care facility.
⇒	<i>Is food prepared at this facility?</i>	Select Yes, No, or Unknown.
⇒	<i>Does this facility care for diapered persons?</i>	Select Yes, No, or Unknown.
Food Handler		

Investigation		
NBS Field Name	Description/Instructions	
⇒ Did patient work as a food handler after onset of illness?	Select Yes, No, or Unknown.	
⇒ What was last date worked as a food handler after onset of illness?		
⇒ Where was patient a food handler?		
Travel History		
⇒ Did patient travel prior to onset of illness?	Select Yes, No, or Unknown.	
⇒ Applicable incubation period for this illness is:	Enter incubation period	For Salmonellosis enter 1-3 days.
⇒ What was the purpose of the travel?	Select purpose of travel (Use Ctrl to select more than one).	
⇒ If "Other", please specify other purpose of travel:		
Please specify the destination(s):		
⇒ Destination 1 Type:	Select the Domestic or International radio button.	
⇒ Destination 1	Select the destination from the resulting drop-down list.	
⇒ Mode of Travel:	Select appropriate mode of travel from drop-down list.	
⇒ Date of Arrival:		
⇒ Date of Departure:		
⇒ Destination 2 Type:	Select the Domestic or International radio button.	
⇒ Destination 2	Select the destination from the resulting drop-down list.	
⇒ Mode of Travel:	Select appropriate mode of travel from drop-down list.	
⇒ Date of Arrival:		
⇒ Date of Departure:		
⇒ Destination 3 Type:	Select the Domestic or International radio button.	
⇒ Destination 3	Select the destination from the resulting drop-down list.	
⇒ Mode of Travel:	Select appropriate mode of travel from drop-down list.	
⇒ Date of Arrival:		
⇒ Date of Departure:		
⇒ If more than 3 destinations, specify details here:		
Drinking Water Exposure		
⇒ What is the source of tap water at home?	Select appropriate response from drop-down list.	
⇒ If "Other", specify other source of tap water at home:		
⇒ If "Private Well", how was the well water treated at home?	Select appropriate response from drop-down list.	
⇒ What is the source of tap water at school/work?	Select appropriate response from drop-down list.	
⇒ If "Other", specify other source of tap water at school/work:		
⇒ If "Private Well", how was the well water treated at school/work?	Select appropriate response from drop-down list.	

Investigation		
NBS Field Name		Description/Instructions
⇒	Did the patient drink untreated water in the 7 days prior to onset of illness?	Select Yes, No, or Unknown.
Recreational Water Exposure		
⇒	Was there recreational water exposure in the 7 days prior to illness?	Select Yes, No, or Unknown.
⇒	What was the recreational water exposure type?	Select recreational water exposure type (Use Ctrl to select more than one).
⇒	If "Other", please specify other recreational water exposure type:	
⇒	If "Swimming Pool", please specify swimming pool type:	(Use Ctrl to select more than one)
⇒	If "Other", please specify other swimming pool type:	
⇒	Name or location of water exposure:	Enter details regarding name and location of water exposure.
Animal Contact		
	Did patient come in contact with an animal?	Select Yes, No, or Unknown
	If "Yes," please specify Type of animal:	(Use Ctrl to select more than one)
	Name or Location of Animal Contact:	Enter details about Name and Location
	Did the patient acquire a pet prior to onset of illness?	Select Yes, No, or Unknown
	Applicable incubation period for this illness is (Incubation.PDF)	
Underlying Conditions		
⇒	Did patient have any of the following underlying conditions?	Select underlying conditions (Use Ctrl to select more than one).
⇒	If "Other Prior Illness", please specify:	
⇒	If "Diabetes Mellitus", specify whether on insulin:	Select Yes, No, or Unknown.
⇒	If "Gastric Surgery", please specify type:	
⇒	If "Hematologic Disease", please specify type:	
⇒	If "Immunodeficiency", please specify type:	
⇒	If "Other Liver Disease", please specify type:	
⇒	If "Other Malignancy", please specify type:	
⇒	If "Other Renal Disease", please specify type:	

Investigation			
NBS Field Name		Description/Instructions	
⇒	If "Organ Transplant", please specify organ:		
Related Cases			
⇒	Does the patient know of any similarly ill persons?	Select Yes, No, or Unknown.	
⇒	If "Yes", did the health department collect contact information about other similarly ill persons and investigate further	Select Yes, No, or Unknown.	Note: Please enter details in the space provided for General Comments in the Administrative group on this Investigation.
⇒	Are there other cases related to this one?	Select "no, sporadic;" "unknown;" "yes, household;" or "yes, outbreak."	
FoodNet			
	FoodNet Case?	Not applicable in Texas	
	Was patient transferred from one hospital to another?	Not applicable in Texas	
	If "Yes", specify name of the hospital to which the patient was transferred	Not applicable in Texas	
	Was there a second hospitalization?	Not applicable in Texas	
	Admission Date	Not applicable in Texas	
	Discharge Date	Not applicable in Texas	
	Did the patient immigrate to the US within 7 days of specimen collection?	Not applicable in Texas	
	In case-control study?	Not applicable in Texas	
	If "Yes", case control study id number	Not applicable in Texas	
	Type of Outbreak	Not applicable in Texas	
	CDC EFORS Number	Not applicable in Texas	
	Was case found during an audit?	Not applicable in Texas	
	Was the case interviewed by public health (i.e., state or local health department or FoodNet staff)?	Not applicable in Texas	
Other Clinical Data			
	Did the patient have bloody diarrhea during this illness?	Select Yes, No, or Unknown	
	Did the patient have diarrhea (self-reported?)	Select Yes, No, or Unknown	
	Did the patient have fever (self-reported) during this illness?	Select Yes, No, or Unknown	

NBS Entry Guidelines for Notification

Notifications are required

Shiga toxin-producing Escherichia coli (STEC)

General Information

For individual cases, please use [Shiga Toxin-Producing Escherichia coli and/or Hemolytic Uremic Syndrome \(HUS\) Investigation Form](#) and [PHEP Surveillance Control Measure Tracking Form](#). Please securely email or fax a copy of the completed forms to Central Office via the Regional Office.

For lost to follow-up (LTF) cases, please complete as much information obtained from medical/laboratory records (e.g., demographics, symptoms, onset date, etc.) on investigation form and send it to Central Office via the Regional Office, noting case is LTF.

For STEC case with Hemolytic Uremic Syndrome (HUS) diagnosis, please create a separate HUS investigation in NBS, and send medical and lab records to Central Office for review.

For cluster or outbreak investigations, a cluster or outbreak specific questionnaire will be provided in the email notification from Central Office if applicable. Please send the completed questionnaire to Central Office via the Regional Office.

NBS Entry Guidelines for Notification

Notifications are required for confirmed, probable and suspected cases. Suspect cases are not included in the overall case counts but are included for programmatic review.

A case should not be counted as a new case if a positive laboratory result is reported within 180 days of a previously reported positive laboratory result in the same individual.

When two or more different serogroups are identified in one or more specimens from the same individual each serogroup/serotype should be reported as a separate case.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
→	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
→	Program Area	Enter or edit to IDEAS – Foodborne . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>

Lab Report		
NBS Field Name		Description/Instructions
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇒	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
	Pregnancy Status	
	Weeks	
⇒	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Select Stool = fecal; Tissue ulcer; Tissue, unspecified; or Other (describe in Result Comments).
	Specimen Site	
→	Specimen Collection Date/Time	Enter date specimen collected.
	Patient Status at Specimen Collection	
Test Result(s)		
→	Resulted Test	Refer to table below and use appropriate fields below.
→	Coded Result	Coded result, numeric result OR a text result value has to be entered.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	→ Resulted Test	→ Test Result(s)
Culture, any specimen source [Use when E. coli O157:H7 is isolated]	Culture, specimen source (e.g., "Culture, Stool") – search using keyword "culture" OR Escherichia coli Culture - search using keyword (short search "escher")	Escherichia Coli O157:H7 Identified – search using keyword "escher" (drop-down list)	Coded Result: Select from the drop-down list "isolated" AND Text Result: Enter other information such as toxin result or whole genome sequencing (WGS) results

Culture, any specimen source [Use when E. coli non-O157:H7 E. coli) is isolated]	Same as above	Escherichia Coli Identified – search using keyword “escher” (drop-down list)	Text Result: Enter the organism and serotype (e.g., “E. coli O121”). Include O and H antigen if available AND/OR Enter other information such as toxin result (e.g, “shiga toxin detected, shiga toxin genes stx1 and/or stx2 detected”) or WGS results
Shiga Toxin EIA	Escherichia coli toxin – search using keyword “escher” (drop-down list)	E. coli shiga toxin test, EIA or immunoassay (drop-down list)- search using keyword “shiga”	Coded Result: Select from the drop-down list “detected,” “negative,” or “indeterminate”
Shiga Toxin PCR or CIDT	Escherichia coli toxin – search using keyword “escher” (drop-down list)	E. coli shiga toxin test, PCR- search using keyword “shiga” (drop-down list)	Coded Result: Select from the drop-down list “detected,” “negative,” or “indeterminate”. AND/OR Text Result: Enter the GI Panel type/brand (if applicable and known), e.g., FilmArray or BioFire, Luminex, Diatherix, etc. Notes – If <i>E. coli</i> O157, STEC, Enterohemorrhagic <i>E. coli</i> (EHEC), shiga toxin gene stx1 or stx 2 was detected, specify in Text Result
Notes: (1) The detection of Enteroinvasive <i>E. coli</i> (EIEC), Enteroaggregative <i>E. coli</i> (EAEC), Enterotoxigenic <i>E. coli</i> (ETEC) or Enteropathogenic <i>E. coli</i> (EPEC) does not meet the lab criteria for STEC. (2) The detection of Shiga toxin or Shiga toxin genes stx1 and stx2 using CIDT <u>with</u> the isolation of <i>Shigella</i> spp. by culture or WGS does not meet the lab criteria for STEC.			

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

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Investigation		
NBS Field Name		Description/Instructions
CASE INFO		
REMEMBER TO SAVE YOUR INVESTIGATION EVERY 30 MINUTES		
Investigation Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	IDEAS – Foodborne - Will default based on condition.
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
→	Shared Indicator	Select "Yes."
	State Case ID	
	Legacy Case ID	
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
⇒	<i>Date Case Report Form Completed</i>	Enter date investigation form completed.

Investigation		
NBS Field Name	Description/Instructions	
→ Interview Status	Select from the drop-down list.	♦ Attempted to interview: The investigator attempted to contact the patient but could not reach or interview the patient. ♦ Did not attempt to interview: The investigator did not attempt to contact the patient. Please specify the reason for not interviewing the patient in the comments section. ♦ Interviewed – complete information obtained: The investigator was able to interview the patient and collect information. ♦ Interviewed - incomplete information obtained: The investigator was able to interview the patient but could only complete a partial interview.
⇒ <i>Was the patient interviewed by public health?</i>	Select Yes, No, or Unknown.	
→ Was the patient's exposure history obtained?	Select from the drop-down list.	♦ Yes – Complete: The investigator was able to collect all patient's exposure history by interview or medical record. ♦ Yes – Partial: The investigator was able to collect some patient's exposure history by interview or medical record. ♦ No: The investigator could not collect any patient's exposure history by interview or medical record.
→ Was a full shotgun-type questionnaire used for the interview?	Select Yes, No, or Unknown. <i>Note: Full shotgun-type questionnaire is a longer version questionnaire (e.g., National Hypothesis Generating Questionnaire (NHGQ))</i>	
→ Date of Initial Interview Attempt	Enter the date of the initial interview attempt.	
→ Date Interview Completed (or medical record review if no interview)	Enter the date the interview was completed. If there was no interview with the case, enter the date the medical record review was completed.	
⇒ <i>Respondent for the Current Interview</i>	Select from the drop-down list.	

Investigation		
NBS Field Name		Description/Instructions
⇒	Other Respondent for the Current Interview	
⇒	Case Lost to Follow-up	Select Yes or No. If select "Yes", answer the next sub-question.
⇒	If case was lost to follow-up, was information extracted from the medical record?	Select Yes or No.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to local health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider organization as needed.</i>
⇒	Reporting Provider	Search for "Reporting Provider" if known. <i>Note: If not found, search by city, etc. and then enter new provider as needed.</i>
Epidemiologic		
→	Is this case part of an outbreak?	Select "Yes", "Unknown", or "No". If "Yes" is selected, after saving the investigation, proceed to the "Outbreaks" tab (available in view mode only, not in edit mode). Refer to the NEDSS Outbreak Management Guide for instructions on creating outbreak names and linking cases to outbreaks under the "Outbreak" tab. Note: Notify the Region and Central Office (foodbornetexas@dshs.texas.gov) about the outbreak. Note II: Please add the outbreak to the National Outbreak Reporting System (NORS).
	Binational Reporting Criteria	Select options from the drop-down list. Hold down the Ctrl key to choose multiple selections.
	Transmission Mode	Select from the drop-down list.

Investigation		
NBS Field Name		Description/Instructions
	Detection Method	Select from the drop-down list.
→	Confirmation Method	Select method used to determine case status. Select laboratory confirmed, or epi-linked. Laboratory confirmed: Laboratory criteria required for case status selected was met. Epidemiologically linked: Case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.
→	Confirmation Date	Select or enter date.
→	Case Status	Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
→	Case ID of epi-linked lab confirmed case	If select "Epi-linked" for Confirmation Method, enter case ID of epi-linked case (i.e., CAS-----TX01).
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
	Notification Comments to CDC	
⇒	General Comments	Add pertinent case notes not captured elsewhere or other comments to help understand the nature of the case.
LAB INTERPRETIVE		
REMEMBER TO SAVE YOUR INVESTIGATION EVERY 30 MINUTES		
Lab Interpretative Information		
→	Was laboratory testing done to confirm the diagnosis?	Select Yes, No, or Unknown.
⇒	Antibody Titer Test Result	Select Elevated, Not Elevated, Not Tested, or Unknown.
⇒	PCR / CIDT/ Molecular test result	Select from the drop-down list. Select all that apply.
⇒	Shiga toxin EIA Test Result	Select Negative, Not Tested, Positive, or Unknown.
⇒	Culture Test Result	Select Negative, Not Tested, Positive, or Unknown.
⇒	Whole Genome Sequencing (WGS) Test Result	Enter the organism, including O and H antigen if available.
⇒	Was an isolate sent to a state public health laboratory?	Select Yes, No, or Unknown.
⇒	State Public Health Lab Accession Number	Enter State Public Health Lab Accession Number (i.e., ACB---).
⇒	Laboratory Other Details	Enter other laboratory details if available.
⇒	Did the patient have a lab-confirmed co-infection?	Select Yes, or No.
⇒	Lab confirmed co-infection type(s)	Enter other detected organism(s).

Investigation		
NBS Field Name	Description/Instructions	
Click on Add when the Lab History entry is completed and add additional labs as needed.		
STEC		
REMEMBER TO SAVE YOUR INVESTIGATION EVERY 30 MINUTES		
Condition		
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ◆ Date of physician diagnosis, or ◆ Date a condition specific positive laboratory result, or ◆ Date identified as a symptomatic contact of another case.
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note:</i> ◆ If the onset date is unknown or there is no symptom, leave the Illness Onset Date blank and enter the Diagnosis Date only. ◆ MMWR week and year reflect the illness onset date.
⇒	Illness End Date	Enter or select date.
	Illness Duration	Enter value.
	Illness Duration Units	Select from drop-down list.
⇒	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
⇒	Age at Onset Units	Use the drop-down list next to age to select, days, months, etc.
	Is the patient pregnant?	Select Yes, No, or Unknown.
→	Did the patient die from this illness?	Select Yes, No, or Unknown.
→	Date of Death	If patient died from the illness, also go to the Patient tab and enter "Yes" for "Is the Patient Deceased?" and date of death for "Deceased Date." Enter or select date.
Signs And Symptoms		
→	Did the patient experience any symptoms related to illness?	Select Yes, No, or Unknown.
→	Diarrhea	Select Yes, No or Unknown.
⇒	Bloody Diarrhea	Select Yes, No or Unknown.
⇒	Date (bloody) diarrhea started	Enter or select date.
⇒	Is the (bloody) diarrhea ongoing?	Select Yes, No or Unknown.
⇒	Date (bloody) diarrhea stopped	Enter or select date.
⇒	Fever	Select Yes, No or Unknown.
⇒	Highest Measured Temperature	Enter the highest measured temperature and select Temperature unit.
⇒	Headache	Select Yes, No or Unknown.
⇒	Loss of Appetite	Select Yes, No or Unknown.
⇒	Nausea	Select Yes, No or Unknown.
→	Abdominal cramps/ pain	Select Yes, No or Unknown.
⇒	Vomiting	Select Yes, No or Unknown.
⇒	Other Symptoms	Select Yes, No or Unknown.
⇒	Specify Other Symptoms(s)	Enter other signs and symptoms.

Investigation			
NBS Field Name		Description/Instructions	
Clinical			
⇒	Physician		Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?		Select Yes, No, or Unknown. <i>Note: If the patient was not hospitalized for STEC initially, select No and skip to Complications section.</i>
⇒		Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed</i>
⇒		Admission Date	If patient hospitalized, enter 1 st admission date.
⇒		Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
		Total Duration of Stay in the Hospital (in days)	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒		Was there a second hospitalization?	Select Yes, No, or Unknown.
⇒		Second Hospitalization Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒		Second Hospitalization Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
		Second Hospitalization Duration of Hospital Stay (in days)	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒		Was patient transferred from one hospital to another?	Select Yes, No, or Unknown.
		If yes, specify name of the hospital to which the patient was transferred	Enter Hospital name.
⇒		During any part of the hospitalization, did the patient stay in an ICU or CCU?	Select Yes, No, or Unknown.
⇒	Were the hospitalization records/discharge summary sent to DSHS?		Select Yes, No, or Unknown.
⇒	Did the patient have a diagnosis of HUS?		Select Yes, No, or Unknown.
⇒	Did the patient have a diagnosis of Thrombotic Thrombocytopenia (TTP)?		Select Yes, No, or Unknown.
Treatment			

Investigation		
NBS Field Name		Description/Instructions
→	Was the patient treated for STEC?	Select Yes, No, or Unknown.
⇒	<i>Drug Name and Dosage</i>	Enter the medication name and dosage.
⇒	<i>Drug Start Date</i>	Enter or select date.
⇒	<i>Drug Stop Date</i>	Enter or select date.
Click on Add when the Treatment Information entry is completed and add additional trips as needed.		
Predisposing Conditions		
→	Did the patient take antibiotics within 30 days before illness?	Select Yes, No, Maybe, or Unknown.
⇒	<i>Antibiotic Name</i>	Enter the antibiotic name.
→	Is the patient immunocompromised?	Select Yes, No, or Unknown.
⇒	<i>If yes, what condition?</i>	Enter the condition name (i.e., cancer, diabetes, etc.)
→	Is the patient taking any chronic medication?	Select Yes, No, Maybe, or Unknown.
⇒	<i>Chronic Medication Drug Name</i>	Enter medication name
⇒	<i>Chronic Condition Name</i>	Enter the condition that medication is for.
Click on Add when the Chronic Medication entry is completed and add additional trips as needed.		
Immigration and Travel		
→	In 7 days before illness, did patient travel outside of the area where they live, work, go to school?	Select Yes, No, Maybe, or Unknown. If Maybe, please provide additional information in "Additional Travel Information" below.
⇒	<i>Did the patient travel within state?</i>	Select Yes, No, or Unknown.
⇒	<i>Did the patient travel out of state?</i>	Select Yes, No, or Unknown.
⇒	<i>Did the patient travel internationally?</i>	Select Yes, No, or Unknown.
⇒	<i>Was the travel domestic or intentional?</i>	Select Domestic or International.
⇒	<i>Travel to Country</i>	Enter or select from the drop-down list.
⇒	<i>Travel to State</i>	Enter or select from the drop-down list.
⇒	<i>Travel to County</i>	Enter or select from the drop-down list.
⇒	<i>Travel to City</i>	Enter the city.
⇒	<i>Travel Mode</i>	Select from the drop-down list.
⇒	<i>Principal Reason for Travel</i>	Select from the drop-down list.
⇒	<i>Other Principal Reason for Travel</i>	
⇒	<i>Date of Arrival at Destination</i>	Enter or select the date.
⇒	<i>Date of Departure from Destination</i>	Enter or select the date.
⇒	<i>Duration of Stay</i>	Enter the total duration of stay, and select hour, day, month, etc.
⇒	<i>Additional Travel Information</i>	Enter additional travel information.
Click on Add when the Travel History entry is completed and add additional trips as needed		
Event Exposure		

Investigation		
NBS Field Name	Description/Instructions	
→ In the 7 days before illness, did the patient attend any events or large gatherings?	Select Yes, No, Maybe or Unknown.	
⇒ Did other event attendees report a similar illness?	Select Yes, No, Maybe or Unknown.	
⇒ Event Type	Enter event type (i.e, wedding reception, graduation party, birthday party, etc.)	
⇒ Event Date Star	Enter or select date.	
⇒ Event Date End	Enter or select date.	
⇒ Date Attended Event	Enter or select date.	
⇒ Event Location (City, State)	Enter city and state where the event took place.	
⇒ Foods Eaten at Event	Enter foods eaten at the event.	
⇒ Event Comments	Enter additional comments about the event.	
Click on Add when the Event Exposure entry is completed and add additional trips as needed.		
Contact Information		
→ Does the patient know of any other person who has been sick recently with a similar illness?	Select Yes, No, Maybe or Unknown.	
⇒ Contact Name	Enter contact's name.	
⇒ NEDSS Case ID (if available)	Enter contact's case ID (i.e., CAS-----TX01).	
⇒ Contact Relationship	Specify the relationship to the case.	
⇒ Contact Age (Years)	Enter contact's age in year.	
⇒ Contact Onset Date	Enter contact's illness onset date.	
⇒ Interviewed?	Select Yes, No or Unknown.	
⇒ Lab-Confirmed?	Select Yes, No or Unknown.	
⇒ Contact Notes	Enter notes about the contact (i.e., symptoms, exposure, etc.).	
Click on Add when the Contact Information entry is completed and add additional trips as needed		
High Risk Occupations and Activities		
→ High Risk Occupation?	Select from the drop-down list.	
⇒ Other, specify		
→ Does the patient attend a day care?	Select Yes, No, Maybe or Unknown.	
→ Does the patient live with a daycare attendee?	Select Yes, No, Maybe or Unknown.	
→ Does the patient attend a school?	Select Yes, No, Maybe or Unknown.	
→ Does the patient live in or visit an aged care, assisted living or residential facility?	Select Yes, No, Maybe or Unknown.	
→ Does the patient have household or close contact with employee in sensitive setting?	Select Yes, No, Maybe or Unknown.	
→ Does the patient have contact with a diapered or incontinent person?	Select Yes, No, Maybe or Unknown.	
⇒ Comments/ Notes about high risk occupations and activities	Free text.	

Investigation		
NBS Field Name		Description/Instructions
→	If the patient works at, visits or attends a high risk setting, provide facility name and location	Free text.
→	Did the patient work or attend while ill?	Select Yes, No, Maybe or Unknown.
⇒	<i>If yes, dates worked or attended</i>	Select or enter date.
→	Were any other attendees or staff ill?	Select Yes, No, Maybe or Unknown.
→	Were they tested or investigated?	Select Yes, No, Maybe or Unknown.
→	Were they excluded from attendance?	Select Yes, No, Maybe or Unknown.
ESTABLISHMENT EXPOSURES		
REMEMBER TO SAVE YOUR INVESTIGATION EVERY 30 MINUTES		
Purchase Location For Foods Eaten At Home		
→	7 days before illness, did the patient purchase food from any store and prepare/ eat at home?	Select Yes, No, Maybe or Unknown. <i>Note:</i> ♦ The purchase location could include grocery store, warehouse stores, farmers' markets, home delivery, delis, swap meets, ethnic or specialty markets, butchers, live animal markets, food or meal subscription services, or groceries that were bought several weeks ago but consumed in the 7 days before illness onset. ♦ Provide purchase location for international purchase if the food is eaten at home in the USA.
⇒	<i>Additional comments about grocery stores</i>	Free text.
⇒	<i>Store Name</i>	Enter the grocery store name.
⇒	<i>Store Type</i>	Select from the drop-down list.
⇒	<i>Store Street Address</i>	Enter the grocery store street address
⇒	<i>Store City</i>	Enter the grocery store city.
⇒	<i>Store State</i>	Enter the grocery store state.
⇒	<i>Store Zip Code</i>	Enter the grocery store zip code.
⇒	<i>Purchase Date</i>	Enter or select date.
⇒	<i>Food Purchased and Consumed</i>	Enter the food purchased and consumed.
⇒	<i>Shopper Card Number</i>	Enter the shopper card number.
⇒	<i>Did the patient allow to use his/her phone number/shopper card number to look up purchase history?</i>	Select Yes or No.
Click on Add when the Sources of Food Prepared at Home Exposure entry is completed and add additional trips as needed		
Purchase Location for Foods Eaten Outside of Home		

Investigation		
NBS Field Name		Description/Instructions
→	7 days before illness, did the patient eat food from a restaurant?	Select Yes, No, Maybe or Unknown. <i>Note: This question refers to food from</i> ♦ restaurants, fast food chains, or take out ♦ the grocery store salad bar, hot bar or deli, ♦ food truck or food stand, ♦ catered events or potluck at parties, conferences, wedding, ♦ school, work or hospital cafeteria, ♦ delivery service such as Uber Eats, Grub Hub, or Door Dash.
⇒	Additional comments about restaurant meals	Free text.
⇒	Restaurant Name	Enter the restaurant name.
⇒	Restaurant Type	Select from the drop-down list.
⇒	Restaurant Street Address	Enter the restaurant street address.
⇒	Restaurant City	Enter the restaurant city.
⇒	Restaurant State	Enter the restaurant state.
⇒	Restaurant Zip Code	Enter the restaurant zip code.
⇒	Food Eaten at Restaurant	Enter the food eaten at restaurant.
⇒	Food Eaten Date	Enter or select date.
Click on Add when the Sources of Food Eaten Outside the Home Exposure entry is completed and add additional trips as needed		
FOOD EXPOSURE		
REMEMBER TO SAVE YOUR INVESTIGATION EVERY 30 MINUTES		
Meat Exposure – Exposure window: 7 days before illness		
→	Handle or prepare ground beef at home?	Select Yes, No, Maybe, or Unknown.
⇒	Details (brand, packaging, name and location of purchase, when handled, how prepared)	Free text.
→	Eat ground beef at home?	Select Yes, No, Maybe, or Unknown.
⇒	Details (brand, packaging, name and location of purchase, when consumed, how prepared, etc.)	Free text.
→	Eat fresh, frozen, pre-made or pre-formed hamburger patties at home?	Select Yes, No, Maybe, or Unknown.
⇒	Details (brand, packaging, name and location of purchase, when consumed, how prepared, etc.)	Free text.
→	Eat ground beef outside of home?	Select Yes, No, Maybe, or Unknown.
⇒	Details (where consumed, when consumed, how prepared, pink or red inside when eaten, etc.)	Free text.

Investigation		
NBS Field Name		Description/Instructions
⇒	Comments/ notes regarding the patient's overall ground beef exposure	Free text.
→	Handle or prepare any other beef products at home (i.e., steak, sirloin, tri-tip, etc.)?	Select Yes, No, Maybe, or Unknown.
⇒	Details (type of cut, brand, packaging, name and location of purchase, when handled, how prepared)	Free text.
→	Eat any other beef products at home (i.e., steak, sirloin, deli meat, frozen meals, etc.)?	Select Yes, No, Maybe, or Unknown.
⇒	Details (what consumed, brand, packaging, name and location of purchase, when consumed, etc.)	Free text.
→	Eat any other beef products outside of home?	Select Yes, No, Maybe, or Unknown.
⇒	Details (what consumed, where consumed, when consumed, how prepared, pink or red inside when eaten)	Free text.
⇒	Comments/ notes regarding the patient's overall other beef exposure	Free text.
→	Handle, prepare, or eat bison?	Select Yes, No, Maybe, or Unknown.
⇒	Details (what consumed, brand, packaging, name and location of purchase, when handled/ consumed, etc.)	Free text.
→	Handle, prepare, or eat venison, elk, boar, or other wild game?	Select Yes, No, Maybe, or Unknown.
⇒	Details (what consumed, brand, packaging, name and location of purchase, when handled/ consumed, etc.)	Free text.
→	Eat any dried or fermented meat (i.e., jerky, pepperoni, ham, bacon, salami, summer sausage, etc.)?	Select Yes, No, Maybe, or Unknown.
⇒	Details (what consumed, brand, packaging, name and location of purchase, when handled/ consumed, etc.)	Free text.
→	Handle, prepare, or eat any other meat product (i.e., chicken, turkey, pork, lamb, goat, etc.)?	Select Yes, No, Maybe, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	Details (what consumed, brand, packaging, name and location of purchase, when handled/ consumed, etc.)	Free text.
⇒	Comments/ notes regarding the patient's overall other meat exposure	Free text. <i>Note: Other meat could include organ meats (e.g., liver, heart, giblets, tongue, intestines, blood) and liver pate or foie gras.</i>
Dairy or Juice Exposure		
→	Drink raw or unpasteurized milk?	Select Yes, No, Maybe, or Unknown.
⇒	Details (brand, packaging, name and location of purchase, when consumed)	Free text.
→	Eat any cheese or dairy products made from raw milk (i.e., queso fresco, queso blanco)?	Select Yes, No, Maybe, or Unknown.
⇒	Details (what consumed, brand, packaging, name and location of purchase, when consumed)	Free text.
→	Eat artisanal or gourmet cheese (i.e., feta, brie, camembert)?	Select Yes, No, Maybe, or Unknown.
⇒	Details (what consumed, brand, packaging, name and location of purchase, when consumed)	Free text.
→	Drink raw, freshly, squeezed or unpasteurized juice or cider?	Select Yes, No, Maybe, or Unknown.
⇒	Details (what consumed, brand, packaging, name and location of purchase, when consumed)	Free text.
⇒	Comments/ notes regarding the patient's overall dairy or juice exposure	Free text.
Lettuce and Leafy Greens Exposure		
→	Iceberg lettuce?	Select Yes, No, Maybe, or Unknown.
⇒	Details (brand, packaging, name and location of purchase, when consumed, how prepared)	Free text.
→	Romaine lettuce?	Select Yes, No, Maybe, or Unknown.
⇒	Details (brand, packaging, name and location of purchase, when consumed, how prepared)	Free text.

Investigation		
NBS Field Name		Description/Instructions
→	Spinach?	Select Yes, No, Maybe, or Unknown.
⇒	<i>Details (brand, packaging, name and location of purchase, when consumed, how prepared)</i>	Free text.
→	Other leafy greens (i.e., cabbage, kale, arugula, spring or mesclun mix, watercress, mustard greens)?	Select Yes, No, Maybe, or Unknown.
⇒	<i>Details (what, brand, packaging, name and location of purchase, when consumed, how prepared)</i>	Free text.
⇒	<i>Comments/ notes regarding the patient's overall lettuce and leafy greens exposure</i>	Free text.
Sprout Exposure		
→	7 days before illness, did the patient eat sprouts?	Select Yes, No, Maybe, or Unknown. <i>Notes: This Includes bean sprouts like mung bean or soybean, microgreens/sprouts like alfalfa, clover, or daikon radish in salads, soups, stir fries, etc.</i>
⇒	<i>Details (what consumed, brand, packaging, name and location of purchase, when consumed, how prepared)</i>	Free text.
⇒	<i>Comments/ notes regarding the patient's overall lettuce and leafy greens exposure</i>	Free text.
Other Food Exposure Comments		

Investigation		
NBS Field Name		Description/Instructions
⇒	Other Food Exposure Comments	Enter additional food exposure within 7 days prior illness onset. ◆ Special or restricted dietary (e.g., Halal, Kosher, vegan, vegetarian, dairy or gluten free, etc.). ◆ Infant and baby formula. ◆ Meat alternatives (e.g., plants-based meat substitutes like Impossible Meat, tofu, tempeh, seitan). ◆ Fish and seafood (raw or undercooked, fresh or frozen, smoked or dried). ◆ Eggs (cooked, undercooked or raw eggs in cookie dough, cake batter, sauces, homemade ice cream, homemade mayo, homemade salad dressing, etc.). ◆ Dairy milk alternatives (e.g., almond, oat, hemp, coconut, cashew, rice or soy milk). ◆ Yogurt or yogurt product like kefir. ◆ Store-bought vegetables, fresh, frozen, or part of a dish (e.g., tomatoes/ salsa or pico de gallo, avocado/ guacamole, cucumber, zucchini, summer squash, peppers, celery, carrots, peas, broccoli, cauliflower, onion, scallion, mushrooms, vegetable mix, brussels sprouts, radishes, beets, turnips, fennel, etc.). ◆ Store-bought fresh herbs (e.g., basil, cilantro, parsley, chive, dill, sage, thyme and mint). ◆ Spices, spice blends. ◆ Fermented vegetables (e.g., kimchi, sauerkraut). ◆ Fruits or berries, frozen, fresh, dried, in juices, ciders or smoothies. ◆ Whey, protein powder, protein bars, granola or grain bars. ◆ Nuts/ seeds (whole, ground, butter, dips, spreads, dried, etc.). ◆ Flour, prepackaged dry mix. ◆ Breakfast cereals like oatmeal, cream of wheat, overnight oats, etc. ◆ Bottle, pre-made smoothies or health drinks like Kombucha or coconut water. ◆ Flavored milk powder (such as chocolate, vanilla, Carnation or Ovaltine). ◆ Herbal products (such as powdered greens, kratom, herbal teas, or other natural remedies).
OTHER EXPOSURES		
Water Exposure – Exposure window: 7 days before illness		
→	Main Source of Drinking Water	Select from the drop-down list. Use Ctrl to select more than one.
⇒	Other Main Source of Drinking Water	Free text.
→	7 days before illness onset, did the patient visit any treated recreational water facility?	Select Yes, No, Maybe, or Unknown.
⇒	Treated Recreational Water Facility Name	Free text.

Investigation			
NBS Field Name			Description/Instructions
⇒		Treated Recreational Water Facility Water Type	Select from the drop-down list.
⇒		Other Treated Recreational Water Facility Water Type	Free text.
⇒		Treated Recreational Water Facility Location	Free text.
⇒		Treated Recreational Water Facility Visit Date	Enter or select date.
⇒		Specify Activity	Free text.
		Click on Add when the Treated Recreational Water Facility Exposure entry is completed and add additional trips as needed	
➔		7 days before illness onset, did the patient visit any untreated recreational water facility?	Select Yes, No, Maybe, or Unknown.
⇒		Untreated Recreational Water Facility Name	Free text.
⇒		Untreated Recreational Water Facility Water Type	Select from the drop-down list.
⇒		Other Untreated Recreational Water Facility Water Type	Free text.
⇒		Untreated Recreational Water Facility Location	Free text.
⇒		Untreated Recreational Water Facility Visit Date	Enter or select date.
⇒		Specify Activity	Free text.
		Click on Add when the Untreated Recreational Water Facility Exposure entry is completed and add additional trips as needed	
Animal Exposure – Exposure window: 7 days before illness			
➔		Visit a petting zoo?	Select Yes, No, Maybe, or Unknown.
⇒		Details (name, location, when visited, what animal)	Free text. <i>Note: It includes direct and indirect with the animals.</i>
➔		Visit, work, or live on a farm with livestock like cattle, sheep, goats, etc.?	Select Yes, No, Maybe, or Unknown.
⇒		Details (activity, name, location, when visited, what animal)	Free text. <i>Note: It includes direct and indirect with the animals.</i>
➔		Visit or work at a county/ state fair, 4-H event or other similar events with animals?	Select Yes, No, Maybe, or Unknown.
⇒		Details (activity, name, location, when visited, what animal)	Free text. <i>Note: It includes direct and indirect with the animals.</i>
➔		Have contact with any animals of any kind?	Select Yes, No, Maybe, or Unknown.
⇒		Details (what animal, where, when)	Free text. <i>Note: It includes direct and indirect with the animals.</i>
➔		Did the patient have contact with animal feces?	Select Yes, No, Maybe, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	Details (what animal, where, when)	Free text. <i>Note: It includes direct and indirect with the animals.</i>
⇒	Comment/ notes regarding the patient's overall animal contact	Free text.
➔	Prepackaged pet food (canned or dry)?	Select Yes, No, Maybe, or Unknown.
⇒	Details (what type, brand, packing, when, location of purchase)	Free text.
➔	Raw pet food?	Select Yes, No, Maybe, or Unknown.
⇒	Details (what type, brand, packing, when, location of purchase)	Free text.
➔	Pet treats or chews?	Select Yes, No, Maybe, or Unknown.
⇒	Details (what type, brand, packing, when, location of purchase)	Free text.
➔	Livestock food?	Select Yes, No, Maybe, or Unknown.
⇒	Details (what type, brand, packing, when, location of purchase)	Free text.
➔	Other animal food products?	Select Yes, No, Maybe, or Unknown.
⇒	Details (what type, brand, packing, when, location of purchase)	Free text.
⇒	Comment/ notes regarding the patient's overall animal food exposure	Free text.

NBS Entry Guidelines for Notification

Notifications are required for confirmed, probable, and suspect cases. Suspect cases will not be included in case counts but are being tracked for programmatic review.

Shigellosis

General Information

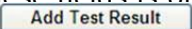
No form required for individual cases unless they are identified as part of a cluster or outbreak. For cluster or outbreak investigations, a cluster or outbreak specific questionnaire will be provided in the email notification from Central Office. Please send a copy of the investigation form to Central Office via the Regional Office.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
→	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
→	Program Area	Enter or edit to IDEAS – Waterborne Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Select Stool = fecal; other appropriate choice; or Other with description in Result Comments. All sources are acceptable.
	Specimen Site	
→	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
→	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
→	Resulted Test	Refer to table below.
⇨	<i>Coded Result</i>	Refer to table below.

Lab Report		
NBS Field Name	Description/Instructions	
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional.
Click on  when the Test Result(s) section is completed and add additional lab results as needed.

Administrative	
Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Culture, any specimen source	Culture, specimen source if available (e.g., "Culture, Stool") or Shigella culture (drop-down list or short search "culture")	Shigella SP Identified, or Shigella – Result (drop-down list or short search "shigella")	Select genus and species from drop-down list or use short search for "Shigella" or for genus and species names together (e.g. "Shigella sonnei.") Select the genus, species and, if available, serotype for organism isolated. Text Result: Enter General Information such as serotype
PCR (including GI Pathogen Panel)	Shigella, PCR (DNA or RNA)- search using keyword "Shigella"	Shigella – Result (drop-down list)	Organism: select Shigella (organism) from drop-down list AND Text Result: Enter the GI Panel type/brand (if applicable and known), e.g., FilmArray or BioFire, Luminex, Diatherix, etc.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient’s zip code. Review and correct as needed. Select or edit “Jurisdiction” based on patient address if available, location of patient’s provider, or location of reporting facility, in that order.
➔	Program Area	IDEAS – Waterborne - Will default based on condition
	State Case ID	

Investigation		
NBS Field Name		Description/Instructions
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
⇒	<i>Was the patient hospitalized for this illness?</i>	Select Yes, No, or Unknown.
⇒	<i>Hospital Information</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter admission date(s).
⇒	<i>Discharge Date</i>	If patient hospitalized, enter discharge date(s).
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.

Investigation		
NBS Field Name		Description/Instructions
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ◆ Date of specimen collection (preferred for lab confirmed cases) or ◆ Date of physician diagnosis (if known), or ◆ Date of the condition specific laboratory result, or ◆ Date identified as a symptomatic contact of another case
⇒	<i>Illness Onset Date</i>	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	
	Illness Duration	
	Age at Onset	
	Is the patient pregnant?	
	Does the patient have pelvic inflammatory disease?	
⇒	<i>Did the patient die from this illness?</i>	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
Epidemiologic		
	Is this patient associated with a day care facility?	Fill in the Day Care section.
	Is this patient a food handler?	Fill in the Food Handler section.
⇒	<i>Is this case part of an outbreak?</i>	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately. Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	<i>Imported Country</i>	Indicate country where patient became ill
⇒	<i>Imported State</i>	Indicate state where patient became ill
	Imported City	
⇒	<i>Imported County</i>	Indicate county where patient became ill
	Transmission Mode	
	Detection Method	
→	Confirmation Method	Indicate method(s) used to determine case status. Select lab confirmed or epi-linked. Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.
	Confirmation Date	Date criteria for the case status of the case were met

Investigation		
NBS Field Name		Description/Instructions
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
Administrative		
	General Comments	
Custom Fields		
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date of physician diagnosis, or ◆ Date a condition specific laboratory test was positive, or ◆ Date identified as a symptomatic contact of a case, whichever was earliest.
Condition Specific Custom Fields		
⇒	<i>Is this case epi-linked to a laboratory-confirmed case?</i>	Select Yes, No, or Unknown.
⇒	<i>If epi-linked, case ID of epi-linked case:</i>	Enter case ID (i.e., CAS-----TX01).
Day Care		
⇒	<i>Attend a day care center?</i>	Select Yes, No, or Unknown.
⇒	<i>Work at a day care center?</i>	Select Yes, No, or Unknown.
⇒	<i>Live with a day care center attendee?</i>	Select Yes, No, or Unknown.
⇒	<i>What type of day care facility?</i>	Select appropriate type of daycare facility from drop-down.
⇒	<i>What is the name of the day care facility?</i>	Enter name of day care facility.
⇒	<i>Is food prepared at this facility?</i>	Select Yes, No, or Unknown.
⇒	<i>Does this facility care for diapered persons?</i>	Select Yes, No, or Unknown.
Food Handler		
⇒	<i>Did patient work as a food handler after onset of illness?</i>	Select Yes, No, or Unknown.
⇒	<i>What was last date worked as a food handler after onset of illness?</i>	If yes selected for above question, enter last date worked as food handler. Format: mm/dd/yyyy.

Investigation			
NBS Field Name		Description/Instructions	
⇒	Where was patient a food handler?	If yes selected for above question, enter name of facility patient worked as a food handler.	
Travel History			
⇒	Did patient travel prior to onset of illness?	Select Yes, No, or Unknown.	
⇒	Applicable incubation period for this illness is:	Enter incubation period.	For Shigellosis enter 24-48 hours.
⇒	What was the purpose of the travel?	Select purpose of travel. (Use Ctrl to select more than one.)	
⇒	If "Other", please specify other purpose of travel:		
	Please specify the destination(s):		
⇒	Destination 1 Type:	Select the Domestic or International radio button.	
⇒	Destination 1	Select the destination from the resulting drop-down list.	
⇒	Mode of Travel:	Select appropriate mode of travel from drop-down list.	
⇒	Date of Arrival:		
⇒	Date of Departure:		
⇒	Destination 2 Type:	Select the Domestic or International radio button.	
⇒	Destination 2	Select the destination from the resulting drop-down list	
⇒	Mode of Travel:	Select appropriate mode of travel from drop-down list	
⇒	Date of Arrival:		
⇒	Date of Departure:		
⇒	Destination 3 Type:	Select the Domestic or International radio button.	
⇒	Destination 3	Select the destination from the resulting drop-down list	
⇒	Mode of Travel:	Select appropriate mode of travel from drop-down list	
⇒	Date of Arrival:		
⇒	Date of Departure:		
⇒	If more than 3 destinations, specify details here:		
Drinking Water Exposure			
⇒	What is the source of tap water at home?	Select appropriate response from drop-down list.	
⇒	If "Other," specify other source of tap water at home.	Enter source.	
	If "Private Well", how was the well water treated at home?	Select appropriate response from drop-down list.	
⇒	What is the source of tap water at school/work?	Select appropriate response from drop-down list.	
⇒	If "Other," specify source of tap water at school/work.	Enter source.	

Investigation		
NBS Field Name		Description/Instructions
	<i>If "Private Well", how was the well water treated at school/work?</i>	Select appropriate response from drop-down list.
⇒	<i>Did the patient drink untreated water in the 7 days prior to onset of illness?</i>	Select Yes, No, or Unknown.
Recreational Water Exposure		
⇒	<i>Was there recreational water exposure in the 7 days prior to illness?</i>	Select Yes, No, or Unknown.
⇒	<i>What was the recreational water exposure type?</i>	Select recreational water exposure type. <i>(Use Ctrl to select more than one.)</i>
⇒	<i>If "Other," please specify other recreational water exposure type:</i>	
⇒	<i>If "Swimming Pool", please specify swimming pool type:</i>	<i>(Use Ctrl to select more than one.)</i>
⇒	<i>If "Other", please specify other swimming pool type:</i>	
⇒	<i>Name or location of water exposure:</i>	Enter details regarding name and location of water exposure.
Animal Contact		
⇒	<i>Did patient come in contact with an animal?</i>	Select Yes, No, or Unknown.
⇒	<i>Type of animal:</i>	Select type of animal. <i>(Use Ctrl to select more than one.)</i>
⇒	<i>If "Other", please specify other type of animal:</i>	
⇒	<i>If "Other Amphibian", please specify other type of amphibian:</i>	
⇒	<i>If "Other Mammal", please specify other type of mammal:</i>	
⇒	<i>If "Other Reptile", please specify other type of reptile</i>	
⇒	<i>Name or Location of Animal Contact:</i>	Enter name(s) or location(s) of animal contact.
⇒	<i>Did the patient acquire a pet prior to onset of illness?</i>	Select Yes, No, or Unknown.
⇒	<i>Applicable incubation period for this illness is:</i>	Enter incubation period. For Shigellosis enter 24-48 hours.
Underlying Conditions		
⇒	<i>Did patient have any of the following underlying conditions?</i>	Select underlying conditions. <i>(Use Ctrl to select more than one..)</i>

Investigation		
NBS Field Name	Description/Instructions	
⇨ If "Other Prior Illness", please specify:		
⇨ If "Diabetes Mellitus", specify whether on insulin:	Select Yes, No, or Unknown.	
⇨ If "Gastric Surgery", please specify type:		
⇨ If "Hematologic Disease", please specify type:		
⇨ If "Immunodeficiency", please specify type:		
⇨ If "Other Liver Disease", please specify type:		
⇨ If "Other Malignancy", please specify type:		
⇨ If "Other Renal Disease", please specify type:		
⇨ If "Organ Transplant", please specify organ:		
Related Cases		
⇨ Does the patient know of any similarly ill persons?	Select Yes, No, or Unknown.	
⇨ If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?	Select Yes, No, or Unknown.	Note: Please enter details in the space provided for General Comments in the Administrative group on this Investigation.
⇨ Are there other cases related to this one?	Select "no, sporadic;" "unknown;" "yes, household;" or "yes, outbreak"	
FoodNet		
FoodNet Case?	Not applicable in Texas	
Was patient transferred from one hospital to another?	Not applicable in Texas	
If "Yes", specify name of the hospital to which the patient was transferred	Not applicable in Texas	
Was there a second hospitalization?	Not applicable in Texas	
Admission Date	Not applicable in Texas	
Discharge Date	Not applicable in Texas	
Did the patient immigrate to the US within 7 days of specimen collection?	Not applicable in Texas	
In case-control study?	Not applicable in Texas	
If "Yes", case control study id number	Not applicable in Texas	
Type of Outbreak	Not applicable in Texas	
CDC EFORS Number	Not applicable in Texas	

Investigation		
NBS Field Name		Description/Instructions
	Was case found during an audit?	Not applicable in Texas
	Was the case interviewed by public health (i.e., state or local health department or FoodNet staff)?	Not applicable in Texas

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Smallpox

General Information

Note: The last naturally occurring case of smallpox (*Variola minor*) was diagnosed on October 26, 1977.

Smallpox is classified as a Category A bioterrorism agent. More information can be found on the CDC smallpox preparedness [website](#).

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by → and **BOLD** and other preferred data entry fields by [and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
→	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
→	Program Area	Enter or edit to IDEAS – Infectious Disease <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.</i>
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇒	Lab Report Date	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇒	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Select Lesion: extra-genital, Lesion: genital, or other appropriate choice, or Other with description in Result Comments.
	Specimen Site	
→	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
→	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
→	Resulted Test	Refer to table below.
⇒	Coded Result	Refer to table below.
⇒	Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒	Text Result	Refer to table below.

Lab Report

NBS Field Name		Description/Instructions
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional.
Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.

Administrative	
	Comments

Ordered Test, Resulted Test and Test Results

Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
PCR for Variola	No applicable choice, leave blank. Describe test method in <i>Result Comments</i> .	Microorganism Identified (short search "microorganism")	<i>Organism:</i> Select Variola major virus, or Variola minor virus, or Variola virus
Viral Culture	Culture, viral (short search "viral")	Microorganism Identified (short search "microorganism")	<i>Organism:</i> Select genus and species of organism isolate If no isolate, search for "growth" and select "No growth"
Electron microscopy	Virus, electron microscopic exam (short search "virus, elec")	Virus, electron microscopy (short search "virus, elec")	<i>Text Result:</i> Describe findings
Tests for possible alternative diagnosis			
PCR for Orthopox virus	NA- No applicable choice, Describe test method in <i>Result Comments</i>	Microorganism Identified (short search "microorganism")	Organism: Select genus and species of organism isolated, e.g., "Monkeypox virus" (short search "pox")
PCR for Varicella Zoster Virus (VZV)	Varicella zoster virus (VZV) PCR (DNA or RNA) (short search "varicella")	Varicella-Zoster Virus (VZV) DNA (short search VZV)	Coded Result: "detected" or "not detected"
PCR for HSV	Herpes Simplex virus (HSV), PCR (DNA or RNA) (short search "HSV")	Herpes simplex virus (HSV) DNA (short search HSV)	Coded Result: "detected" or "not detected"
PCR for Enterovirus	Enterovirus PCR (DNA or RNA) (short search "enterovirus")	Enterovirus, RNA (short search "enterovirus")	Coded Result: "detected" or "not detected"

DFA for VZV	Virus Direct Detection, by DFA (short search "DFA")	Varicella-Zoster Virus (VZV) antigen (short search "varicella")	Coded Result: "detected" or "not detected" and if known, enter titer in Numeric Result:
DFA for HSV	Virus Direct Detection, by DFA (short search "DFA")	Herpes simplex virus (HSV) antigen (short search "HSV")	Coded Result: "detected" or "not detected" and if known, enter titer in Numeric Result:
PCR for Orthopoxvirus non-variola	Orthopoxvirus. non-variola DNA [Presence] in Specimen by NAA with probe detection (Long search "ortho")	Orthopoxvirus. non-variola DNA [Presence] in Specimen by NAA with probe detection (Long search "ortho")	Detected, Not Detected, etc.
PCR for monkeypox virus	Monkeypox virus DNA [Presence] in Specimen by NAA with probe detection (long search "monkey")	Monkeypox virus DNA [Presence] in Specimen by NAA with probe detection (long search "monkey")	Detected, Not Detected, etc.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	IDEAS – Infectious Disease - Will default based on condition.
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Not required for Smallpox
⇨	<i>Investigation Status</i>	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	<i>Shared Indicator</i>	
	<i>State Case ID</i>	
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		

Investigation		
NBS Field Name		Description/Instructions
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific laboratory was ordered, or ◆ Date identified as a symptomatic contact of another case, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Organization</i>	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
→	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter 1 st admission date.
→	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Hospitalized at a Second Hospital</i>	
⇒	<i>Hospital 2</i>	Search for 2 nd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 2 Admission Date</i>	If patient hospitalized, enter 2 nd admission date.
⇒	<i>Hospital 2 Discharge Date</i>	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	<i>Hospital 2 Duration</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospital 3</i>	Search for 3 rd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 3 Admission Date</i>	If patient hospitalized, enter 3 rd admission date.
⇒	<i>Hospital 3 Discharge Date</i>	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	<i>Hospital 3 Duration</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification if applicable.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ◆ Date of physician diagnosis, or ◆ Date a condition specific positive laboratory result, or ◆ Date identified as a symptomatic contact of another case.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
➔	Illness End Date	Enter "Illness End Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness Duration	
	Illness Duration Units	
⇒	<i>Age at Onset</i>	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
⇒	<i>Age at Onset Units</i>	Use the drop-down list next to age to select, days, months, etc.
	Is the patient pregnant?	
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Date of Death	
Epidemiologic		
	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.
	Is this patient a food handler?	Select Yes, No, or Unknown.

Investigation			
NBS Field Name		Description/Instructions	
→	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
→	Outbreak Name	Select outbreak name from drop-down list.	
→	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown.	
→	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
→	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
→	Imported Country	Indicate country where patient became ill.	
→	Imported State	Indicate state where patient became ill.	
→	Imported City	Indicate city where patient became ill.	
→	Imported County	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed, clinical diagnosis, or epi-linked.	Laboratory confirmed –laboratory criteria required for case status selected was met. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments. Clinical Diagnosis – case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider.
	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	

Investigation		
NBS Field Name		Description/Instructions
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
General Comments		
	General Comments	

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable case.

Spotted Fever Rickettsiosis

General Information

Please complete the [Rickettsial Disease Case Investigation Form \(state.tx.us\)](https://state.tx.us) and route to the Zoonosis Control Branch through your regional Zoonosis Control office.

Note:

- ♦ Because antibodies for rickettsial diseases can be cross-reactive, specimens should be tested against a panel* of *Rickettsia* antigens, including, at a minimum, *R. rickettsii* and *R. typhi*, to differentiate between SFGR and non-SFGR species.
- ♦ A case should not be counted as new if the case has ever previously been reported for the same condition.

*Specimens can be forwarded to the DSHS Serology lab for Rickettsial panel testing.

A classification table of Rickettsiales known to cause disease in humans can be found in the Centers for Disease Control and Prevention Traveler's Health Yellow Book at:

<https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectious-diseases/rickettsial-including-spotted-fever-and-typhus-fever-rickettsioses-scrub-typhus-anaplasmosis-and-ehr>

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood venous, Serum, other appropriate source, or Other (describe in Lab Comments)
	Specimen Site	

Lab Report	
NBS Field Name	Description/Instructions
➔ Date Specimen Collected	Enter date specimen collected.
Patient Status at Specimen Collection	
Pregnant	
Weeks	
Test Result(s)	
➔ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔ Resulted Test	Refer to table below.
⇒ Coded Result	Refer to table below.
⇒ Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒ Text Result	Refer to table below.
⇒ Reference Range	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
To ensure appropriate case classification, enter any available IFA lab results for either typhus or spotted fever group <i>Rickettsia</i> (positive and negative) relevant to the patient's current illness. Short search "typhi," "spotted," or "rick" unless otherwise noted.			
IFA	Rickettsia rickettsii antibody OR Rocky Mountain Spotted Fever (RMSF) antibodies, To	Rickettsia rickettsii antibody, IgG OR Rocky Mountain Spotted Fever (RMSF) Antibody, IgG	Coded Result: Enter "detected," "positive," "high," etc. and Numeric Result: Enter all titer values (e.g. 1:512 or <1:64)
	Rickettsia typhi antibody	Rickettsia typhi antibody, IgG (<i>short search "typhi"</i>); OR Rickettsia typhus group antibody, IgG	Coded Result: Enter "detected," "positive," "high," etc. "positive" or "negative" and Numeric Result: Enter all titer values (e.g. 1:512 or <1:64)
PCR	Rickettsia spotted fever group, PCR (DNA or RNA) or Rickettsia rickettsii, PCR (DNA or RNA)	Rickettsia rickettsii - Result (if other species, select "Rickettsia - Result" and then enter species as text result) (<i>short search "rickettsia"</i>)	Coded Result: "positive," "negative," or "indeterminate"

	(short search "rickettsia")		
IHC	Rickettsia Stain (short search "rickettsia")	Rickettsia spotted fever group – Result (short search "spotted")	Text Result: Enter test method and results
Culture	Rickettsia Culture (short search "rickettsia")	Rickettsia spotted fever group – Result (short search "spotted")	Text Result: Enter test method and results

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

NBS Field Name		Description/Instructions
Investigation Information		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Zoonosis - Will default based on condition chosen.
➔	Investigation Start Date	Enter date investigation began or, if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Not required for Spotted Fever
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	Leave blank.
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.

NBS Field Name		Description/Instructions
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a non-negative condition specific laboratory result was ordered (e.g. specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
→	Reporting Organization	"Reporting Organization" auto-populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	"Physician" auto-populates if investigation is created from a lab report. Conduct search for "Physician" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	<i>Hospital</i>	If hospitalized, search for "Hospital." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter 1 st admission date.
⇒	<i>Discharge Date</i>	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	<i>Total duration of stay in the hospital (in days)</i>	Duration will auto-populate if "Admission Date" and "Discharge Date" are entered. If admission date is same as discharge date, enter 1.
⇒	<i>Hospitalized at a Second Hospital</i>	Select Yes or No, if known

NBS Field Name		Description/Instructions
⇒	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ◆ Date of physician diagnosis (if known), or ◆ Date of the condition specific laboratory result
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: If unknown, enter date of hospital admission or, secondly, specimen collection date.</i>
	Illness End Date	Enter end date for illness, if known.
	Illness Duration	Enter number. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Illness Duration is auto-populated if "Illness Onset Date" and "Illness End Date" are entered. If end date is same as onset date, enter 1.</i>
	Illness Duration Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>
⇒	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
⇒	Age at Onset Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Date of Death	If patient died from the illness, enter deceased date.
Epidemiologic		

NBS Field Name				Description/Instructions
	Is this person associated with a day care facility?			Not Required
	Is this person a food handler?			Not Required
⇒	<i>Is this case part of an outbreak?</i>			Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
⇒	<i>Outbreak Name</i>			Select outbreak name from drop-down list.
	Epi-linked to laboratory confirmed case?			Select Yes, No, or Unknown. Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and enter the NBS ID of the epi-linked case.
	Case ID of epi-linked case			Enter case ID (i.e., CAS-----TX01).
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.		Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.
→	Imported Country			Indicate country where patient acquired illness. Required if "Out of Country" selected.
→	Imported State			Indicate state where patient acquired illness. Required if "Out of State" selected.
⇒	<i>Imported City</i>			Indicate city where patient acquired illness.
→	Imported County			Indicate county where patient acquired illness. Required if "Out of jurisdiction, from another jurisdiction" selected.
→	Transmission Mode			Select "Vectorborne."
	Detection Method			Select appropriate response from drop-down list.
→	Confirmation Method	Select method used to determine case status.		Laboratory confirmed or Laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information manually and associate with the investigation.
	Confirmation Date			Enter date when the criteria for case status were met.
→	Case Status			Select Confirmed, Probable, or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf

NBS Field Name		Description/Instructions
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year, if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.
General Comments		
	General Comments	Enter comments as needed.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Streptococcus pneumonia, invasive disease (IPD)

General Information

Drug resistant *Streptococcus pneumoniae*, invasive cases should be reported under *Streptococcus pneumoniae*, invasive. Drug resistance information may be included in the investigation under Resistance Testing Results. *Streptococcus pneumoniae* surface antigens do not correspond to a Lancefield group. Information about Streptococcal typing can be found in the Notes section of the [Http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/](http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/).

Information on *Streptococcus pneumoniae* is available from CDC at https://www.cdc.gov/pneumococcal/hcp/clinical-signs/?CDC_AAref_Val=https://www.cdc.gov/pneumococcal/clinicians/clinical-features.html.

Use the [Streptococcus pneumoniae, invasive Case Investigation Form](#) to investigate and report.

For cases 5 years or older, investigation forms do not need to be forwarded to DSHS if complete investigation and laboratory information is entered in NBS.

Information on investigation steps and prevention measures can be found in the *Infectious Disease Control Investigation Guidance*: <https://www.dshs.texas.gov/idps-home/infectious-disease-prevention-health-practitioner-guidance-training>

The pneumococcal vaccination history should be entered as a vaccination record in NBS and associated with the investigation. Enter the date of vaccination, age at vaccination, vaccine type, and any other available information. To search ImmTrac for this patient, within the investigation, click "Manage Associations" and under the "Vaccinations" section, click "Query Registry." Confirm the patient's information is correct then click "Submit Query." Check the box next to the vaccine to associate it with the current investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified. Summaries of available pneumococcal vaccines can be found at <https://www.cdc.gov/pneumococcal/vaccines/index.html> and <https://www.cdc.gov/pneumococcal/index.html>.

Vaccine Type	NBS Selection	Manufacturers (2024)
PPSV23 (23-valent polysaccharide) <i>Note: Pnu-Imune 23 was not manufactured in the US after 2002</i>	pneumococcal polysaccharide PPV23	Pneumovax 23 – Merck *Pnu-Imune 23 – Wyeth
PCV7 (7-valent conjugate) <i>Note: Vaccine no longer available in US; in 2010, CDC recommended transition to PCV13</i>	pneumococcal conjugate PCV 7	*Pprevnar (PCV7) – Wyeth
PCV13 (13-valent conjugate)	Pneumococcal conjugate PCV 13	Pprevnar (PCV13) – Wyeth/Pfizer
PCV13 (15-valent conjugate)	Pneumococcal conjugate PCV15, polysaccharide CRM197 conjugate, adjuvant, PF	Vaxneuvance (PCV15) – Merck
PCV13 (20-valent conjugate)	Pneumococcal conjugate PCV20, polysaccharide CRM197 conjugate, adjuvant, PF	Pprevnar 20 – Wyeth/Pfizer
PCV13 (21-valent conjugate)	pneumococcal conjugate vaccine, 21 valent	Capvaxive (PCV21) – Merck
Unknown	pneumococcal, unspecified formulation	NA

*Historic

Starting in 2000, a conjugate pneumococcal vaccine is recommended for prevention of pneumococcal disease in the pediatric population. For a complete vaccination schedule for children and adults go to: <https://www.dshs.texas.gov/immunizations/public/schedules>.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Immunizations . Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional, or state).
➔	Ordered Test	Refer to table below. Note: Information in this field is not considered a test result.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Blood venous; Cerebral spinal fluid; Pleural fluid (thoracentesis fld); Synovial fluid (Joint fluid); or Other and type source in Result Comments. (See normally sterile site definition in the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/) See also: Sterile Site and Invasive Disease Determination flowchart, Infectious Disease Control Investigation Guidance , Appendix A)
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test/Result(s)	Refer to table below and use appropriate fields below.

Lab Report		
NBS Field Name	Description/Instructions	
➔ Resulted Test	Refer to table below.	
⇒ <i>Coded Result</i>	Refer to table below.	
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.	
⇒ <i>Text Result</i>	Refer to table below.	
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.	
Result status		
Result comments		
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on Add Antibiotic when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
Comments		

Ordered Test, Resulted Test and Test Results			
Description	➔ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Blood culture	Culture, Blood (drop-down list)	Streptococcus Identified (drop-down list)	Organism: Streptococcus pneumoniae (include serotype if available) (short search "pneumoniae")
CSF culture	Culture, CSF (drop-down list)	Streptococcus Identified (drop-down list)	Organism: Streptococcus pneumoniae (include serotype if available) (short search "pneumoniae")
Body fluid (specify)	Culture, Body fluid (short search "culture")	Streptococcus Identified (drop-down list)	Organism: Streptococcus pneumoniae (include serotype if available) (short search "pneumoniae")
PCR	Streptococcus pneumoniae, PCR (DNA or RNA) (short search "pneumoniae")	Streptococcus Identified (drop-down list)	Organism: Streptococcus pneumoniae (include serotype if available) (short search "pneumoniae")

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Lab Report	
NBS Field Name	Description/Instructions
Investigation Summary	

Lab Report		
NBS Field Name		Description/Instructions
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Immunizations - Will default based on condition
	State Case ID	
	ABC's Case ID	Not applicable in Texas
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
	ABC's Investigator	Not applicable in Texas
Other patient information		
	Type of Insurance	
	Specify Other	
	Weight	
	Height	
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider. The date of report should match the earliest date reported to County or to State.
➔	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Enter Yes, No, or Unknown

Lab Report		
	NBS Field Name	Description/Instructions
	Patient Chart Number	
➔	Hospital Information	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Admission Date	If patient hospitalized, enter admission date(s).
⇒	<i>Discharge Date</i>	If patient hospitalized, enter discharge date(s).
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
	ABC's Culture Hospital	Not applicable in Texas
	ABC's Treatment Hospital	Not applicable in Texas
	Was patient transferred from another hospital?	Not applicable in Texas
	ABC's Transfer Hospital	Not applicable in Texas
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: If unknown or the patient has asymptomatic infection, use the lab date of collection.</i>
	Illness End Date	
➔	Types of Infection caused by organism?	Select primary diagnosis or if specimen source is cerebrospinal fluid, select meningitis; if blood, select bacteremia without focus; and if other select as appropriate.
	Other Infection	
➔	Bacterial species isolated from any normally sterile site?	Defaults to Streptococcus pneumonia, invasive disease (IPD) (Selection of another organism will result in a change of condition. If the condition is in a different program area it will go to an error page. Enter the case as condition consistent with the organism isolated.)
	If polymicrobial ABC's case, indicate other non-ABC's bacterial species isolated from any normally sterile site:	Not applicable in Texas
	Specify Other 1	Not applicable in Texas
	Specify Other 2	Not applicable in Texas
➔	Date first positive culture obtained?	Required if onset date is unknown. Enter earliest collection date of specimens that are culture positive.
➔	Sterile site from which organism isolated?	Select site(s) from drop-down list that match sterile specimens with lab reports. See normally sterile site definition in the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
	Specify Internal Body Site	
	Other Normally Sterile Site	
	Nonsterile sites from which organism isolated	
	Other Nonsterile Site	
⇒	<i>Did the patient have any underlying conditions?</i>	Conditions collected on investigation form

Lab Report		
NBS Field Name	Description/Instructions	
Underlying Conditions		
Transplanted organ	If the underlying condition is "organ transplant," specify the organ	
Other malignancy	If the underlying condition is "other malignancy," specify the malignancy	
Other prior illness	If the underlying condition is "prior illness," specify the illness (up to three)	
Other prior illness 2		
Other prior illness 3		
Is patient < 1 month of age?	Not applicable in Texas	
Time of Birth	Not applicable in Texas	
Gestational Age	Not applicable in Texas	
Birthweight	Not applicable in Texas	
→ Did the patient die from this illness?	If patient died from <i>Streptococcus pneumoniae</i> , enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .	
Oxacillin Zone Size		
Interpretation		
Antimicrobial agent		
Susceptibility Method		
S/I/R/U Result		
Sign		
MIC Value		
Does the patient have persistent disease as defined by positive sterile site cultures 2-7 days after the first positive culture?		
Specimen Collection Date 1	Not applicable in Texas	
Sites from which <i>S. pneumoniae</i> isolated	Not applicable in Texas	
Other Normally Sterile Site	Not applicable in Texas	
Specimen Collection Date 2	Not applicable in Texas	
Sites from which <i>S. pneumoniae</i> isolated	Not applicable in Texas	
Other Normally Sterile Site	Not applicable in Texas	
Vaccine Information		
→ Has patient received 23-valent pneumococcal POLYSACCHARIDE vaccine?	If yes, please enter dosage data in the Vaccination Record. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified and select answer "Unknown."	
→ Did the patient receive pneumococcal CONJUGATE vaccine?	Please answer this question for patients of all ages. If yes, please enter dosage data in the Vaccination Record. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified and select answer "Unknown."	
Epidemiologic		

Lab Report			
NBS Field Name		Description/Instructions	
	If < 6 year of age, is the patient in daycare?		
	Day Care Facility		
	Was the patient a resident of a nursing home or other chronic care facility at the time of first positive culture?		
	Chronic Care Facility		
⇒	<i>Is this case part of an outbreak?</i>	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
⇒	<i>Outbreak Name</i>	Choose outbreak name from pull-down list.	
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	<i>Imported Country</i>	Indicate country where patient became ill.	
⇒	<i>Imported State</i>	Indicate state where patient became ill (not TX).	
	<i>Imported City</i>	Indicate city where patient became ill.	
⇒	<i>Imported County</i>	Indicate county where patient became ill.	
→	Confirmation Method	Select method used to determine case status. Select lab confirmed or lab report.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/) https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
Administrative			
	Was the case first identified through audit?	Not applicable in Texas	
	Does this case have recurrent disease with the same pathogen	Not applicable in Texas	

Lab Report		
NBS Field Name		Description/Instructions
	If yes, previous (1st) ABC's Case ID	Not applicable in Texas
	Case Report Status	Not applicable in Texas
→	General Comments	Enter if illness onset date was approximate and whether or not the isolate was sent to the DSHS State Lab for serotyping (<5 years old only)
Custom Fields		
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: • Date a condition-specific laboratory test was ordered, or • Date a laboratory test result was positive, whichever was earliest.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Taenia solium and undiff. Taenia Infection

General Information

Please complete the [Taeniasis/Cysticercosis Case Investigation Form \(state.tx.us\)](https://state.tx.us) and route to the Zoonosis Control Central Office through your regional Zoonosis Control Program.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select "Stool = fecal."
	Specimen Site	Select appropriate response from drop-down list.
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	Select hospitalized, outpatient, or unknown.
	Pregnant	Select Yes, No, or Unknown.
	Weeks	Enter number of weeks pregnant.
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇨	Coded Result	Refer to table below.
⇨	Numeric Result	Refer to table below. Enter units in the 2 nd box.

NBS Field Name			Description/Instructions
⇒	Text Result		Refer to table below.
⇒	Reference Range		If applicable, enter the reference range or cut-off value for normal results.
	Result status		Select corrected, final, preliminary or results pending.
	Result comments		Enter comments as needed.
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.			
Administrative			
	Comments		Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Smear or stain, microscopic examination	Ova and Parasites – microscopic exam (short search “paras”)	Taenia – Result (short search “tae”)	Coded Result: Enter “detected” or “not detected,” and Text result: Enter species

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient’s zip code. Review and correct as needed. Select or edit “Jurisdiction” based on patient address if available, location of patient’s provider, or location of reporting facility, in that order.
➔	Program Area	Zoonosis - Will default based on condition.
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Enter date public health control measures were initiated. Not required for <i>T. solium</i> .
➔	Investigation Status	Defaults to “Open.” Change to “Closed” when investigation and data entry are completed.
	State Case ID	Leave blank.
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigation	Enter date investigation assigned to investigator.

Investigation		
NBS Field Name		Description/Instructions
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a non-negative condition specific laboratory result was ordered (e.g., specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
→	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	<i>Hospital</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter 1 st admission date.

Investigation		
NBS Field Name		Description/Instructions
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Duration of Stay	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	Select Yes, No, or Unknown.
⇒	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification if applicable.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date a condition specific laboratory test was positive.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	Enter "Illness End Date." <i>Note: Leave blank if end date is unknown or the patient has asymptomatic infection.</i>
	Illness Duration	Enter number of days and select "Days" for units (default). Use "Months" or "Years" if more appropriate. <i>Note: Illness Duration is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>
	Illness Duration Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>
	Age at Onset	Enter number and unit. Default is years. Use days if <1 month, months for ≥1 month and <1 year, and years for ≥1 year. <i>Note: Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
	Age at Onset Units	Use the drop-down menu to select, days, months, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.

Investigation		
NBS Field Name		Description/Instructions
→	Did the patient die from this illness?	If patient died from the illness, select yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
→	Date of Death	Enter date of death.
Epidemiologic		
→	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.
→	Is this patient a food handler?	Select Yes, No, or Unknown.
	Is this case part of an outbreak?	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
	Outbreak Name	Select outbreak name from drop-down list
	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown.
	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field. Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at unknown location.
→	Imported Country	Indicate country where patient acquired illness. Required if "Out of Country" selected.
→	Imported State	Indicate state where patient acquired illness. Required if "Out of State" selected.
⇒	<i>Imported City</i>	Indicate city where patient acquired illness.
→	Imported County	Indicate county where patient acquired illness. Required if "Out of jurisdiction, from another jurisdiction" selected.
→	Transmission Mode	Select "Foodborne" or "Indeterminate."
	Detection Method	Select appropriate response from drop-down list.
→	Confirmation Method	Select method used to determine case status. Laboratory confirmed or laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case were met.

Investigation		
NBS Field Name		Description/Instructions
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.
General Comments		
	General Comments	Enter comments as needed.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Tetanus

General Information

Information on treatment and prevention measures can be found in the Emerging and Acute Infectious Disease Guidelines: <https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance>.

Individual case report forms are required to be completed and submitted to the central office.

The tetanus case report form can be found at [Tetanus October 2021 \(texas.gov\)](#).

The tetanus vaccination history should be entered as a vaccination record in NBS and attached to the investigation. Enter the date of vaccination, age at vaccination, vaccine type, and any other available information. To search ImmTrac for this patient, within the investigation, click "Manage Associations" and under the "Vaccinations" section, click "Query Registry." Confirm the patient's information is correct then click "Submit Query." Check the box next to the vaccine to associate it with the current investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified.

Vaccine Type	NBS Selection	Manufacturers for US (2024)
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Hepatitis B and Inactivated Polio	DTaP-Hep B-IPV	Pediarix – GlaxoSmithKline
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis-Haemophilus type b	DtaP-Hib, historical	*TriHIBit – Sanofi Pasteur *Tetramune - Wyeth
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Haemophilus influenzae type b and Inactivated Polio	DTaP-Hib-IPV	Pentacel – Sanofi Pasteur
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Inactivated Polio	DTaP-IPV	KINRIX – GlaxoSmithKline Quadracel – Sanofi Pasteur
Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate, and Hepatitis B [Recombinant] Vaccine	DTaP-IPV-HIB-HEP B	Vaxelis – MSP Vaccine Company - (partnership Merck and Sanofi Pasteur)
Diphtheria Toxoid-Tetanus Toxoid-acellular Pertussis in combination with Haemophilus influenzae type b and Hepatitis B	DTaP-IPV-HIB-HEP B, historical	
Diphtheria-Tetanus-Pertussis	DTP, historical	*Tri-Immunol Lederle
Diphtheria-Tetanus-Pertussis-	DTP-Hib, historical	
Diphtheria-Tetanus-Pertussis-Haemophilus type b- Hepatitis B	DTP-Hib-Hep B, historical	

Vaccine Type	NBS Selection	Manufacturers for US (2024)
Tetanus/diphtheria toxoids. Adult formulation	Td (Adult)	generic – Massachusetts Biological Labs TENIVAC – Sanofi Pasteur Decavac – Sanofi Pasteur
Tetanus Toxoid reduced-Diphtheria-acellular Pertussis vaccine	Tdap	Adacel – Sanofi Pasteur Boostrix – GlaxoSmithKline
TT- Tetanus toxoid. May be used for adults or children	Tetanus toxoid	generic – Sanofi Pasteur
Tetanus unspecified	tetanus toxoid, NOS	

*Historic

List of Vaccines Licensed for Immunization and Distribution in the US:

<https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>

For a complete vaccination schedule for children and adults go to:

<https://www.dshs.texas.gov/immunizations/public/schedules>.

NBS Entry Guidelines for Laboratory Reports

There are currently no lab tests available for tetanus.

NBS Entry Guidelines for Laboratory Reports

There are currently no lab tests available for tetanus.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*.

Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Immunizations - Will default based on condition
	State Case ID	
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.

Investigation		
NBS Field Name		Description/Instructions
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
⇒	<i>Hospital Information</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter admission date(s).
→	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: • Date of physician diagnosis (if known), or • Date a condition specific treatment was ordered, or • Date of the condition specific laboratory test result.
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
→	Illness End Date	
→	Illness Duration	Use drop-down list to select days, weeks, etc.
→	Age at Onset	Use drop-down list to select years, months, etc.
	Is the patient pregnant?	
	Does the patient have pelvic inflammatory disease?	
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .

Investigation			
NBS Field Name		Description/Instructions	
Epidemiologic			
	Is this patient associated with a day care facility?		
	Is this patient a food handler?		
	Is this case part of an outbreak?	If yes, contact the NEDSS Project Office to have outbreak name entered.	
	Outbreak Name	Select outbreak name from list	
→	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	Imported Country	Indicate country where patient became ill.	
⇒	Imported State	Indicate state where patient became ill (not TX).	
	Imported City	Indicate city where patient became ill.	
⇒	Imported County	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
	Confirmation Method	Select method used to determine case status. Select clinical diagnosis.	Clinical Diagnosis – Case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider.
	Confirmation Date	The first date the confirmatory lab test was positive/reactive or, if not available, the first date the result would have been reportable to the health department. (i.e., run date, test date)	
→	Case Status	Select Confirmed or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
Administrative			
	General Comments		
Custom Fields			

Investigation			
NBS Field Name		Description/Instructions	
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses in patient medical record, or ◆ Date a condition specific laboratory test was ordered, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.	
Condition Specific Custom Fields			
→	Was this patient in the Intensive Care Unit (ICU)?	Select Yes, No, or Unknown.	
→	Number of days patient was in ICU		
→	Was this case mechanically ventilated?	Select Yes, No, or Unknown.	
→	Number of days patient received mechanical ventilation		
→	Date of tetanus symptom onset		
→	Type of tetanus	Select from drop-down list.	Cephalic-associated with ear infections or head trauma, affects cranial nerves (rare). Generalized—most common form, descending pattern of symptoms. Localized—muscle contractions only present near wound site.
→	Was there an acute wound or injury?	Select Yes, No, or Unknown.	
→	Date acute wound or injury occurred		
⇒	Was the acute wound or injury work related?	Select Yes, No, or Unknown.	
⇒	What was the environment where acute wound or injury occurred?	Select from drop-down list.	
→	Circumstances of acute wound or injury (e.g., stepped on a nail)	Enter a description injury circumstances.	
→	Principle anatomic site of acute wound or injury	Select from drop-down list.	
→	Principle acute wound or injury type	Select from drop-down list.	
→	Was medical care obtained for the acute wound or injury before tetanus symptom onset?	Select Yes, No, or Unknown.	
→	Date of wound care		

Investigation		
NBS Field Name		Description/Instructions
→	Was tetanus toxoid (Td, TT, DT, DTaP) administered for the acute wound or injury before tetanus symptom onset?	Select Yes, No, or Unknown.
→	Date patient received tetanus toxoid (Td, TT, DT, DTaP)	
→	Was tetanus immune globulin (TIG) prophylaxis given as part of wound care before tetanus symptom onset?	Select Yes, No, or Unknown.
→	Date patient received TIG prophylaxis	
→	Prophylactic TIG dosage (units)	
→	Were there signs of infection at the time of care for the acute wound or injury?	Select Yes, No, or Unknown.
→	If there was no acute wound or injury, was there one or more non-acute conditions associated with the tetanus illness (e.g., abscess, ulcer)?	Select Yes, No, or Unknown.
→	Abscess/Cellulitis	Select Yes, No, or Unknown.
→	Ulcer	Select Yes, No, or Unknown.
→	Blister	Select Yes, No, or Unknown.
→	Gangrene	Select Yes, No, or Unknown.
→	Cancer	Select Yes, No, or Unknown.
→	Dental Infection/Gingivitis	Select Yes, No, or Unknown.
→	Ear infection	Select Yes, No, or Unknown.
→	Injection drug use	Select Yes, No, or Unknown.
→	Other	Select Yes, No, or Unknown.
→	Specify other	
→	Was medical care obtained for the non-acute condition before tetanus symptom onset?	Select Yes, No, or Unknown.
→	Date of medical care	
→	Was tetanus toxoid (Td, TT, DT, DTaP) administered for the non-acute condition before tetanus symptoms onset?	Select Yes, No, or Unknown.
→	Date patient received tetanus toxoid (Td, TT, DT, DTaP)	

Investigation		
NBS Field Name		Description/Instructions
→	Was the wound infected at the time of tetanus diagnosis?	Select Yes, No, or Unknown.
→	Was tetanus immune globulin (TIG) therapy given after tetanus symptom onset?	Select Yes, No, or Unknown.
→	Date of TIG therapy	
→	Total therapeutic TIG dosage	
→	Final outcome.	Select from drop-down list.
→	Was a tetanus antibody test performed?	Select Yes, No, or Unknown.
→	Date of tetanus antibody test	
→	Result of tetanus antibody test: __IU/mL (.01 thru 100)	
→	Has the patient ever received tetanus toxoid (Td, TT, DT, DTaP)?	Select Yes, No, or Unknown. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified and select answer "Unknown."
→	Total # doses	Select number of doses.
→	If known, enter date of patient's last tetanus dose	
→	OR, If known, enter year of patient's last tetanus dose	Enter year if exact date unknown.
→	OR, approximate number of years since the patient's last tetanus dose	Enter approximate number of years if year of last dose unknown or answer questions below regarding general vaccination history.
⇒	<i>Immunizations in childhood?</i>	Select True or False.
⇒	<i>Immunizations for school?</i>	Select True or False.
⇒	<i>Immunization for work?</i>	Select True or False.
⇒	<i>Immunizations for military?</i>	Select True or False.
⇒	<i>Immunizations for travel?</i>	Select True or False.
⇒	<i>Immunizations for immigration?</i>	Select True or False.
⇒	<i>Immunizations for other reasons?</i>	Select True or False.
→	If patient never received tetanus vaccination, give reason	Select from drop-down list.
→	Patient's primary occupation	Enter occupation or "not employed."
→	Does the patient have diabetes?	Select Yes, No, or Unknown.
→	Is the diabetic insulin dependent?	Select Yes, No, or Unknown.
→	Is there a history of injection drug use?	Select Yes, No, or Unknown.
⇒	<i>Was the patient born in the U.S.?</i>	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>If not U.S. born, patient's birth country</i>	Select from drop-down list.
→	Was the patient less than 2 months old at time of tetanus illness?	Select Yes, No, or Unknown. If yes, answer questions about mother's history below.
→	Mother's age in years	
→	Mother's date of birth	
→	Mother's primary occupation	Enter occupation or "not employed."
→	Was the mother born in the U.S.?	Select Yes, No, or Unknown.
→	If not U.S. born, mother's birth country	Select from drop-down list.
→	If not U.S. born, date mother first resided in the U.S.	
→	Or, year mother first resided in the U.S.	
→	OR, approximate length of time mother has been in the U.S.: ____ years	
→	Had the mother ever received tetanus vaccination prior to the infant's (case's) birth?	Select Yes, No, or Unknown.
→	If Yes, then give the number of known doses	
→	How long has it been since the mother received her last tetanus vaccination?	Select Yes, No, or Unknown.
→	(units for the previous question)	Select from drop-down list.
→	If never vaccinated, give reason	Select from drop-down list.
→	Number of previous pregnancies	
→	Number of live births (total)	
→	Has mother given birth previously in the U.S.?	Select Yes, No, or Unknown.
→	If Yes, number of births delivered in the U.S?	
→	If Yes, list the dates (years)	
→	Was prenatal care obtained during the pregnancy with the neonatal tetanus case?	Select Yes, No, or Unknown.
→	Number of prenatal visits	
→	Infant's (case's) birth place location	Select from drop-down list.
→	Specify other birth place	
→	Birth attendees	Select from drop-down list.

NBS Entry Guidelines for Notification

Notifications are required for probable cases.

Trichinosis

General Information

Use the [Trichinosis Case Investigation](#) form and route to the Zoonosis Control Branch through your regional Zoonosis Control Program.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood venous, Serum, other appropriate choice, or Other with description in Result Comments e.g., muscle biopsy.
	Specimen Site	Select from drop-down list.
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test	Refer to table below and use appropriate fields below.
⇨	<i>Coded Result</i>	Refer to table below.
⇨	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇨	<i>Text Result</i>	Refer to table below.

Lab Report		
NBS Field Name		Description/Instructions
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇐ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Microscopic examination	<i>Trichinella spiralis</i> , microscopic exam (short search "trich")	Trichinella – Result (short search "trich")	Coded Result: Enter "detected" or "not detected," and Text Result: Enter "larvae in tissue obtained by muscle biopsy"
Antibody test	<i>Trichinella spiralis</i> antibody (short search "trich")	Trichinella antibody; or Trichinella antibody, IgG; or Trichinella antibody, IgM (short search "trich")	Coded Result: "positive," "negative," or "indeterminate" and Numeric Result: Enter value

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*.
Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Summary	
➔ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ Program Area	Zoonosis – Will default based on condition
State Case ID	Leave blank.
➔ Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔ Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.

Investigation		
NBS Field Name		Description/Instructions
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
Reporting Source		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Reporting Source (type)	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Source (organization)	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	Reporter	Search for "Reporting Provider" if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Enter Yes, No, or Unknown.
⇒	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter admission date(s).
⇒	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	Duration of stay (in days)	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of the condition specific laboratory result, or ♦ Date of physician diagnosis

Investigation		
NBS Field Name		Description/Instructions
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Enter date specimen collected if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	Enter "Illness End Date." <i>Note: Leave blank if end date is unknown or the patient has asymptomatic infection.</i>
	Illness Duration	Enter number and unit. If illness onset date is the same as end date, enter 1.
	Age at Onset	Enter number and unit. Default is years. Use days if <1 month, months for ≥1 month and <1 year, and years for ≥1 year.
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
	Does the patient have pelvic inflammatory disease?	Select Yes, No, or Unknown.
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .
Epidemiologic		
	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.
	Is this patient a food handler?	Select Yes, No, or Unknown.
	Is this case part of an outbreak?	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
	Outbreak Name	Select outbreak name from drop-down list.
→	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field. Indigenous, within jurisdiction Out of Country – patient acquired illness outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US but outside of TX. Unknown – patient acquired illness at unknown location
→	Imported Country	Indicate country where patient acquired illness. Required if "Out of Country" selected.
→	Imported State	Indicate state where patient acquired illness. Required if "Out of State" selected.
⇒	<i>Imported City</i>	Indicate city where patient acquired illness.
→	Imported County	Indicate county where patient acquired illness. Required if "Out of jurisdiction, from another jurisdiction" selected.
→	Transmission Mode	Select "Foodborne," "Other" or "Indeterminate."
	Detection Method	Select from drop-down list.

Investigation			
NBS Field Name		Description/Instructions	
→	Confirmation Method	Select method used to determine case status.	Laboratory confirmed or laboratory report –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case was met	
→	Case Status	Select Confirmed, Probable, Suspect or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited as needed to reflect the year of illness onset.	
Administrative			
	General Comments	Enter comments as needed.	
Custom Fields			
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date a non-negative condition specific laboratory result was ordered (e.g. specimen collection date), or ♦ Date of physician diagnosis, or ♦ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ♦ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.	
Food Handler			
	Did patient work as a food handler after onset of illness?	May leave blank.	
Travel History			
	Did patient travel prior to onset of illness?	Select Yes, No, or Unknown. If yes, complete all follow-up fields.	
Animal Contact			
	Did patient come in contact with an animal?	May leave blank.	
Underlying Conditions			
	Did patient have any of the following underlying conditions?	Select underlying condition(s) from drop-down.	
Related Cases			
→	Does the patient know of any similarly ill persons?	Select Yes, No, or Unknown.	

Investigation		
NBS Field Name		Description/Instructions
→	If "Yes," did the health department collect contact information about other similarly ill persons and investigate further?	Select Yes, No, or Unknown. Note: Please enter details in the space provided for General Comments in the Administrative group on this Investigation.
→	Are there other cases related to this one?	Select "no, sporadic;" "unknown;" "yes, household;" or "yes, outbreak"
Signs and Symptoms		
→	Did the patient have Eosinophilia?	Select Yes, No or Unknown from drop down list.
→	If "Yes," please specify absolute number or percentage:	Enter number or percentage. Select the appropriate radial button for Percentage or Numeric to indicate the type of value entered.
→	Did patient have a fever?	Select Yes, No or Unknown from drop down list.
→	If "Yes," please specify temperature:	Enter temperature. Select the appropriate radial button for Fahrenheit or Celsius.
→	Did patient have any of the following signs or symptoms of Trichinellosis?	Select applicable symptoms from drop-down list. (Use Ctrl to select more than one.)
⇒	<i>If "Other," please specify other signs or symptoms of Trichinellosis:</i>	If patient indicated that they have other signs or symptoms of Trichinellosis, enter here.
Suspect Food		
→	What suspect foods did the patient eat?	Select suspect food(s) from drop-down list <i>(Use Ctrl to select more than one.)</i>
→	Please specify type of pork:	Select appropriate item from drop-down list.
→	If "Other," please specify type of pork:	Enter type.
→	Date suspect food as consumed	Enter date suspected food was consumed.
⇒	<i>Was larvae found in suspect food?</i>	Select absent, not examined, present, or unknown from drop down list.
⇒	<i>Where was the suspect meat obtained?</i>	Select from drop-down list. <i>(Use Ctrl to select more than one.)</i>
⇒	<i>If "Other," please specify where suspect meat was obtained:</i>	Enter where the suspected meat was obtained.
⇒	<i>How was suspect food prepared or further processed after purchase?</i>	Select from drop-down list.
⇒	<i>If "Other," please specify other type of processing:</i>	Enter type of processing.

Investigation		
NBS Field Name		Description/Instructions
⇒	What was the method of cooking the suspect food?	Select from drop-down list.
⇒	If "Other," please specify other type of cooking method:	Enter other type of cooking method.
➔	Please specify type of non-pork:	Select appropriate item(s) from drop-down list. <i>(Use Ctrl to select more than one.)</i>
➔	If "Other," please specify type of non-pork:	Enter type.
➔	Date suspect food was consumed	Enter date suspected food was consumed.
⇒	Was larvae found in suspect food?	Select absent, not examined, present, or unknown from drop down list.
⇒	Where was the suspect meat obtained?	Select from drop-down list. <i>(Use Ctrl to select more than one.)</i>
⇒	If "Other," please specify where suspect meat was obtained:	Enter where the suspected meat was obtained.
⇒	How was suspect food prepared or further processed after purchase?	Select from drop-down list.
⇒	If "Other," please specify other type of processing:	Enter type of processing.
⇒	What was the method of cooking the suspect food?	Select from drop-down list.
⇒	If "Other," please specify other type of cooking method:	Enter other type of cooking method.

NBS Entry Guidelines for Notification

Notifications are required for confirmed, probable and suspect cases. Suspect cases will not be included in case counts but are being tracked for programmatic review.

Trichuriasis

General Information

A [Trichuriasis Case Investigation](#) form is required. Add investigation forms as supplemental info in NEDSS or email the form to Central Office and the Regional Office for those who do not use or have access to NEDSS.

Information on treatment and prevention measures can be found in the *Infectious Disease Control Investigation Guidance*: <http://www.dshs.texas.gov/EAIDU/investigation/Investigation-Guidance.doc>

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Infectious Disease <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Stool=Fecal for identification of eggs; Rectal mucosa for identification of adult worms during rectal prolapse; or Other (describe in Lab Comments) if necessary.
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	If "Yes" is selected, enter the number of weeks.
	Weeks	
Test Result(s)		

Lab Report		
NBS Field Name		Description/Instructions
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	Coded Result	Refer to table below.
⇒	Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒	Text Result	Refer to table below.
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional.
Click on when the Test Result(s) section is completed and add additional lab results as needed.

Administrative	
Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Fecal Ova and Parasites	Leave Blank	Ova and Parasites – Result (short search: Parasite)	List the species in the “Text Result” section of the lab report.
Fecal Ova and Parasites – Concentrated	Leave Blank	Ova and Parasites – Result (short search: Parasite)	List the species in the “Text Result” section of the lab report.
Adult worm identification	Leave Blank	Helminth – macroscopic/microscopic (short search: helminth) OR Helminth – Result (short search: helminth)	List the species in the “Text Result” section of the lab report.
Parasite identification	Leave Blank	Parasite identification- (short search: parasite)	List the species in the “Text Result” section of the lab report. List the methodology (e.g., PCR, NAAT, sequencing) in the “Result Comments” section of the lab report. This test should usually be reserved for molecular results.

After the information is entered in Lab Report, press “Submit” or “Submit and Create Investigation” button, as needed. If the lab report was created by mistake, press the “Cancel” button.
NBS Entry Guidelines for Investigation.

NBS Entry Guidelines for Investigation

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	Program Area	IDEAS – Infectious Disease – Will default based on condition.
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Not required for Trichuriasis
⇨	<i>Investigation Status</i>	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	<i>State Case ID</i>	
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date a provider (e.g., physician, hospital, laboratory) reported to any public health department. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date a condition specific laboratory test was positive
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician, or others. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.

Investigation		
NBS Field Name		Description/Instructions
⇒	Reporting Organization	"Reporting Organization" auto-populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Reporting Provider	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
➔	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Admission Date	If patient hospitalized, enter 1 st admission date.
➔	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	If known, select Yes or No
⇒	Hospital 2	Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen (e.g. stool of adult worm) that supported case classification if applicable.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of the condition specific laboratory result.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	
	Illness Duration	

Investigation			
NBS Field Name		Description/Instructions	
	Illness Duration Units		
⇒	Age at Onset	Enter number and unit. Default is years. Use Days if < 1 month, Months for ≥ 1 month and < 1 year, and Years for ≥ 1 year.	
⇒	Age at Onset Units	Use the drop-down list next to age to select, days, months, etc.	
	Is the patient pregnant?		
➔	Did the patient die from this illness?	If patient died from the illness, enter "Yes." Also go to the Patient tab and enter "Yes" for <i>Is the Patient Deceased?</i> And date of death for <i>Deceased Date</i> .	
➔	Date of Death	Enter Date of Death	
Epidemiologic			
⇒	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.	
⇒	Is this patient a food handler?	Select Yes, No, or Unknown.	
➔	Is this case part of an outbreak?	If applicable, select "Yes."	
➔	Outbreak Name	Select outbreak name from drop-down list. If an outbreak name was not found in drop-down list, contact the NEDSS Project Office to have an outbreak name entered.	
➔	Epi-linked to laboratory confirmed case?	Select Yes or No. If "Yes" is selected, enter Case ID of epi-linked case.	
➔	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
➔	Where was the disease acquired?	Select the jurisdiction where the disease was acquired.	Indigenous, within jurisdiction – if the patient did not travel internationally during the previous two years (or during their lifetime if less than two years old) and may have been exposed to a within-jurisdiction soil environment hospitable to helminths. Out of Country – if the patient contracted the illness after/ while traveling internationally, during the past two years (or during their lifetime if less than two years old), or during the first two years after immigrating to the US. Out of jurisdiction, from another jurisdiction – if the patient contracted the illness but did not travel internationally during the previous two years (or during their lifetime if less than two years old) and may have been exposed to an out-of-jurisdiction soil environment hospitable to helminths after/ while traveling to another jurisdiction within TX. Out of State – if the patient contracted the illness but did not travel internationally during the previous two years (or during their lifetime if less than two years old) and may have been exposed to an out-of-state soil environment hospitable to helminths after traveling within US but outside of TX. Unknown – there is insufficient information to determine in which jurisdiction the patient contracted the illness.
➔	Imported Country	Indicate country where patient contracted the illness.	
⇒	Imported State	Indicate state where patient contracted the illness.	
⇒	Imported City	Indicate city where patient contracted the illness.	

Investigation		
NBS Field Name		Description/Instructions
⇒	Imported County	Indicate county where patient contracted the illness.
	Transmission Mode	
	Detection Method	
→	Confirmation Method	Select method used to determine case status. Select laboratory confirmed, epidemiologically linked, or clinical diagnosis. Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments. Clinical Diagnosis – case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider.
	Confirmation Date	Date criteria for the case status of the case were met.
→	Case Status	Select Confirmed, Probable, Suspect, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
General Comments		
	General Comments	

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Tularemia

General Information

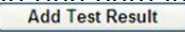
Please complete the [Tularemia Case Investigation Form](#) and route to the Zoonosis Control Branch through your regional Zoonosis Control Program. Include a completed "PHEP Surveillance Control Measure Tracking Form - Tularemia" with your submitted case report form.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same s Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Blood venous, Serum, Conjunctiva, Lymph node aspirate, Sputum, other appropriate choice, or Other (describe in Lab Comments)
	Specimen Site	Select appropriate response from drop-down list.
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	Select hospitalized, outpatient, or unknown.
	Pregnant	Select Yes, No, or Unknown.
	Weeks	Enter number of weeks pregnant.
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇨	<i>Coded Result</i>	Refer to table below.

Lab Report	
NBS Field Name	Description/Instructions
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒ <i>Text Result</i>	Refer to table below.
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
Result status	Select corrected, final, preliminary or results pending.
Result comments	Enter comments as needed.

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional.
Click on  when the Test Result(s) section is completed and add additional lab results as needed.

Administrative	
Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Tularemia culture	Francisella tularensis culture (short search "tula")	FRANCISELLA TULARENSIS IDENTIFIED (short search "tula")	Organism: Select species organism isolated (drop-down list)
Tularemia IgG or IgM antibody	Francisella tularensis antibody (short search "tula")	Francisella tularensis antibody, IgG or- Francisella tularensis antibody, IgM (short search "tula")	Coded Result: "positive," "negative," or "indeterminate," and Numeric Result: enter numeric value Text Result: enter test method
Tularemia PCR or other molecular testing	Francisella tularensis, PCR (DNA or RNA) (short search "tula")	Francisella tularensis DNA (short search "tula")	Coded Result: "positive," "negative," or "indeterminate"
Tularemia antigen by IHC	Francisella tularensis antigen (short search "tula")	Francisella tularensis antigen (short search "tula")	Text Result: Enter test method and result

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*.
Control + Click to see [Patient Tab Investigation](#).

Investigation	
NBS Field Name	Description/Instructions
Investigation Information	
➔ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.

Investigation		
NBS Field Name		Description/Instructions
→	Program Area	Zoonosis - Will default based on condition chosen
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	Date Earliest Public Health Control Measure Initiated **Please submit the PHEP Surveillance Control Measure Tracking Form - Tularemia **	Date of earliest public health intervention including: ◆ Provide medical provider with disinfection precautions for suspected cases ◆ Alert laboratory personnel when tularemia is suspected so procedures can be conducted in recommended biosafety level conditions ◆ Educate laboratory personnel regarding select agent requirements for <i>Francisella tularensis</i> isolates ◆ Interview patient to educate on measures to avoid disease transmission and/or identify of potential source of infection ◆ For suspected outbreaks or intentional exposures initiate bio-terrorism response procedures as needed, initiate active case finding, alert medical community, and/or conduct field studies
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are complete.
	State Case ID	Leave blank.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a non-negative condition specific laboratory result was ordered (e.g. specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.

Investigation		
NBS Field Name		Description/Instructions
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	<i>Hospital</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter 1 st admission date.
⇒	<i>Discharge Date</i>	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	<i>Total duration of stay in the hospital (in days)</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospitalized at a Second Hospital</i>	
⇒	<i>Hospital 2</i>	Search for 2 nd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 2 Admission Date</i>	If patient hospitalized, enter 2 nd admission date.
⇒	<i>Hospital 2 Discharge Date</i>	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	<i>Hospital 2 Duration</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospital 3</i>	Search for 3 rd hospital. Enter new hospitals as needed.
⇒	<i>Hospital 3 Admission Date</i>	If patient hospitalized, enter 3 rd admission date.
⇒	<i>Hospital 3 Discharge Date</i>	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	<i>Hospital 3 Duration</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification if applicable.

Investigation			
NBS Field Name		Description/Instructions	
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ◆ Date of physician diagnosis, or ◆ Date of the condition specific laboratory result.	
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note:</i> If unknown, enter date of hospital admission or, secondly, specimen collection date.	
	Illness End Date		
	Illness Duration	Enter number of days and days for units (default). Use months or years if more appropriate.	
	Illness Duration Units	Use the drop-down list next to it to select days, weeks, etc.	
	Age at Onset	Enter number and unit. Default is years. Use days if <1 month, months for >1 month and <1 year, and years for >1 year.	
	Age at Onset Units	Use the drop-down list next to it to select days, weeks, etc.	
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.	
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased</i> and date of death for <i>Deceased Date</i> .	
➔	Date of Death		
Epidemiologic			
	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.	
	Is this patient a food handler?	Select Yes, No, or Unknown.	
⇒	Is this case part of an outbreak?	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
⇒	Outbreak Name	Select outbreak name from drop-down list.	
	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown.	
	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
➔	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US but outside of TX. Unknown – patient acquired illness at an unknown location.

Investigation		
NBS Field Name	Description/Instructions	
→	Imported Country	Indicate country where patient acquired illness. Required if "Out of Country" selected.
→	Imported State	Indicate state where patient acquired illness. Required if "Out of State" selected.
⇒	<i>Imported City</i>	Indicate city where patient acquired illness.
→	Imported County	Indicate county where patient acquired illness. Required if "Out of jurisdiction, from another jurisdiction" selected.
→	Transmission Mode	Select "Zoonotic," "Vector borne," "Foodborne," "Other" or "Indeterminate"
	Detection Method	Select appropriate response from drop-down list.
→	Confirmation Method	Select method used to determine case status. Select lab confirmed. Lab
ratory confirmed or laboratory report – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.		
	Confirmation Date	Date criteria for the case status of the case were met.
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf
→	MMWR Week	Auto-populates based on data entry date At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
General Comments		
	General Comments	Enter comments as needed.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Typhus, flea-borne (endemic, murine)

General Information

Please complete the [Rickettsial Disease Case Investigation Form](#) and route to the Zoonosis Control Branch through your regional Zoonosis Control office.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#)

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Blood venous, Serum, other appropriate source, or Other (describe in Lab Comments)
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇨	<i>Coded Result</i>	Refer to table below.

Lab Report	
NBS Field Name	Description/Instructions
⇒ Numeric Result	Refer to table below. Enter units in the 2 nd box.
⇒ Text Result	Refer to table below.
⇒ Reference Range	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	→ Resulted Test	→ Test Result(s)
To ensure appropriate case classification, enter any available IFA lab results for either typhus or spotted fever group <i>Rickettsia</i> (positive and negative) relevant to the patient's current illness. Short search "typhi," "spotted," or "rick" unless otherwise noted.			
IFA	Rickettsia typhi antibody	Rickettsia typhi antibody, IgG; and/or Rickettsia typhi antibody, IgM (<i>short search "typhi"</i>) OR Rickettsia typhus group antibody, IgG; and/or Rickettsia typhus group antibody, IgM	Coded Result: Enter "detected," "positive," "high," etc. and Numeric Result: Enter all titer values (e.g. 1:512 or <1:64)
	Rickettsia rickettsii antibody OR Rocky Mountain Spotted Fever (RMSF) antibodies	Rickettsia rickettsii antibody, IgG; and/or Rickettsia rickettsii antibody, IgM OR Rocky Mountain Spotted Fever (RMSF) Antibody, IgG; and/or Rocky Mountain Spotted Fever (RMSF) Antibody, IgM	Coded Result: Enter "detected," "positive," "high," etc. and Numeric Result: Enter all titer values (e.g. 1:512 or <1:64)
PCR or other molecular testing method	Rickettsia typhi, PCR (DNA or RNA) (<i>short search "typhi"</i>)	Rickettsia typhi – Result or Rickettsia – Result (<i>short search "rickettsia"</i>)	Coded Result: "positive," "negative," or "indeterminate" Text Result: Enter test method

IHC	Rickettsia Stain (<i>short search</i> "rickettsia")	Rickettsia typhi – Result or Rickettsia – Result (<i>short search</i> "rickettsia")	Text Result: Enter test method and results
Culture	Rickettsia typhi culture or- Rickettsia culture (<i>short search</i> "rickettsia")	Rickettsia typhi – Result or Rickettsia – Result (<i>short search</i> "rickettsia")	Text Result: Enter test method and results

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*.
Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Zoonosis - Will default based on condition chosen
➔	Investigation Start Date	Enter date investigation began or, if no follow up was done, enter the date the report was received.
	Date Earliest Public Health Control Measure Initiated	Not required for Typhus
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	Leave blank.
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.

Investigation		
NBS Field Name		Description/Instructions
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a non-negative condition specific laboratory result was ordered (e.g., specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
→	Reporting Organization	"Reporting Organization" auto-populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. This may be reporting facility and/or treating physician. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	"Physician" auto-populates if investigation is created from a lab report. Conduct search for "Physician" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	<i>Hospital</i>	If hospitalized, search for "Hospital." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter 1 st admission date.
⇒	<i>Discharge Date</i>	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	<i>Total duration of stay in the hospital (in days)</i>	Duration will auto-populate if "Admission Date" and "Discharge Date" are entered. If admission date is same as discharge date, enter 1.
⇒	<i>Hospitalized at a Second Hospital</i>	Select Yes or No, if known.

Investigation		
	NBS Field Name	Description/Instructions
⇒	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
⇒	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date.
⇒	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed.
⇒	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
⇒	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification.
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ◆ Date of physician diagnosis (if known), or ◆ Date of the condition specific laboratory result
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: If unknown, enter date of hospital admission or, secondly, specimen collection date.</i>
	Illness End Date	Enter end date for illness, if known.
	Illness Duration	Enter number. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Illness Duration is auto-populated if "Illness Onset Date" and "Illness End Date" are entered. If end date is same as onset date, enter 1.</i>
	Illness Duration Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Illness End Date" are entered.</i>
⇒	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year. <i>Note: Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
⇒	Age at Onset Units	Use the drop-down list to select days, weeks, etc. <i>Note: Unit is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
	Is the patient pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Date of Death	If patient died from the illness, enter deceased date.

Investigation			
NBS Field Name		Description/Instructions	
Epidemiologic			
	Is this person associated with a day care facility?	Not Required	
	Is this person a food handler?	Not Required	
⇒	<i>Is this case part of an outbreak?</i>	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select “Yes” and select the corresponding “Outbreak Name.” Contact the NEDSS Project Office to have an outbreak name entered.	
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.	
	Epi-linked to laboratory confirmed case?	Select Yes, No, or Unknown. Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select “Yes” and enter the NBS ID of the epi-linked case.	
	Case ID of epi-linked case	Enter case ID (i.e., CAS-----TX01).	
➔	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous, within jurisdiction Out of Country – patient acquired illness while outside of US. Out of jurisdiction, from another jurisdiction – patient acquired illness while in another jurisdiction within TX. Out of State – patient acquired illness within US, but outside of TX. Unknown – patient acquired illness at an unknown location.
➔	Imported Country	Indicate country where patient acquired illness. Required if “Out of Country” selected.	
➔	Imported State	Indicate state where patient acquired illness. Required if “Out of State” selected.	
⇒	<i>Imported City</i>	Indicate city where patient acquired illness.	
➔	Imported County	Indicate county where patient acquired illness. Required if “Out of jurisdiction, from another jurisdiction” selected.	
➔	Transmission Mode	Select “Vectorborne.”	
	Detection Method	Select appropriate response from drop-down list.	
➔	Confirmation Method	Select method used to determine case status.	Laboratory confirmed or Laboratory report – laboratory criteria required for case status selected were met; if NBS lab report not entered, enter lab information manually and associate with the investigation.
	Confirmation Date	Enter date when the criteria for case status were met.	

Investigation		
NBS Field Name		Description/Instructions
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year, if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.
General Comments		
	General Comments	Enter comments as needed.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Vancomycin-intermediate Staphylococcus aureus (VISA)

General Information

- ◆ A DSHS HAI Epidemiologist should be notified immediately by phone of any reported VISA. The DSHS HAI Epidemiologist will notify central office.

Complete the [VRSA/VISA Case Report Form](#), enter the case into NBS and create a notification on all DSHS Laboratory confirmed cases of VISA within 30 days of initial report.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by [and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Note: Please enter BOTH the laboratory report from the original source of report and the laboratory report from the DSHS Laboratory used for confirmation. Associate both laboratory reports to the VISA investigation.

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. For Laboratory Report from Originating Facility: Select original source of report, not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Facility as needed.</i> For Laboratory Report from DSHS Laboratory: Select DSHS Laboratory.
⇒	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Antibiotic Resistance/MDRO <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. The jurisdiction should be entered as the jurisdiction of the healthcare facility where the specimen was collected and not the jurisdiction of residency. After approval, jurisdiction will be transferred to the patient's residence. Investigators should add a comment prior to submitting notification if jurisdiction needs to be transferred to the patient's residential jurisdiction, upon case approval.
⇒	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional, or state).
➔	Ordered Test	Refer to table on next page.
	Accession Number	Enter unique ID assigned to specimen.

Lab Report		
NBS Field Name		Description/Instructions
➔	Specimen Source	Select the source of the specimen, for example: blood venous, cerebrospinal fluid, other appropriate choice. If Other, specify specimen source in Result Comments.
	Specimen Site	Can leave blank.
➔	Date Specimen Collected	Enter the date specimen was collected.
	Patient Status at Specimen Collection	Can leave blank.
	Pregnant	Can leave blank.
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below.
➔	Resulted Test	Refer to table below.
➔	Coded Result	Refer to table below.
	Numeric Result	
➔	Text Result	Refer to table below.
	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	Can leave blank.
	Result comments	Can leave blank.
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	Can leave blank.

Ordered Test, Resulted Test and Test Results			
Description	➔ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Culture with vancomycin susceptibility	Staphylococcus aureus Culture (short search "staph")	Vancomycin (short search "van")	Coded Result: Select "susceptibility - intermediate susceptibility" and Text Result: Record the MIC in µg/ml).

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by [and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. For MDROs cases should be investigated based on where the patient tested positive. Select or edit "Jurisdiction" based on the healthcare facility the patient tested positive or the location of patient's provider.
→	Program Area	Antibiotic Resistance/MDRO
→	Investigation Start Date	Enter Date Investigation began.
	Date Earliest Public Health Control Measure Initiated	Not required for VISA.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	
→	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter the date result was finalized. Typically, this is the date the culture report and antibiotic susceptibility test (MIC) was finalized, not the date it was reported to public health.
⇒	<i>Reporting Source Type</i>	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
→	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. If needed, search for reporting organization or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If organization is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>

Investigation

NBS Field Name		Description/Instructions
⇒	Reporting Provider	Search for reporting provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
⇒	Physician	Search for "Physician" if known. <i>Note: If Physicians is not found, search by other criteria (city, etc.) then enter a new Physician as needed.</i>
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown if the patient was hospitalized or received care at a healthcare facility at the time the culture was taken or within the previous 1 month. Capture all healthcare visits, dates, and durations of stay within the previous 1 month utilizing available fields and as needed, the comments field. <i>Note: We are aware of the error within the NBS hover text, please follow the guidance within here.</i>
➔	Hospital	Search for the healthcare facility where the patient was hospitalized or received care at the time the culture was taken or within the previous 1 month. <i>If healthcare facility is not found, search by other criteria (city, etc.) then enter a new facility as needed.</i>
➔	Admission Date	Enter admission date.
⇒	Discharge Date	Enter admission date. If the patient expires at the healthcare facility, enter the date the patient expired.
⇒	Duration of Stay	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	Select Yes, No, or Unknown if the patient was hospitalized or received care at an additional healthcare facility within the previous 1 month.
⇒	Hospital 2	Search for the name of the healthcare facility Enter new facility as needed.
⇒	Hospital 2 Admission Date	Enter admission date.
⇒	Hospital 2 Discharge Date	Enter discharge/transfer date.
⇒	Hospital 2 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospital 3	If the patient was hospitalized or received care at an additional healthcare facility within the previous 1 month, search for the name of the additional healthcare facility. Enter new facility as needed.
⇒	Hospital 3 Admission Date	Enter admission date.
⇒	Hospital 3 Discharge Date	Enter discharge/transfer date.
⇒	Hospital 3 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification.

Investigation			
NBS Field Name		Description/Instructions	
➔	Diagnosis Date	Enter date that vancomycin susceptibility test was finalized by the DSHS Laboratory.	
➔	Illness Onset Date	Enter "Specimen Collection Date".	
	Illness End Date	Auto-populates from "Illness Onset Date".	
	Illness Duration	Auto-populates from "Illness Onset Date".	
	Illness Duration Units	Auto-populates from "Illness Onset Date".	
⇒	<i>Age at Onset</i>	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.	
⇒	<i>Age at Onset Units</i>	Use the drop-down list next to it to select, days, months, etc.	
	Is the patient pregnant?	Can leave blank.	
➔	Did the patient die from this illness?	If patient died from the VISA infection, enter yes.	
➔	Date of Death	Enter date of death if patient expired.	
Epidemiologic			
	Is this patient associated with a day care facility?	Can leave blank.	
	Is this patient a food handler?	Can leave blank.	
	Is this case part of an outbreak?	Select No, Unknown or Yes. Recommend selecting Unknown instead of No unless there is a known outbreak.	
	Outbreak Name		
⇒	<i>Epi-linked to laboratory confirmed case?</i>	Select No or Yes.	
	Case ID of epi-linked case		
	Where was the disease acquired?	Indicate where VISA was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
➔	Imported Country	Indicate country where patient became ill.	
➔	Imported State	Indicate state where patient became ill.	
	Imported City	Indicate city where patient became ill.	
➔	Imported County	Indicate county where patient became ill.	
	Transmission Mode	Can leave blank.	
	Detection Method	Can leave blank.	

Investigation		
NBS Field Name		Description/Instructions
→	Confirmation Method	Select method used to determine case status. Select Laboratory confirmed only if confirmed by the DSHS Laboratory.
→	Confirmation Date	Enter date MIC was confirmed by the DSHS Laboratory.
→	Case Status	Select Confirmed or Not a Case according to the case definition/case classification. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ <u>*Only select Confirmed if MIC was confirmed by the DSHS Laboratory.</u>
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
General Comments		
	General Comments	The jurisdiction that is entering the case should add a note to DSHS central office to request jurisdiction change upon case approval. Once the case is reviewed and approved, the approver will update the jurisdiction to the jurisdiction of residency for aggregate reporting purposes.

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Vancomycin-resistant Staphylococcus aureus (VRSA)

General Information

- ◆ A DSHS HAI Epidemiologist should be notified immediately by phone of any reported VRSA. The DSHS HAI Epidemiologist will notify central office.

Complete the [VRSA/VISA Case Report Form](#). Enter the case into NBS and create a notification to DSHS on all confirmed cases of VRSA (DSHS Laboratory must provide confirmatory testing) within 30 days of initial report.

Note: A confirmed VRSA case has not yet been identified in Texas. As of October 2019, only 14 cases have been identified in the USA since 2002. Thus, identification of a VRSA is highly unusual and should be treated as a highly unusual event with immediate notification of public health, immediate submission of the isolate to the DSHS lab, and institution of appropriate control measures.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by [and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Note: Please enter BOTH the laboratory report from the original source of report and the laboratory report from the DSHS Laboratory used for confirmation. Associate both laboratory reports to the VRSA investigation.

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. For Laboratory Report from Originating Facility: Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.), then enter a new Facility as needed.</i> For Laboratory Report from DSHS Laboratory: Select DSHS Laboratory.
⇒	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Antibiotic Resistance/MDRO <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. The jurisdiction should be entered as the jurisdiction of the healthcare facility where the specimen was collected and not the jurisdiction of residency. After approval, jurisdiction will be transferred to the patient's residence. Investigators should add a comment prior to submitting notification if jurisdiction needs to be transferred to the patient's residential jurisdiction, upon case approval.

Lab Report

	NBS Field Name	Description/Instructions
⇒	Lab Report Date	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date. For Laboratory Report from Originating Facility: enter earliest date the lab report was received by a public health entity (local, regional or state). For Laboratory Report from DSHS Laboratory: enter earliest date the lab report was received by a public health entity (local, regional, or state).
→	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Select the source of the specimen, for example: blood venous, cerebrospinal fluid, other appropriate choice. If Other, specify specimen source in Result Comments.
	Specimen Site	Can leave blank.
→	Date Specimen Collected	Enter the date specimen was collected.
	Patient Status at Specimen Collection	Can leave blank.
	Pregnant	Can leave blank.
	Weeks	
Test Result(s)		
→	Resulted Test and Result(s)	Refer to table below.
→	Resulted Test	Refer to table below.
→	Coded Result	Refer to table below.
	Numeric Result	Can leave blank.
→	Text Result	Refer to table below.
⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.
	Result status	Can leave blank.
	Result comments	Can leave blank.
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results

Description	→ Ordered Test	→ Resulted Test	→ Test Result(s)
Culture with vancomycin susceptibility	Staphylococcus aureus Culture (short search "staph")	Vancomycin (short search "van")	Coded Result: Select "susceptibility – resistant" and Text Result: Record the MIC in µg/ml).

NBS Entry Guidelines for Investigation

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. The jurisdiction should be entered as the jurisdiction of the healthcare facility where the specimen was collected and not the jurisdiction of residency. After approval, jurisdiction will be transferred to the patient's residence. Investigators should add a comment prior to submitting notification if jurisdiction needs to be transferred to the patient's residential jurisdiction, upon case approval.
→	Program Area	Antibiotic Resistance/MDRO -Will default based on condition chosen.
→	Investigation Start Date	Enter Date Investigation began.
	Date Earliest Public Health Control Measure Initiated	Not required for VRSA.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	State Case ID	
→	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
→	Earliest Date Suspected	Enter the date result was finalized. Typically, this is the date the culture report and antibiotic susceptibility test (MIC) was finalized, not the date it was reported to public health.
⇨	<i>Reporting Source Type</i>	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.

Investigation		
NBS Field Name		Description/Instructions
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. If needed, search for reporting organization or enter quick code. Select original source of report, not other public health entity sharing report. <i>Note: If organization is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇒	Reporting Provider	Search for reporting provider or enter quick code. <i>Note: If Physicians is not found, search by other criteria (city, etc.) then enter a new Physician as needed.</i>
Clinical		
⇒	Physician	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown if the patient was hospitalized or received care at a healthcare facility at the time the culture was taken or within the previous 1 month. Capture all healthcare visits, dates, and durations of stay within the previous 1 month utilizing available fields and as needed, the comments field. <i>Note: We are aware of the error within the NBS hover text, please follow the guidance within here.</i>
➔	Hospital	Search for the healthcare facility where the patient was hospitalized or received care at the time the culture was taken or within the previous 1 month. If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>If healthcare facility is not found, search by other criteria (city, etc.) then enter a new facility as needed.</i>
➔	Admission Date	Enter admission date.
⇒	Discharge Date	Enter discharge/transfer date. If the patient expired at the healthcare facility, enter the date the patient expired.
⇒	Duration of Stay	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	Hospitalized at a Second Hospital	Select Yes, No, or Unknown if the patient was hospitalized or received care at an additional healthcare facility within the previous 1 month.
⇒	Hospital 2	Search for the name of the healthcare facility. Enter new facility as needed.
⇒	Hospital 2 Admission Date	Enter admission date.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Hospital 2 Discharge Date</i>	Enter discharge/transfer date.
⇒	<i>Hospital 2 Duration</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
⇒	<i>Hospital 3</i>	If the patient was hospitalized or received care at an additional healthcare facility within the previous 1 month, search for the name of the additional healthcare facility. Enter new facility as needed.
⇒	<i>Hospital 3 Admission Date</i>	Enter admission date.
⇒	<i>Hospital 3 Discharge Date</i>	Enter discharge/transfer date.
⇒	<i>Hospital 3 Duration</i>	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Specimen Collection Date	Enter collection date of earliest specimen that supported case classification.
➔	Diagnosis Date	Enter date that vancomycin susceptibility test was finalized by the DSHS Laboratory. Enter date that vancomycin susceptibility test was finalized by the DSHS Laboratory.
➔	Illness Onset Date	Enter "Date Specimen Collected".
	Illness End Date	Auto-populates from "Illness Onset Date".
	Illness Duration	Auto-populates from "Illness Onset Date".
	Illness Duration Units	Auto-populates from "Illness Onset Date".
⇒	<i>Age at Onset</i>	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
⇒	<i>Age at Onset Units</i>	Use the drop-down list next to it to select, days, months, etc.
	Is the patient pregnant?	Can leave blank.
➔	Did the patient die from this illness?	If patient died from the VRSA infection, enter yes.
➔	Date of Death	Enter the date of death if the patient has expired.
Epidemiologic		
	Is this patient associated with a day care facility?	Can leave blank.
	Is this patient a food handler?	Can leave blank.
	Is this case part of an outbreak?	Select Yes, No or Unknown. Recommend selecting Unknown instead of No unless there is a known outbreak.
	Outbreak Name	
	Epi-linked to laboratory confirmed case?	Select Unknown, No or Yes.
	Case ID of epi-linked case	

Investigation			
NBS Field Name		Description/Instructions	
	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
➔	Imported Country	Indicate country where patient became ill.	
➔	Imported State	Indicate state where patient became ill.	
	Imported City	Indicate city where patient became ill.	
➔	Imported County	Indicate county where patient became ill.	
	Transmission Mode	Can leave blank.	
	Detection Method	Can leave blank.	
➔	Confirmation Method	Select method used to determine case status. Select lab confirmed. Select Laboratory confirmed only if confirmed by the DSHS Laboratory.	
➔	Confirmation Date	Enter date MIC confirmed by the DSHS Laboratory.	
➔	Case Status	Select Confirmed or Not a Case according to the case definition/case classification. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf *Only select Confirmed if MIC was confirmed by the DSHS Laboratory.	
➔	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
➔	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year, so the MMWR year reflects the year in which the case occurred.	
General Comments			
	General Comments	Once the case is reviewed and approved, the approver will update the jurisdiction to the jurisdiction of residency for aggregate reporting purposes.	

NBS Entry Guidelines for Notification

Notifications are required for confirmed cases.

Varicella (chickenpox)

General Information

Enter reports as Investigations, not morbidity reports.

If vaccine history information is entered under vaccinations, please associate with the investigation.

For deaths, fill out a [Varicella \(Chickenpox\) Death Worksheet](#) and send a copy of the worksheet to Central Office via the Regional Office.

For outbreaks, complete a [Varicella Outbreak Report Form](#) and send a copy to Central Office.

Information on treatment and prevention measures can be found in the Emerging and Acute Infectious Disease Guidelines:

<https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance>

The varicella vaccination history should be entered as a vaccination record in NBS and attached to the investigation. Enter the date of vaccination, age at vaccination, vaccine type, and any other available information. To search ImmTrac for this patient, within the investigation, click "Manage Associations" and under the "Vaccinations" section, click "Query Registry." Confirm the patient's information is correct then click "Submit Query." Check the box next to the vaccine to associate it with the current investigation. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified.

Vaccine Type	NBS Selection	Manufacturers for US (2024)
MMRV (Measles-Mumps-Rubella-Varicella Virus Vaccine Live)	MMRV	ProQuad – Merck
Varicella Virus Vaccine Live	Varicella	Varivax – Merck

For a complete vaccination schedule for children and adults go to:

<https://www.dshs.texas.gov/immunizations/public/schedules>.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>

Lab Report		
NBS Field Name	Description/Instructions	
→ Program Area	Enter or edit to Varicella Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.	
→ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.	
⇒ Lab Report Date	Enter date result was reported to provider if available.	
→ Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).	
⇒ Ordered Test	Refer to table below.	
Accession Number	Enter unique ID assigned to specimen.	
→ Specimen Source	Select Blood, venous; Serum; Lesion: extra-genital; other appropriate choice, or Other with description in Result Comments.	
Specimen Site		
→ Date Specimen Collected	Enter date specimen collected.	
Patient Status at Specimen Collection		
Pregnant		
Weeks		
Test Result(s)		
→ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.	
→ Resulted Test	Refer to table below.	
⇒ Coded Result	Refer to table below.	
⇒ Numeric Result	Refer to table below. Enter units in the 2 nd box.	
⇒ Text Result	Refer to table below.	
⇒ Reference Range	If applicable, enter the reference range or cut-off value for normal results.	
Result status		
Result comments		
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on Add Antibiotic when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
Comments		

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	→ Resulted Test	→T Test Result(s)
Confirmatory lab results			

Culture test to identify VZV	Varicella zoster virus (VZV) Culture (drop-down list)	Varicella zoster virus (VZV)-Result (drop-down list)	Coded Result: "isolated" or "not isolated"
Antigen testing for VZV (such as DFA)	Varicella zoster virus (VZV) antigen (short search "varic")	Varicella zoster virus (VZV) antigen (short search "varic")	Coded Result: "positive," "negative," or "indeterminate" -or- Numeric Result: titer or value and units and Reference Range
PCR testing for VZV	Varicella zoster virus (VZV) PCR (DNA or RNA) (short search "varic")	Varicella-Zoster Virus (VZV) DNA (short search "varic")	Coded Result: "positive," "negative," or "indeterminate" -or- Numeric Result: value and units and Reference Range
Non-Confirmatory lab results			
IgG or unspecified Antibody	Varicella zoster virus (VZV) antibody (drop-down list)	Varicella-Zoster Virus (VZV) Antibodies, IgG (drop-down list)	Coded Result: "positive," "negative," or "indeterminate" -or- Numeric Result: titer or value and units and Reference Range Text Result: For paired sera enter both acute and convalescent results with collection dates, and interpretation, i.e., seroconversion detected or not detected or significant rise or no significant rise in titer detected.
IgM Antibody	Varicella zoster virus (VZV) antibody (drop-down list)	Varicella-Zoster Virus (VZV) Antibodies, IgM (drop-down list)	Coded Result: "positive," "negative," or "indeterminate" -or- Numeric Result: titer or value and units and Reference Range

Non-confirmatory lab results			
IgG or unspecified Antibody	Varicella zoster virus (VZV) antibody (drop-down list)	Varicella-Zoster Virus (VZV) Antibodies, IgG (drop-down list)	Coded Result: "positive," "negative," or "indeterminate" -or- Numeric Result: titer or value and units and Reference Range Text Result: For paired sera enter both acute and convalescent results with collection dates, and interpretation, i.e., seroconversion detected or not

			detected or significant rise or no significant rise in titer detected.
IgM Antibody	Varicella zoster virus (VZV) antibody (drop-down list)	Varicella-Zoster Virus (VZV) Antibodies, IgM (drop-down list)	Coded Result: "positive," "negative," or "indeterminate" -or- Numeric Result: titer or value and units and Reference Range

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Varicella - Will default based on condition chosen
	Shared Indicator	
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
	State Case ID	

Investigation		
NBS Field Name		Description/Instructions
➔	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Hospital/Clinic/Lab</i>	"Reporting Hospital/Clinic/Lab" auto populates if investigation is created from a lab report. Conduct search for organization as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Physician/Nurse</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical Information		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of diagnosis, or ♦ Date of the condition specific laboratory test result.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	
	Illness Duration	
	Illness Duration Units	
➔	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
➔	Age at Onset Units	Use the drop-down list next to age to select, days, months, etc.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date of diagnosis by reporting provider, or ♦ Date a condition-specific laboratory test was ordered, or ♦ Date of absence, which ever was earliest.
➔	Rash Onset Date	Enter date rash began.
➔	Rash Location	Select Focal, Generalized, or Unknown.
⇒	<i>If Focal - Specify Dermatome</i>	Enter the nerve where the rash occurred (lumbar or thoracic with a number).
⇒	<i>If Generalized - Location First Noted</i>	If generalized, select location where rash first appeared.
⇒	<i>Other Generalized Rash Location</i>	If other generalized location, enter description.
➔	Number of Lesions in Total	Select 250-499, 50-249, <50, or >500.
⇒	<i>Number of Lesions (with <50)</i>	If less than 50 lesions, enter number of lesions.

Investigation		
NBS Field Name		Description/Instructions
	Macules (flat) present	If less than 50 lesions, select Yes, No, or Unknown.
	Number of Macules	If less than 50 lesions and macules, enter number.
	Papules (raised) present	If less than 50 lesions, select Yes, No, or Unknown.
	Number of Papules	If less than 50 lesions and papules, enter number.
	Vesicle (fluid) present	If less than 50 lesions, select Yes, No, or Unknown.
	Number of Vesicles	If less than 50 lesions and vesicles, enter number.
	Character of Lesions (all categories - 1 to >500)	
➔	Mostly Macular/Papular	Select Yes, No, or Unknown.
➔	Mostly Vesicular	Select Yes, No, or Unknown.
⇒	<i>Hemorrhagic</i>	Select Yes, No, or Unknown.
⇒	<i>Itchy</i>	Select Yes, No, or Unknown.
⇒	<i>Scabs</i>	Select Yes, No, or Unknown.
⇒	<i>Crops/Waves</i>	Select Yes, No, or Unknown.
⇒	<i>Did the rash crust?</i>	Select Yes, No, or Unknown.
	Number of days until all lesions crusted over	If rash crusted over, enter number of days.
	Number of days rash lasted	If rash did not crust over, enter number of days rash lasted.
➔	Did the patient have a fever?	Select Yes, No, or Unknown.
➔	Date of Fever Onset	
⇒	<i>Highest measured temperature</i>	
	Total number of days with fever	
➔	Is patient immune-compromised due to medical condition or treatment	Select Yes, No, or Unknown.
	Specify Medical Condition or Treatment	
	Did the patient visit a healthcare provider during this illness	
➔	Did the patient develop any complications that were diagnosed by a healthcare provider	Select Yes, No, or Unknown.
	Skin/Soft Tissue Infection	Select Yes, No, or Unknown.
	Cerebellitis/Ataxia	Select Yes, No, or Unknown.
	Encephalitis	Select Yes, No, or Unknown.
	Dehydration	Select Yes, No, or Unknown.
	Hemorrhagic Condition	Select Yes, No, or Unknown.
	Pneumonia	Select Yes, No, or Unknown.
	How was pneumonia diagnosed?	Select Medical Doctor (MD), Unknown, or X-Ray.
	Other Complications	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
	Specify Other Complications	
→	Was the patient treated with acyclovir, famvir, or any licensed antiviral for this illness	Select Yes, No, or Unknown.
→	Name of Medication	
	Other Medication	
→	Start Date of Medication	
	Stop Date of Medication	
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
→	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: Provider or hospital name is required for clinically diagnosed case. If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
→	Admission Date	If patient hospitalized, enter admission date(s).
→	Discharge Date	If patient hospitalized, enter discharge date(s).
⇒	<i>Total duration of stay in the hospital (in days)</i>	Calculate duration of stay as discharge – admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
→	Did the patient die from Varicella or complications (including secondary infection) associated with Varicella	Select Yes, No, or Unknown. If patient died from the illness, also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i>
→	Date of Death	
⇒	<i>Autopsy performed</i>	Select Yes, No, or Unknown.
⇒	<i>Cause of death</i>	Indicate the official cause of death.
If Yes - You have stated that this patient died from varicella or complications (including a secondary infection) associated with varicella. Please complete the Varicella Death Worksheet and fax it to 512-776-7616. Click here to access the Varicella Death Worksheet.		
Laboratory Information		
→	Was laboratory testing done for Varicella?	Select Yes, No, or Unknown. You must enter yes to access all other lab result fields.
Direct Fluorescent Antibody (DFA) Testing		
	Was direct fluorescent antibody (DFA) testing performed	Select Yes, No, or Unknown.
	Date of DFA	
	DFA Result	
PCR Testing		
	PCR Specimen	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
	Date of PCR Specimen	
	Source of PCR Specimen	Select Blood, Buccal Swab, Macular Scraping, Other, Saliva, Scab, Tissue Culture, Urine, or Vesicular Swab.
	Specify Other PCR Source	
	PCR Result	Select Indeterminate, Negative, Not Done, Other, Pending, Positive, or Unknown.
	Specify Other PCR Result	
Culture Testing		
	Culture Performed	Select Yes, No, or Unknown.
	Date of Culture Specimen	
	Culture Result	
Other Testing		
	Was other laboratory testing done	Select Yes, No, or Unknown.
	Specify Other Test	Options: Electron microscopy; Tzanck smear
	Date of Other Test	
	Other Lab Test Result	Select Indeterminate, Negative, Not Done, Other, Pending, Positive, or Unknown.
	Other Test Result Value	
Serology Testing		
	Serology performed	Select Yes, No, or Unknown. You must enter yes to access IgM and IgG lab result fields.
IgM Testing		
	IgM performed	Select Yes, No, or Unknown.
	Type of IgM Test	Select Capture ELISA, Indirect ELISA, Other, or Unknown.
	Specify Other IgM Test	
	Date IgM Specimen Taken	
	IgM Test Result	Select Indeterminate, Negative, Not Done, Other, Pending, Positive, or Unknown.
	IgM Test Result Value	
IgG Testing		
	IgG performed	Select Yes, No, or Unknown.
	Type of IgG Test	Select FAMA; Latex Bead Agglutination; Other; Whole Cell ELISA; or gp ELISA.
	If "Whole Cell ELISA," specify manufacturer	Select Bio-Quant Inc IgG ELISA, Calbiotech IgG ELISA, Diagnostic Automation Inc IgG ELISA, Diasorin, Immuno-Biologicals Lab IgG ELISA, Inverness Medical IgG ELISA, Scimedz Corp IgG ELISA, Sierra Resources, or Trinity BioTech IgG ELISA.
	If "gp ELISA," specify manufacturer	Option: Merck
	Specify Other IgG Test	

Investigation		
NBS Field Name		Description/Instructions
	Date of IgG - Acute	
	IgG - Acute Result	Select Indeterminate, Negative, Not Done, Other, Pending, Positive, or Unknown.
	IgG - Acute Test Result Value	
	Date of IgG - Convalescent	
	IgG - Convalescent Result	Select Indeterminate, Negative, Not Done, Other, Pending, Positive, or Unknown.
	IgG - Convalescent Test Result Value	
Specimen Genotyping		
	Were the specimens sent to the CDC for genotyping (molecular typing):	Select Yes, No, or Unknown.
	Date sent for genotyping	
Specimen Strain Identification		
	Was specimen sent for strain (wild- or vaccine-type) identification	Select Yes, No, or Unknown.
	Strain Type	Select Unknown, Vaccine Type Strain, or Wild Type Strain.
Vaccine Information		
→	Did the patient receive Varicella-containing vaccine?	Select Yes, No, or Unknown. If the patient, primary care provider, reporting provider/facility, school, ImmTrac, or other reputable source cannot provide documentation of the vaccination record, do not enter the vaccination, as it cannot be verified and select answer "Unknown."
→	Reason why patient did not receive Varicella-containing vaccine	Select Born outside the United States, Lab evidence of previous disease, MD diagnosis of previous disease, Medical contraindication, Never offered vaccine, Other, Parent/Patient forgot to vaccinate, Parent/Patient refusal, Parent/Patient report of previous disease, Philosophical objection, Religious exemption, Under age for vaccination, or Unknown.
→	Specify Other Reason	
→	Number of doses received on or after first birthday	
→	Reason patient is >= 6 years old and received one dose on or after 6th birthday but never received second dose	Select Born outside the United States, Lab evidence of previous disease, MD diagnosis of previous disease, Medical contraindication, Never offered vaccine, Other, Parent/Patient forgot to vaccinate, Parent/Patient refusal, Parent/Patient report of previous disease, Philosophical objection, Religious exemption, Under age for vaccination, or Unknown.
→	Specify Other Reason	
Vaccination Record		

Investigation		
NBS Field Name		Description/Instructions
Vaccine 1		
⇒	Vaccination Date	
⇒	Vaccine Type	Options: MMRV; Varicella
⇒	Manufacturer	Option: Merck
⇒	Lot Number	
Vaccine 2		
⇒	Vaccination Date	
⇒	Vaccine Type	Options: MMRV; Varicella
⇒	Manufacturer	Option: Merck
⇒	Lot Number	
Vaccine 3		
⇒	Vaccination Date	
⇒	Vaccine Type	Options: MMRV; Varicella
⇒	Manufacturer	Option: Merck
⇒	Lot Number	
Vaccine 4		
	Vaccination Date	
	Vaccine Type	Options: MMRV; Varicella
	Manufacturer	Option: Merck
	Lot Number	
Vaccine 5		
	Vaccination Date	
	Vaccine Type	Options: MMRV; Varicella
	Manufacturer	Option: Merck
	Lot Number	
Epidemiologic Information		
➔	Has this patient ever been diagnosed with varicella before	Select Yes, No, or Unknown.
➔	Age at Diagnosis	
➔	Previous case diagnosed by:	Select Other, Parent/Friend, or Physician/Health Care Provider.
	Specify Other	
	Where was the patient born	Select country.
➔	Is this case epi-linked to another confirmed or probable case?	Select Yes, No, or Unknown.
	Type of case this case is epi-linked to	Select Confirmed Varicella Case, Herpes Zoster Case, or Probable Varicella Case.
➔	Transmission Setting (Setting of Exposure)	

Investigation			
NBS Field Name		Description/Instructions	
	Specify Other Transmission Setting		
⇒	<i>Is this case a healthcare worker</i>	Select Yes, No, or Unknown.	
→	Is this case part of an outbreak of 5 or more cases?	Select Yes, No, or Unknown. NOTE: Texas considers 3 or more epi-linked cases to be an outbreak. Please record outbreaks of 3 or more cases.	
→	Outbreak Name	Select outbreak name from drop-down list.	
⇒	<i>Is this patient associated with a day care facility?</i>	Select Yes, No, or Unknown.	
	Is this patient a food handler?	Select Yes, No, or Unknown.	
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	<i>Imported Country</i>	Indicate country where patient became ill.	
⇒	<i>Imported State</i>	Indicate state where patient became ill.	
⇒	<i>Imported City</i>	Indicate city where patient became ill.	
⇒	<i>Imported County</i>	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
→	Confirmation Method	Select method used to determine case status. Select lab confirmed, clinical diagnosis, or epi-linked.	Laboratory confirmed – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments. Clinical Diagnosis – case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider.
→	Confirmation Date	Date criteria for the case status of the case were met.	

Investigation

NBS Field Name		Description/Instructions
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
→	Was the patient pregnant during this varicella illness	Select Yes, No, or Unknown.
→	Number of weeks gestation at onset of illness (1-45 weeks)	
⇒	<i>Trimester at Onset of Illness</i>	
Investigation Comments		
→	General Comments	Add NBS investigation ID of the epi-linked case, if applicable

NBS Entry Guidelines for Notification

A notification is required for confirmed and probable cases.

Vibriosis (non-cholera *Vibrio* species infections)

General Information

For individual cases use [CDC Cholera and Other Vibrio Illness Surveillance Report](#) (COVIS Form). For instructions to complete the COVIS form see the [Vibriosis/COVIS Form guidance](#).

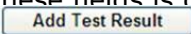
Please, send a copy of the investigation form to foodbornetexas@dshs.texas.gov and cc your Regional Office.

For cluster or outbreak investigations, a cluster or outbreak specific questionnaire will be provided in the email notification from Central Office. Please send a copy of the investigation form to Central Office via the Regional Office.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
→	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
→	Program Area	Enter or edit to IDEAS – Foodborne Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.
→	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
→	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
[	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
→	Specimen Source	Select "Stool = fecal;" "Food sample," other appropriate choice; or "Other" with description in Result Comments.
	Specimen Site	
→	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	

Lab Report	
NBS Field Name	Description/Instructions
Weeks	
Test Result(s)	
➔ Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔ Resulted Test	Refer to table below.
⇒ <i>Coded Result</i>	Refer to table below.
⇒ <i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
➔ Text Result	Enter organism name.
⇒ <i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
Result status	
Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Culture, any specimen source	Culture, specimen source (e.g., "Culture, Stool") (short search "culture") -or- Vibrio culture (drop-down list)	Vibrio SP Identified (drop-down list)	Enter organism: Choose the genus and species names of the organism identified (e.g. Vibrio alginolyticus; Vibrio cholerae, non-O1; Vibrio parahaemolyticus; Vibrio vulnificus; etc.) or if species is not listed, select "Vibrio species" search and enter species in Text Result.
PCR (including GI Pathogen Panel)	Leave blank	Vibrio – Result Search using keyword "Vibrio"	Organism: Vibrio – Result Search using keyword "Vibrio" AND Text Result: Enter "PCR" or test type and the GI Panel type/brand (if applicable and known), e.g., FilmArray or BioFire, Luminex, Diatherix, etc.

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Summary		
→	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
→	<i>Program Area</i>	Will default based on condition chosen
	State Case ID	
→	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
⇒	<i>Hospital Information</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter admission date(s).

Investigation			
NBS Field Name		Description/Instructions	
⇒	Discharge Date	If patient hospitalized, enter discharge date(s).	
⇒	Duration of Stay	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.	
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ◆ Date of specimen collection (preferred for lab confirmed cases) or ◆ Date of physician diagnosis, or ◆ Date a condition specific laboratory test was positive, or ◆ Date identified as a symptomatic contact of another case	
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>	
	Illness End Date		
	Illness Duration		
	Age at Onset		
	Is the patient pregnant?	Select Yes, No, or Unknown.	
	Does the patient have pelvic inflammatory disease?	Select Yes, No, or Unknown.	
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .	
Epidemiologic			
	Is this patient associated with a day care facility?		
	Is this patient a food handler?	Fill in the Food Handler section.	
→	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
→	Outbreak Name	Select outbreak name from drop-down list.	
⇒	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately.	Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX
⇒	Imported Country	Indicate country where patient became ill.	
⇒	Imported State	Indicate state where patient became ill.	
	Imported City		
⇒	Imported County	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		

Investigation			
NBS Field Name		Description/Instructions	
→	Confirmation Method	Indicate method(s) used to determine case status. Select lab confirmed or epi-linked.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.
	Confirmation Date	Date criteria for the case status of the case were met	
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
Administrative			
	General Comments		
Custom Fields			
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date of physician diagnosis, or ◆ Date a condition specific laboratory test was positive, or ◆ Date identified as a symptomatic contact of a case, whichever was earliest.	
Food Handler			
→	Did patient work as a food handler after onset of illness?	Select Yes, No, or Unknown.	
⇒	<i>What was last date worked as a food handler after onset of illness?</i>		
⇒	<i>Where was patient a food handler?</i>		
Travel History			
⇒	<i>Did patient travel prior to onset of illness?</i>	Select Yes, No, or Unknown.	
⇒	<i>Applicable incubation period for this illness is:</i>	Enter incubation period	For <i>Vibrio parahaemolyticus</i> enter 4 hours- 4 days.
⇒	<i>What was the purpose of the travel?</i>	Select purpose of travel (Use Ctrl to select more than one).	
⇒	<i>If "Other", please specify other purpose of travel:</i>		
	Please specify the destination(s):		

Investigation	
NBS Field Name	Description/Instructions
⇒ Destination 1 Type:	Select the Domestic or International radio button.
⇒ Destination 1	Select the destination from the resulting drop-down list.
⇒ Mode of Travel:	Select appropriate mode of travel from drop-down list.
⇒ Date of Arrival:	
⇒ Date of Departure:	
⇒ Destination 2 Type:	Select the Domestic or International radio button.
⇒ Destination 2	Select the destination from the resulting drop-down list.
⇒ Mode of Travel:	Select appropriate mode of travel from drop-down list.
⇒ Date of Arrival:	
⇒ Date of Departure:	
⇒ Destination 3 Type:	Select the Domestic or International radio button.
⇒ Destination 3	Select the destination from the resulting drop-down list.
⇒ Mode of Travel:	Select appropriate mode of travel from drop-down list.
⇒ Date of Arrival:	
⇒ Date of Departure:	
⇒ If more than 3 destinations, specify details here:	
Drinking Water Exposure	
⇒ What is the source of tap water at home?	Select appropriate response from drop-down list.
⇒ If "Other", specify other source of tap water at home:	
⇒ If "Private Well", how was the well water treated at home?	Select appropriate response from drop-down list.
⇒ What is the source of tap water at school/work?	Select appropriate response from drop-down list.
⇒ If "Other", specify other source of tap water at school/work:	
⇒ If "Private Well", how was the well water treated at school/work?	Select appropriate response from drop-down list.
⇒ Did the patient drink untreated water in the 7 days prior to onset of illness?	Select Yes, No, or Unknown.
Recreational Water Exposure	
➔ Was there recreational water exposure in the 7 days prior to illness?	Select Yes, No, or Unknown.
⇒ What was the recreational water exposure type?	Select recreational water exposure type (Use Ctrl to select more than one).
⇒ If "Other", please specify other recreational water exposure type:	
⇒ If "Swimming Pool", please specify swimming pool type:	(Use Ctrl to select more than one)
⇒ If "Other", please specify other swimming pool type:	

Investigation		
NBS Field Name		Description/Instructions
⇒	Name or location of water exposure:	Enter details regarding name and location of water exposure.
Animal Contact		
→	Was there recreational water exposure in the 7 days prior to illness?	Select Yes, No, or Unknown.
→	Type of animal	Select type of animal (<i>Use Ctrl to select more than one</i>)
⇒	If "Other", please specify other type of animal	
⇒	If "Other Amphibian", please specify other type of amphibian	
⇒	If "Other Mammal", please specify other type of mammal	
⇒	If "Other Reptile", please specify other type of reptile	
⇒	Name or Location of Animal Contact	Enter name(s) or location(s) of animal contact
⇒	Did the patient acquire a pet prior to onset of illness?	Select Yes, No, or Unknown.
⇒	Applicable incubation period for this illness is	Enter incubation period For Salmonellosis enter 1-3 days.
Underlying Conditions		
⇒	Did patient have any of the following underlying conditions?	Select underlying conditions (<i>Use Ctrl to select more than one</i>).
⇒	If "Other Prior Illness", please specify	
⇒	If "Diabetes Mellitus", specify whether on insulin	Select Yes, No, or Unknown.
⇒	If "Gastric Surgery", please specify type	
⇒	If "Hematologic Disease", please specify type	
⇒	If "Immunodeficiency", please specify type	
⇒	If "Other Liver Disease", please specify type	
⇒	If "Other Malignancy", please specify type	
⇒	If "Other Renal Disease", please specify type	
⇒	If "Organ Transplant", please specify organ	
Related Cases		
⇒	Does the patient know of any similarly ill persons?	Select Yes, No, or Unknown.

Investigation			
NBS Field Name		Description/Instructions	
⇒	If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?	Select Yes, No, or Unknown.	Note: Please enter details in the space provided for General Comments in the Administrative group on this Investigation.
⇒	Are there other cases related to this one?	Select "no, sporadic;" "unknown;" "yes, household;" or "yes, outbreak"	
FoodNet			
	FoodNet Case?	Not applicable in Texas	
	Was patient transferred from one hospital to another?	Not applicable in Texas	
	If "Yes", specify name of the hospital to which the patient was transferred	Not applicable in Texas	
	Was there a second hospitalization?	Not applicable in Texas	
	Admission Date	Not applicable in Texas	
	Discharge Date	Not applicable in Texas	
	Did the patient immigrate to the US within 7 days of specimen collection?	Not applicable in Texas	
	In case-control study?	Not applicable in Texas	
	If "Yes", case control study id number	Not applicable in Texas	
	Type of Outbreak	Not applicable in Texas	
	CDC EFORS Number	Not applicable in Texas	
	Was case found during an audit?	Not applicable in Texas	
	Was the case interviewed by public health (i.e., state or local health department or FoodNet staff)?	Not applicable in Texas	
Signs and Symptoms			
➔	Time of onset of illness:	Enter hh:mm and select AM or PM.	
➔	Did the patient have diarrhea?	Select Yes, No, or Unknown.	
➔	If "Yes," please specify maximum number of stools per 24 hours	Enter number.	
➔	Did the patient have a fever?	Select Yes, No, or Unknown.	
➔	If "Yes," please specify temperature	Enter temperature and select Fahrenheit or Celsius.	
➔	Did the patient have cellulitis?	Select Yes, No, or Unknown.	
⇒	If "yes," please specify the location		
➔	Did the patient have Bullae?		
⇒	If "Yes," please specify the location		

Investigation	
NBS Field Name	Description/Instructions
→ Did the patient have any of the following signs or symptoms	Select from drop-down list.
→ If "Other," please specify other signs or symptoms	
Other Clinical Data	
→ Did the patient have any sequelae?	Select from drop-down list.
→ If "Other," please specify other sequelae	
→ Did the patient take an antibiotic as treatment for this illness?	Select Yes, No, or Unknown. (Note: Please add treatment details in the treatment record.)
→ Were other organisms isolated from the same specimen that yielded <i>Vibrio</i> ?	Select Yes, No, or Unknown. (Note: The organism should be specified on the Lab Report.)
⇒ Was the patient receiving any of the following treatments or taking any of the following medications in the 30 days before this <i>Vibrio</i> illness began?	Select from drop-down list. (Note: Please add treatment details in the treatment record.)
Other Epidemiological Data	
→ In the 7 days before illness began, was patient's skin exposed to any of the following	Select from drop-down list.
⇒ If patient's skin was exposed, please specify date patient's skin was exposed	Enter mm/dd/yyyy.
⇒ If patient's skin was exposed, please specify time patient's skin was exposed	Enter hh:mm and select AM or PM.
⇒ In the 7 days prior to onset of illness, please specify the activity that resulted in patient's skin exposure	Select from drop-down list.
⇒ If "Other," please specify other activity	
→ If patient was exposed to a body of water, please specify body of water type	Select from drop-down list.
⇒ If "Other," please specify other body of water type	
→ If patient was exposed to body of water, please specify body of water location	

Investigation		
NBS Field Name		Description/Instructions
→	If skin was exposed, did the patient sustain a wound during this exposure or have a pre-existing wound?	Select Yes, No, or Unknown.
⇒	<i>If "Yes," please specify how wound occurred and site on patient's body</i>	(Note: Please enter details in the space provided for General Comments in the Administrative group of this Investigation.)

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable.

Viral hemorrhagic fever (VHF) Non-Ebola

General Information

Select the appropriate condition based on the virus identified.

11640 Crimean-Congo Hemorrhagic Fever)	11644 Lujo virus
11630 Ebola (Hemorrhagic Fever) – See Ebola Chapter of the DEG	11637 Machupo (Bolivian) Hemorrhagic Fever
11648 Guanarito (Hemorrhagic Fever)	11631 Marburg fever
11638 Junin (Argentina) (Hemorrhagic Fever)	11639 Sabia-associated (Brazilian) Hemorrhagic Fever
11632 Lassa fever	????? Viral Hemorrhagic Fever (Unknown NBS Code)
	????? Chapere Virus (Unknown NBS Code)

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS - Infectious Disease . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction	Jurisdiction pre-populates by patient zip code. If blank or incorrect, select "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
➔	Accession Number	Enter the LRN city followed by the ID they assigned to the specimen (e.g., Dallas 5623874).
➔	Specimen Source	Blood venous, Plasma, Serum, other appropriate source, or Other (describe in Lab Comments – e.g., organ homogenates; or liver, spleen, skin, and other tissue sections)
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.

Lab Report		
NBS Field Name		Description/Instructions
	Patient Status at Specimen Collection	Select Hospitalized, Outpatient, Unknown.
	Pregnant	
	Weeks	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Results for agents that are not available by short or long search should be described in the investigation comments including testing laboratory, specimen collection date, test method, and test results.			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
RT-PCR detection	VIRAL HEMORRHAGIC DISEASE VIRUS AG (long search "viral hem") OR	VIRUS IDENTIFIED (short search "virus id") OR	Organism: search for virus (e.g., "marb," "mach," "lassa," "lujo," etc.) and select genus, and Text Result: Enter test method (e.g. RT-PCR).
	If applicable, Lassa virus, PCR (DNA or RNA) (short search "lassa")	Lassa virus antigen (short search "lassa")	Coded Result: Select result, e.g., "detected" or "not detected."
Antigen detection by EIA/ELISA or immuno-histochemistry (IHC)	VIRAL HEMORRHAGIC DISEASE VIRUS AG (long search "viral hem") Or, if applicable Lassa virus antigen (short search "lassa")	VIRUS IDENTIFIED, or- LASSA VIRUS IDENTIFIED (short search "virus id" or short search "lassa") OR	Organism: search for virus (e.g., "marb," "mach," "lassa," etc.) and select genus, and Text Result: Enter test method (e.g. EIA/ELISA, IHC etc.) OR

Ordered Test, Resulted Test and Test Results			
	If applicable, Lassa virus antigen (short search "lassa")	Lassa virus antigen (short search "lassa")	Coded Result: Select result, e.g., "detected" or "not detected," and Text Result: Enter test method (e.g. EIA/ELISA, IHC etc.).
Virus isolation	Culture, Viral (short search "culture, v")	If isolated: VIRUS IDENTIFIED OR LASSA VIRUS IDENTIFIED (short search "virus id" or short search "lassa")	Organism: Search for virus (e.g., "marb," "mach," "lassa", etc.) and select genus
		If no growth: Virus - Result (short search "virus") OR Lassa virus – Result. (short search "lassa")	Coded Result: Select "not isolated."
Electron microscopy (EM) visualization	VIRAL HEMORRHAGIC DISEASE VIRUS (long search "viral hem") (Method – MICROSCOPY ELECTRON)	Virus, electron microscopy (short search "elec")	Text Result: Describe findings.

NBS Entry Guidelines for Investigation

Select the appropriate condition based on the virus identified.

11640 Crimean-Congo hemorrhagic fever	11644 Lujo virus
11630 Ebola hemorrhagic fever – See Ebola Chapter of the DEG	11637 Machupo (Bolivian) hemorrhagic fever
11648 Guanarito hemorrhagic fever	11631 Marburg fever
11638 Junin (Argentine) hemorrhagic fever	11639 Sabia-associated (Brazilian) hemorrhagic fever
11632 Lassa fever	????? Viral hemorrhagic fever (Unknown NBS Code)
	????? Chapere Virus (Unknown NBS Code)

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
➔	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.

Investigation		
NBS Field Name		Description/Instructions
➔	<i>Program Area</i>	IDEAS – Infectious Disease
	<i>State Case ID</i>	
➔	<i>Investigation Start Date</i>	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
⇒	Investigation Status	Defaults to “Open.” Change to “Closed” when investigation and data entry are completed.
	Shared Indicator	
⇒	Investigator	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	Date Assigned to Investigation	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Reporting Source Type	Select type of “Reporting Source” for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select “other state and local agencies.” If none of the categories apply, note source in comments.
⇒	Reporting Organization	“Reporting Organization” auto populates if investigation is created from a lab report. Conduct search for “Reporting Source” as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	Reporter	Search for Reporter if known. <i>Note: If not found, search by city, etc. and then enter new Reporter as needed.</i>
Clinical		
⇒	Physician	Search for “Physician” if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i> <i>If more than 1 hospitalization, specify details in General Comments.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date. <i>If more than 1 hospitalization, specify details in General Comments.</i>
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date. <i>If more than 1 hospitalization, specify details in General Comments.</i>
⇒	Total duration of stay in the hospital (in days)	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1. <i>If more than 1 hospitalization, specify details in General Comments.</i>
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidence by: ♦ Date of physician diagnosis, or ♦ Date a condition specific laboratory was positive.
➔	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
➔	Illness End Date	Enter "Illness End Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness Duration	Enter number of days and days for units (default). Use months or years if more appropriate.
	Illness Duration Units	Use the drop-down list next to it to select days, weeks, etc.
	Age at Onset	Enter number and unit. Default is years. Use days if < 1 month, months for > 1 month and < 1 year, and years for > 1 year.
	Age at Onset Units	Use the drop-down list next to it to select days, weeks, etc.
	Is the patient pregnant?	Select Yes, No, or Unknown.
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .

Epidemiologic		
	Is this patient associated with a day care facility?	Select Yes, No, or Unknown.
	Is this patient a food handler?	Select Yes, No, or Unknown.
➔	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name."
➔	Outbreak Name	Select outbreak name from drop-down list. If outbreak name is not listed in drop-down list, contact the NEDSS Project Office to have an outbreak name entered.

→	Where was the disease acquired?	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately. Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX. Unknown - it is unknown where patient became ill.
⇒	<i>Imported Country</i>	Indicate country where patient became ill.
⇒	<i>Imported State</i>	Indicate state where patient became ill.
⇒	<i>Imported City</i>	Indicate city where patient became ill.
⇒	<i>Imported County</i>	Indicate county where patient became ill.
	Transmission Mode	
	Detection Method	
→	Confirmation Method	Laboratory confirmed –laboratory criteria required if case status selected is Confirmed or Not a Case.
	Confirmation Date	Date criteria for the case status of the case were met.
→	Case Status	Select Confirmed, Suspect (laboratory results not yet available), or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date of physician diagnosis, or ♦ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or Date a condition specific laboratory was positive, which ever was earliest
General Comments		
	General Comments	

NBS Entry Guidelines for Notification

Notifications are required for confirmed and suspect cases. Suspect cases will not be included in case counts but are being tracked for programmatic review.

Yellow fever

General Information

This condition is immediately reportable to the DSHS Zoonosis Control Branch.

Please complete the [Arboviral Case Investigation Form \(state.tx.us\)](https://state.tx.us) and route to the Zoonosis Control Branch through your regional Zoonosis Control Program.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*.

Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select appropriate source, usually Serum or Cerebral Spinal Fluid.
	Specimen Site	Select appropriate response from drop-down list.
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	Select "hospitalized," "outpatient," or "unknown."
	Pregnant	Select Yes, No, or Unknown.
	Weeks	Enter number of weeks pregnant.
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
⇨	<i>Coded Result</i>	Refer to table below.
⇨	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇨	<i>Text Result</i>	Refer to table below.

Lab Report	
NBS Field Name	Description/Instructions
Reference Range	If applicable, enter the reference range or cut-off value or normal results.
Result status	Select corrected, final, preliminary or results pending.
Result comments	Enter comments as needed.
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional. Click on Add Test Result when the Test Result(s) section is completed and add additional lab results as needed.	
Administrative	
Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Plaque reduction neutralization test (PRNT)	Yellow fever virus antibody (short search "yellow")	Yellow Fever Virus AB (method: Neut) (long search "yellow")	Coded Result: "positive," "negative," or "indeterminate" AND- Numeric Result: titer value and Reference Range And- Text Result: Enter test method (PRNT).
PCR	Yellow fever virus RNA (short search "yellow")	Yellow fever virus RNA (short search "yellow")	Coded Result: "positive," "negative," or "indeterminate" -or- Numeric Result and Reference Range
Yellow fever IgM antibody	Yellow fever virus antibody, IgM (short search "yellow")	Yellow fever virus antibody, IgM (short search "yellow")	Coded Result: "positive," "negative," or "indeterminate," etc. AND- Text Result: Enter test method (ELISA, etc.)

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*.
Control + Click to see [Patient Tab Investigation](#).

Lab Report	
NBS Field Name	Description/Instructions
Investigation Information	
➔ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔ Program Area	Zoonosis - Will default based on condition chosen

Lab Report		
NBS Field Name		Description/Instructions
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ◆ Date a non-negative condition specific laboratory result was ordered (e.g. specimen collection date), or ◆ Date of physician diagnosis, or ◆ Date the disease/condition was added to the top 3 differential diagnoses for the patient, or ◆ Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	"Physician" auto populates if investigation is created from a lab report. Conduct search for "Physician" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>

Lab Report		
NBS Field Name		Description/Instructions
→	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	<i>Hospital</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter admission date.
⇒	<i>Discharge Date</i>	If patient hospitalized, enter discharge/transfer date.
⇒	<i>Total duration of stay in the hospital (in days)</i>	Duration will auto-populate if "Admission Date" and "Discharge date" are entered. If admission date is same as discharge date, enter 1.
	Hospitalized at a Second Hospital	Select Yes, No, or Unknown.
	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date
	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
	Hospital Duration 2	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed
	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
	Hospital 3 Discharge Date	If patient hospitalized, enter 3 rd discharge/transfer date.
	Hospital 3 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
→	Laboratory Test Table	Enter every yellow fever-specific test performed relevant to this case, regardless of result . Select "Add" after completing the following five fields for each test to add it to the table.
→	Test Type	Select appropriate response from drop-down list, based on specimen and assay type.
→	Test Result/Interpretation	Select Positive, Equivocal, Negative or Not Done.
→	Specimen Type	Select appropriate response from drop-down list.
→	Specimen Collection Date	Enter collection date of specimen.
→	Performing Lab Type	Select "CDC Lab," "Commercial Laboratory" or "State Public Health Lab."
Click on Add when the Diagnostic Lab Test Findings section is completed and add additional lab results as needed.		

Lab Report		
NBS Field Name		Description/Instructions
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ♦ Date a condition specific laboratory test was positive
→	Illness Onset Date	Enter date of illness onset. If illness onset date is unknown, enter the hospital admin. If patient was not hospitalized, enter specimen collection date.
	Age at Onset	Enter number and unit. Default is years. Use days if <1 month, months for ≥1 month and <1 year, and years for ≥1 year. Note: <i>Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.</i>
	Age at Onset Units	Use the drop-down list to select, days, months, etc. Note: <i>Unit will auto-populate if "Date of Birth" and "Illness Onset Date" are entered.</i>
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
→	Date of Death	Enter date of death if applicable.
→	Fever	Select Yes, No, or Unknown.
	Max Temp(F)	If "Yes," enter highest temperature, if known.
→	Chills	Select Yes, No, or Unknown.
→	Headache	Select Yes, No, or Unknown.
⇒	<i>Anorexia</i>	Select Yes, No, or Unknown.
⇒	<i>Conjunctivitis</i>	Select Yes, No, or Unknown.
⇒	<i>Retro-orbital pain</i>	Select Yes, No, or Unknown.
→	Severe malaise	Select Yes, No, or Unknown.
→	Nausea/vomiting	Select Yes, No, or Unknown.
⇒	<i>Diarrhea</i>	Select Yes, No, or Unknown.
⇒	<i>Stiff neck</i>	Select Yes, No, or Unknown.
→	Muscle weakness	Select Yes, No, or Unknown.
→	Myalgia	Select Yes, No, or Unknown.
⇒	<i>Joint/Bone pain</i>	Select Yes, No, or Unknown.
⇒	<i>Rash</i>	Select Yes, No, or Unknown.
	Describe	If "Yes," enter description of rash.
⇒	<i>Vertigo</i>	Select Yes, No, or Unknown.
⇒	<i>Altered taste</i>	Select Yes, No, or Unknown.
⇒	<i>Abnormal reflexes</i>	Select Yes, No, or Unknown.
⇒	<i>Nerve palsies</i>	Select Yes, No, or Unknown.
⇒	<i>Ataxia</i>	Select Yes, No, or Unknown.
⇒	<i>Altered mental state</i>	Select Yes, No, or Unknown.
⇒	<i>Confusion</i>	Select Yes, No, or Unknown.
⇒	<i>Seizures</i>	Select Yes, No, or Unknown.

Lab Report		
NBS Field Name		Description/Instructions
⇒	<i>Paralysis</i>	Select Yes, No, or Unknown.
⇒	<i>CSF pleocytosis</i>	Select Yes, No, or Unknown.
⇒	<i>Demyelinating neuropathy</i>	Select Yes, No, or Unknown.
⇒	<i>Neuritis</i>	Select Yes, No, or Unknown.
⇒	<i>Arthritis</i>	Select Yes, No, or Unknown.
⇒	<i>Persistent Vomiting</i>	Select Yes, No, or Unknown.
⇒	<i>Oral Ulcer</i>	Select Yes, No, or Unknown.
➔	Other Symptoms	Enter additional symptoms as needed, including presence or absence of jaundice and bilirubin level.
⇒	<i>Dengue patient?</i>	Select No.
	Abdominal pain	N/A
	Leukopenia	N/A
	Extravascular fluid accumulation	N/A
	Positive tourniquet test	N/A
	Petechiae	N/A
	Purpura/Ecchymosis	N/A
	Mucosal bleeding	N/A
	Liver enlargement	N/A
	Increasing hematocrit with thrombocytopenia	N/A
	Severe plasma leakage with respiratory distress	N/A
	Severe bleeding	N/A
	Severe organ involvement	N/A
	Elevated liver transaminases	N/A
	Impaired consciousness	N/A
➔	Is the Patient Pregnant?	Was individual pregnant at the time of onset? Indicate yes, no or unknown. Field is unavailable for entry for male patients.
	Pregnancy Complications	
	Pregnancy Outcome	
	Mother's Last Menstrual Period Before Delivery	
	Newborn Complications	Leave blank for non-newborns.
	Mother-Infant Case ID Linkage 1	N/A
	Mother-Infant Case ID Linkage 2	N/A
	Mother-Infant Case ID Linkage 3	N/A

Lab Report		
NBS Field Name		Description/Instructions
	Is patient enrolled in the US Zika Pregnancy Registry?	
Epidemiologic		
→	Clinical Syndrome	Select "Febrile illness" if fever present and "Other clinical" if fever is not present.
	Other Clinical Syndrome	If "Other Clinical," enter clinical syndrome.
	Clinical Syndrome, Secondary	Select most appropriate description of illness.
	Other Clinical Syndrome, Secondary	If "Other Clinical," enter clinical syndrome.
→	Blood donor	Select Yes, No, or Unknown.
→	Date of Donation	Enter date of donation.
→	Identified by Blood Donor Screening	Select Yes, No, or Unknown.
→	Blood Transfusion Received	Select Yes, No, or Unknown.
	Organ Donor	Select Yes, No, or Unknown.
→	Organ Transplant Received	Select Yes, No, or Unknown.
→	Breast Fed infant	Select Yes, No, or Unknown. Indicates whether the patient is a newborn who was breastfeeding before illness onset.
→	Lab Acquired	Select Yes, No, or Unknown. Only indicate "Yes" if disease acquired in a laboratory setting.
⇒	<i>Average number of hours spent outdoors each day (in 30 days prior to onset)</i>	Select appropriate response from drop-down list.
→	Type of Arbovirus	Select "Yellow fever virus."
→	CDC Publish Indicator	Select "yes" to share with CDC.
	Dengue (DENV) Serotype	N/A
	Is this case part of an outbreak?	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
	Outbreak Name	Select outbreak name from drop-down list.
→	Imported Country	Indicate country where patient acquired infection. Required if "International" selected.
→	Imported State	Indicate state where patient acquired infection. Required if "Out of State" selected.
⇒	<i>Imported City</i>	Indicate city where patient acquired infection.
→	Imported County	Indicate county where patient acquired infection. Required if "In State, Out of Jurisdiction" selected.

Lab Report		
NBS Field Name		Description/Instructions
→	Transmission Mode	Select most appropriate disease transmission method, most likely "vector-borne transmission."
	Detection Method	Select appropriate response from drop-down list.
⇒	<i>Confirmation Date</i>	Date criteria for the case status of the case were met.
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.
→	MMWR Year	Auto-populates based on data entry date. At the beginning of the year, the MMWR year should be edited, as needed, to reflect the year of illness onset.
	Country of Usual Residence	Select country of usual residence from drop-down list.
	Country of Birth	Select country of birth from drop-down list.
	Binational Reporting Criteria	Select binational reporting criteria from drop-down list (Use Ctrl to select more than one).
Public Health Control Measures		
	Date initial public health control measures were initiated	Enter date public health control measures were initiated.
	Public Health control measures used	Select public health control measures used from drop-down list (Use Ctrl to select more than one).
	Other Public Health control measures used	If "other," enter other control measure(s) used.
	Indicate barriers to timely initiation of control measures	Select any barriers to timely initiation of control measures from drop-down list (Use Ctrl to select more than one).
	Other Indicate barriers to timely initiation of control measures	If "other," enter other barriers to timely initiation of control measures.
General Comments		
	General Comments	Enter comments as needed.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases

Yersiniosis

General Information

For individual cases, use [yersform.pdf \(state.tx.us\)](#). Please send a copy of the investigation form to Central Office via the Regional Office.

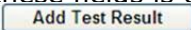
For Foodborne Outbreaks** use [cdcabi.pdf \(state.tx.us\)](#). Please send a copy of the investigation form to Central Office via the Regional Office.

****Foodborne Outbreaks:** A foodborne outbreak is defined as the occurrence of two or more cases of a similar illness resulting from the ingestion of a common food.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	<i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to IDEAS – Infectious Disease <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check ELRs and edit if incorrect using Transfer Ownership button.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	<i>Lab Report Date</i>	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date – earliest date the lab report was received by a public health entity (local, regional or state).
⇨	<i>Ordered Test</i>	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select Stool = fecal; Throat; Lymph node aspirate; Synovial fluid (Joint fluid); Urine; Bile fluid; Blood, venous; other appropriate choice; or Other with description in Result Comments.
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	

Lab Report		
NBS Field Name	Description/Instructions	
Test Result(s)		
➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.
➔	Resulted Test	Refer to table below.
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	
	Result comments	
If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on  when the Test Result(s) section is completed and add additional lab results as needed.		
Administrative		
	Comments	

Ordered Test, Resulted Test and Test Results			
Description	⇒ Ordered Test	➔ Resulted Test	➔ Test Result(s)
Culture	Yersinia Culture (drop-down list)	Yersinia Identified (drop-down list)	Organism: Select genus and species (if known) for organism isolated (e.g., Yersinia enterocolitica) or select Yersinia species (drop-down list or short search "yersinia")

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇒ and *italics*. Control + Click to see [Patient Tab Investigation](#).

NBS Field Name		Description/Instructions
Investigation Summary		
➔	<i>Jurisdiction</i>	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	<i>Program Area</i>	IDEAS – Infectious Disease – Will default based on condition.
	State Case ID	
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.

NBS Field Name		Description/Instructions
→	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigator</i>	Enter date investigation assigned to investigator.
Reporting Source		
→	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
→	Reporting Source	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
⇒	<i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
→	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
⇒	<i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
⇒	<i>Hospital Information</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter admission date(s).
⇒	<i>Discharge Date</i>	If patient hospitalized, enter discharge date(s).
⇒	<i>Duration of Stay</i>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.

NBS Field Name		Description/Instructions
→	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter "Diagnosis Date" as evidenced by: ♦ Date of specimen collection (preferred for lab confirmed cases), or ♦ Date of physician diagnosis (if known), or ♦ Date of the condition specific laboratory result, or ♦ Date identified as a symptomatic contact of another case
→	Illness Onset Date	Enter "Illness Onset Date." <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection.</i>
	Illness End Date	
	Illness Duration	
	Age at Onset/Age Type	
	Is the patient pregnant?	
	Does the patient have pelvic inflammatory disease?	
→	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i>.
Epidemiologic		
	Is this patient associated with a day care facility?	
	Is this patient a food handler?	Fill in the Food Handler section.
→	Is this case part of an outbreak?	If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
→	Outbreak Name	Select outbreak name from drop-down list.
⇒	<i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately. Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US. Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX. Out of State – patient became ill while traveling within US but outside of TX.
⇒	<i>Imported Country</i>	Indicate country where patient became ill.
⇒	<i>Imported State</i>	Indicate state where patient became ill (not TX).
	Imported City	
⇒	<i>Imported County</i>	Indicate county where patient became ill.
	Transmission Mode	
	Detection Method	
→	Confirmation Method	Select method used to determine case status. Select lab confirmed or epi-linked. Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments.

NBS Field Name			Description/Instructions
	Confirmation Date	Date criteria for the case status of the case were met	
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See the http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/ https://www.dshs.texas.gov/sites/default/files/IDCU/investigation/epi-case-criteria-guide/2024-ECCG.pdf	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
Administrative			
	General Comments		
Custom Fields			
→	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: ♦ Date of physician diagnosis, or ♦ Date a condition specific laboratory test was positive, or ♦ Date identified as a symptomatic contact of a case, whichever was earliest.	
Food Handler			
⇒	Did patient work as a food handler after onset of illness?	Select Yes, No, or Unknown.	
⇒	What was last date worked as a food handler after onset of illness?	Enter date last worked in mm/dd/yyyy format.	
⇒	Where was patient a food handler?	Enter name of establishment where the patient worked as a food handler.	
Travel History			
⇒	Did patient travel prior to onset of illness?	Select Yes, No, or Unknown.	
⇒	Applicable incubation period for this illness is	Enter incubation period	For Yersiniosis enter 24-48 hours.
⇒	What was the purpose of the travel?	Select purpose of travel from drop-down list (Use Ctrl to select more than one).	
⇒	If "Other", please specify other purpose of travel		
	Please specify the destination(s)		
⇒	Destination 1 Type	Select the Domestic or International radio button.	
⇒	Destination 1	Select the destination from the resulting drop-down list.	
⇒	Mode of Travel	Select appropriate mode of travel from drop-down list.	
⇒	Date of Arrival		
⇒	Date of Departure		
⇒	Destination 2 Type	Select the Domestic or International radio button.	

NBS Field Name		Description/Instructions
⇒	Destination 2	Select the destination from the resulting drop-down list.
⇒	Mode of Travel	Select appropriate mode of travel from drop-down list.
⇒	Date of Arrival	
⇒	Date of Departure	
⇒	Destination 3 Type	Select the Domestic or International radio button.
⇒	Destination 3	Select the destination from the resulting drop-down list.
⇒	Mode of Travel	Select appropriate mode of travel from drop-down list.
⇒	Date of Arrival	
⇒	Date of Departure	
⇒	If more than 3 destinations, specify details here	
Drinking Water Exposure		
⇒	What is the source of tap water at home?	Select appropriate response from drop-down list.
⇒	If "Other", specify other source of tap water at home	
⇒	If "Private Well", how was the well water treated at home?	Select appropriate response from drop-down list.
⇒	What is the source of tap water at school/work?	Select appropriate response from drop-down list.
⇒	If "Other", specify other source of tap water at school/work	
⇒	If "Private Well", how was the well water treated at school/work?	Select appropriate response from drop-down list.
⇒	Did the patient drink untreated water in the 7 days prior to onset of illness?	Select Yes, No, or Unknown.
Recreational Water Exposure		
⇒	Was there recreational water exposure in the 7 days prior to illness?	Select Yes, No, or Unknown.
⇒	What was the recreational water exposure type?	Select recreational water exposure type (Use Ctrl to select more than one).
⇒	If "Other", please specify other recreational water exposure type	
⇒	If "Swimming Pool", please specify swimming pool type	(Use Ctrl to select more than one.)
⇒	If "Other", please specify other swimming pool type	
⇒	Name or location of water exposure	Enter name(s) or location(s) of water exposure sites.
Animal Contact		
⇒	Did patient come in contact with an animal?	Select Yes, No, or Unknown.
⇒	Type of animal	Select type of animal from drop-down list (Use Ctrl to select more than one.)
⇒	If "Other", please specify other type of animal	

NBS Field Name			Description/Instructions
⇒	If "Other Amphibian", please specify other type of amphibian		
⇒	If "Other Mammal", please specify other type of mammal		
⇒	If "Other Reptile", please specify other type of reptile		
⇒	Name or Location of Animal Contact	Enter name(s) or location(s) of animal contact	
⇒	Did the patient acquire a pet prior to onset of illness?	Select Yes, No, or Unknown.	
⇒	Applicable incubation period for this illness is	Enter incubation period	For Yersiniosis enter 24-48 hours.
Underlying Conditions			
⇒	Did patient have any of the following underlying conditions?	Select underlying conditions (Use Ctrl to select more than one).	
⇒	If "Other Prior Illness", please specify		
⇒	If "Diabetes Mellitus", specify whether on insulin	Select Yes, No, or Unknown.	
⇒	If "Gastric Surgery", please specify type		
⇒	If "Hematologic Disease", please specify type		
⇒	If "Immunodeficiency", please specify type		
⇒	If "Other Liver Disease", please specify type		
⇒	If "Other Malignancy", please specify type		
⇒	If "Other Renal Disease", please specify type		
⇒	If "Organ Transplant", please specify organ		
Related Cases			
⇒	Does the patient know of any similarly ill persons?	Select Yes, No, or Unknown.	
⇒	If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?	Select Yes, No, or Unknown.	Note: Please enter details in the space provided for General Comments in the Administrative group on this Investigation.
⇒	Are there other cases related to this one?	Select "no, sporadic;" "unknown;" "yes, household"; or "yes, outbreak"	
FoodNet			
	FoodNet Case?	Not applicable in Texas	
	Was patient transferred from one hospital to another?	Not applicable in Texas	
	If "Yes", specify name of the hospital to which the patient was transferred	Not applicable in Texas	

NBS Field Name		Description/Instructions
	Was there a second hospitalization?	Not applicable in Texas
	Admission Date	Not applicable in Texas
	Discharge Date	Not applicable in Texas
	Did the patient immigrate to the US within 7 days of specimen collection?	Not applicable in Texas
	In case-control study?	Not applicable in Texas
	If "Yes", case control study id number	Not applicable in Texas
	Type of Outbreak	Not applicable in Texas
	CDC EFORS Number	Not applicable in Texas
	Was case found during an audit?	Not applicable in Texas
	Was the case interviewed by public health (i.e., state or local health department or FoodNet staff)?	Not applicable in Texas

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Zika disease, congenital

General Information

Please complete a [Zika Case Investigation](#) form and route to the Zoonosis Control Branch through your regional Zoonosis Control Program.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select appropriate source, usually Serum, Urine or Cerebral Spinal Fluid
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	Select hospitalized, outpatient, or unknown.
	Pregnant	Select Yes, No, or Unknown.
	Weeks	Enter number of weeks pregnant.
Test Result(s)		
➔	Resulted Test and Test Result(s)	Refer to table below and use appropriate fields below.

Lab Report		
NBS Field Name		Description/Instructions
⇒	<i>Coded Result</i>	Refer to table below.
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	Select corrected, final, preliminary or results pending.
	Result comments	Enter comments as needed.

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional.
Click on when the Test Result(s) section is completed and add additional lab results as needed.

Administrative	
Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results			
Description	Ordered Test	→Resulted Test	→Test Result(s)
Isolation of Zika virus from tissue, blood, CSF, or other body fluid or tissue	Arbovirus Culture (short search "arbo")	Zika virus (short search "Zika")	Organism: Select Zika virus (short search "Zika")
Zika virus nucleic acid detection or other Zika antigen detection	Zika virus RNA (long search "Zika") -or- if a non-nucleic acid antigen-Zika virus (short search "Zika")	Zika virus RNA (long search "Zika")	Coded Result: "positive," "negative," or "indeterminate" -or- Numeric Result: CT value and units and Reference Range AND- Text Result: Enter test method (PCR, NAT or similar).
Zika-specific neutralizing antibodies by a plaque reduction neutralization test (PRNT)	Zika virus (short search "Zika") -or- Arbovirus Ab (method: Neut) (long search "arbo")	Zika virus Ab.Neut (long search "Zika")	Coded Result: "positive," "negative," or "indeterminate" AND- Numeric Result: titer value and Reference Range AND- Text Result: Enter test method (PRNT).
Zika-specific IgM antibodies	Zika virus IgM Ab [Units/volume] in Serum by Immunoassay (long search "Zika") -or- Zika virus	Zika virus IgM Ab [Units/volume] in Serum by Immunoassay (long search "Zika")	Coded Result: "positive," "negative," "equivocal", etc. Additional addition - Numeric Result: value or titer, Reference Range

	(short search "Zika")		

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by [and *italics*. Control + Click to see [Patient Tab Investigation](#).

Lab Report		
NBS Field Name		Description/Instructions
Investigation Information		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Zoonosis - Will default based on condition chosen.
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇒	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇒	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: Date a non-negative condition specific laboratory result was ordered (e.g. specimen collection date), or Date of physician diagnosis, or Date the disease/condition was added to the top 3 differential diagnoses for the patient, or Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.

Lab Report		
NBS Field Name		Description/Instructions
→	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.
→	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Reporting Provider</i>	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	<i>Physician</i>	"Physician" auto populates if investigation is created from a lab report. Search for physician or health practitioner as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
→	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	<i>Hospital</i>	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	<i>Admission Date</i>	If patient hospitalized, enter 1 st admission date.
⇒	<i>Discharge Date</i>	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	<i>Total duration of stay in the hospital (in days)</i>	Duration will auto-populate if "Admission Date" and "Discharge date" are entered. If admission date is same as discharge date, enter 1.
	Hospitalized at a Second Hospital	Select Yes, No, or Unknown.
	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date
	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
	Hospital Duration 2	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed
	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
	Hospital Discharge 3 Date	If patient hospitalized, enter 3 rd discharge/transfer date.

Lab Report		
NBS Field Name		Description/Instructions
	Hospital 3 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Laboratory Test Table	Enter every Zika-specific test performed relevant to this case, regardless of result . Select "Add" after completing the following five fields for each test to add it to the table.
➔	Test Type	Select appropriate response from drop-down list, based on specimen and assay type.
➔	Test Result/Interpretation	Select Positive, Equivocal, Negative or Not Done.
➔	Specimen Type	Select appropriate response from drop-down list.
➔	Specimen Collection Date	Enter collection date of specimen.
➔	Performing Lab Type	Select "CDC Lab," "Commercial Laboratory" or "State Public Health Lab."
Click on Add when the Diagnostic Lab Test Findings section is completed and add additional lab results as needed.		
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ◆ Date a condition specific laboratory test was positive
➔	Illness Onset Date	Enter the specimen collection date as the onset date. May not be left blank.
	Age at Onset	Will automatically fill in based on onset date.
	Age at Onset Units	Use the drop-down list next to it to select, days, months, etc.
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Date of Death	Enter date of death if applicable.
⇒	<i>Fever</i>	Select No or Unknown.
	<i>Max Temp(F)</i>	
⇒	<i>Chills</i>	Select No or Unknown.
⇒	<i>Headache</i>	Select No or Unknown.
⇒	<i>Anorexia</i>	Select No or Unknown.
⇒	<i>Conjunctivitis</i>	Select No or Unknown.
⇒	<i>Retro-orbital pain</i>	Select No or Unknown.
⇒	<i>Severe malaise</i>	Select No or Unknown.
⇒	<i>Nausea/vomiting</i>	Select No or Unknown.
⇒	<i>Diarrhea</i>	Select No or Unknown.
⇒	<i>Stiff neck</i>	Select No or Unknown.
⇒	<i>Muscle weakness</i>	Select No or Unknown.
⇒	<i>Myalgia</i>	Select No or Unknown.
⇒	<i>Joint/bone pain</i>	Select No or Unknown.
⇒	<i>Rash</i>	Select No or Unknown.

Lab Report		
NBS Field Name		Description/Instructions
	<i>Describe</i>	
⇒	<i>Vertigo</i>	Select No or Unknown.
⇒	<i>Altered taste</i>	Select No or Unknown.
⇒	<i>Abnormal reflexes</i>	Select No or Unknown.
⇒	<i>Nerve palsies</i>	Select No or Unknown.
⇒	<i>Ataxia</i>	Select No or Unknown.
⇒	<i>Altered mental state</i>	Select No or Unknown.
⇒	<i>Confusion</i>	Select No or Unknown.
⇒	<i>Seizures</i>	Select No or Unknown.
⇒	<i>Paralysis</i>	Select No or Unknown.
⇒	<i>CSF pleocytosis</i>	Select No or Unknown.
⇒	<i>Demyelinating neuropathy</i>	Select No or Unknown.
⇒	<i>Neuritis</i>	Select No or Unknown.
⇒	<i>Arthritis</i>	Select No or Unknown.
⇒	<i>Persistent vomiting</i>	Select No or Unknown.
⇒	<i>Oral ulcer</i>	Select No or Unknown.
⇒	<i>Other Symptoms</i>	Select No or Unknown.
⇒	<i>Dengue patient?</i>	Select No (even if co-infected).
	Abdominal pain	N/A
	Leukopenia	N/A
	Extravascular fluid accumulation	N/A
	Positive tourniquet test	N/A
	Petechiae	N/A
	Purpura/Ecchymosis	N/A
	Mucosal bleeding	N/A
	Liver enlargement	N/A
	Thrombocytopenia	N/A
	Increasing hematocrit	N/A
	Severe plasma leakage with respiratory distress	N/A
	Severe bleeding	N/A
	Severe organ involvement	N/A
	Elevated liver transaminases	N/A
	Impaired consciousness	N/A
➔	Is the patient pregnant?	Select No. Field is unavailable for entry for male patients.
	Pregnancy complications	N/A
	Pregnancy outcome	N/A
	Mother's last menstrual period before delivery	N/A

Lab Report		
NBS Field Name		Description/Instructions
→	Newborn complications	Select from "Congenital anomaly of central nervous system," "intracranial calcification," "intrauterine growth retardation," "limb defects," "microcephaly," and/or "ocular defects."
⇒	<i>Mother-Infant case ID linkage 1</i>	Add investigation ID (CAS#) of paired mother's (or twins, if applicable) Zika investigation, if available.
⇒	<i>Mother-Infant Case ID Linkage 2</i>	
⇒	<i>Mother-Infant Case ID Linkage 3</i>	
⇒	<i>Is patient enrolled in the US Zika Pregnancy Registry?</i>	Select No or select appropriate drop-down designation to describe the assigned jurisdiction for the USZPR. USZPR jurisdiction of record is where the pregnancy completes.
Epidemiologic		
→	Clinical Syndrome	Select "Congenital infection."
	Other Clinical Syndrome	
⇒	<i>Clinical Syndrome, Secondary</i>	Leave blank or select None if not applicable.
	Other Clinical Syndrome, Secondary	If Other selected for Secondary Clinical Syndrome, describe in free text.
→	Blood donor	Select No (infants cannot donate blood).
	Date of Donation	
→	Identified by Blood Donor Screening	Select No (infants cannot donate blood).
→	Blood Transfusion Received	Select Yes, No, or Unknown.
→	Organ Donor	Select Yes, No, or Unknown.
→	Organ Transplant Received	Select Yes, No, or Unknown.
→	Breast Fed Infant	Select Yes, No, or Unknown. Indicates whether the patient is a newborn who was breastfeeding before diagnosis.
→	Lab acquired	Indicates whether infection thought to be acquired via laboratory exposure.
	Average number of hours spent outdoors each day (in 30 days prior to onset)	
→	Type of Arbovirus	Select "Zika virus."
	Dengue (DENV) Serotype	N/A
→	CDC Publish Indicator	Select "yes" to share with CDC.
⇒	<i>Is this case part of an outbreak?</i>	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.

Lab Report			
NBS Field Name		Description/Instructions	
→	Where was the disease acquired?	Indicate where disease was acquired.	Indigenous – infant acquired the infection from the mother and not through direct travel.
	Imported Country	N/A	
	Imported State	N/A	
	Imported City	N/A	
	Imported County	N/A	
→	Transmission Mode	Select "In-Utero (transplacental)."	
	Detection Method	Select appropriate response from drop-down list.	
→	Confirmation Method	Indicate method(s) used to determine case status. Select lab confirmed.	Laboratory confirmed –laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments. Or select other relevant option if not lab confirmed.
	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See current year http://www.dshs.texas.gov/EAIDU/investigation/Guidance-Manuals/	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
	Country of Usual Residence	Select country of usual residence from drop-down list.	
	Country of Birth	Select country of birth from drop-down list.	
	Binational Reporting Criteria	Select binational reporting criteria from drop-down list (Use Ctrl to select more than one).	
Public Health Control Measures			
⇒	<i>Date initial public health control measures were initiated</i>	Select appropriate date.	
⇒	<i>Public health control measures used</i>	Select all appropriate control measures from drop-down; use "Other" as needed.	
	Other public health control measures used	If "Other" selected above, describe measure(s) used.	
⇒	<i>Indicate barriers to timely initiation of control measures</i>	Select all barriers from drop-down; use "Other" as needed.	

Lab Report		
NBS Field Name		Description/Instructions
	Other barriers to timely initiation of public health control measures	If "Other" selected above, describe barrier(s) experienced.
General Comments		
	General Comments	Enter comments as needed.

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Zika disease, non-congenital

General Information

Please complete an [Zika Case Investigation form](#) and route to the Zoonosis Control Branch through your regional Zoonosis Control Program.

NBS Entry Guidelines for Laboratory Reports

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Lab Report Table](#).

Lab Report		
NBS Field Name		Description/Instructions
Order Information		
➔	Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Facility	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
⇨	Ordering Provider	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
➔	Program Area	Enter or edit to Zoonosis . <i>Note: An ELR will pre-populate based on the condition. Edit if incorrect. Use the drop-down list for manual lab entry.</i>
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
⇨	Lab Report Date	Enter date result was reported to provider if available.
➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).
⇨	Ordered Test	Refer to table below.
	Accession Number	Enter unique ID assigned to specimen.
➔	Specimen Source	Select appropriate source, usually Serum, Urine or Cerebral Spinal Fluid
	Specimen Site	
➔	Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	Select hospitalized, outpatient, or unknown.
	Pregnant	Select Yes, No, or Unknown.
	Weeks	Enter number of weeks pregnant.
Test Result(s)		
➔	Resulted Test and Test Result(s)	Refer to table below and use appropriate fields below.
⇨	Coded Result	Refer to table below.

Lab Report

	NBS Field Name	Description/Instructions
⇒	<i>Numeric Result</i>	Refer to table below. Enter units in the 2 nd box.
⇒	<i>Text Result</i>	Refer to table below.
⇒	<i>Reference Range</i>	If applicable, enter the reference range or cut-off value for normal results.
	Result status	Select corrected, final, preliminary or results pending.
	Result comments	Enter comments as needed.

If your choice for Resulted Test brings up additional fields (not listed in the Lab Report Information table), entering data in these fields is optional.

Click on when the Test Result(s) section is completed and add additional lab results as needed.

Administrative

	Comments	Enter comments as needed.

Ordered Test, Resulted Test and Test Results

Description	⇒ Ordered Test	→ Resulted Test	→ Test Result(s)
Isolation of Zika virus from tissue, blood, CSF, or other body fluid or tissue	Arbovirus Culture (short search "arbo")	Zika virus (short search "Zika")	Organism: Select Zika virus (short search "Zika")
Zika virus nucleic acid detection or other Zika antigen detection	Zika virus RNA (long search "Zika") -or, if a non-nucleic acid antigen- Zika virus (short search "Zika")	Zika virus RNA (long search "Zika")	Coded Result: "positive," "negative," or "indeterminate" -or- Numeric Result: CT value and units and Reference Range AND- Text Result: Enter test method (PCR, NAT or similar).
Zika-specific neutralizing antibodies by a plaque reduction neutralization test (PRNT)	Zika virus (short search "Zika") -or- Arbovirus Ab (method: Neut) (long search "arbo")	Zika virus Ab.Neut (long search "Zika")	Coded Result: "positive," "negative," or "indeterminate" AND- Numeric Result: titer value and Reference Range AND- Text Result: Enter test method (PRNT).
Zika-specific IgM antibodies	Zika virus IgM Ab [Units/volume] in Serum by Immunoassay (long search "Zika") -or- Zika virus	Zika virus IgM Ab [Units/volume] in Serum by Immunoassay (long search "Zika")	Coded Result: "positive," "negative," "equivocal", etc. Optional addition - Numeric Result: value or titer, and Reference Range

	(short search "Zika")		

NBS Entry Guidelines for Investigation

Required fields are noted by ➔ and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#).

Investigation		
NBS Field Name		Description/Instructions
Investigation Information		
➔	Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
➔	Program Area	Zoonosis - Will default based on condition chosen.
➔	Investigation Start Date	Enter Date Investigation began or if no follow up was done, enter the date the report was received.
➔	Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
⇨	<i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
⇨	<i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
Reporting Information		
➔	Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report but may be edited if the report was received earlier from another provider.
➔	Earliest Date Reported to County	Enter earliest date information was reported to county health department. If the regional office is acting as the local health department, record the date received by the regional office.
➔	Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.
➔	Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by: Date a non-negative condition specific laboratory result was ordered (e.g. specimen collection date), or Date of physician diagnosis, or Date the disease/condition was added to the top 3 differential diagnoses for the patient, or Date a condition specific treatment or prophylaxis was ordered, whichever was earliest.
➔	Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select

Investigation		
NBS Field Name		Description/Instructions
		"other state and local agencies." If none of the categories apply, note source in comments.
➔	Reporting Organization	"Reporting Organization" auto populates if investigation is created from a lab report. Conduct search for "Reporting Organization" as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Reporting Provider	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
⇒	Physician	"Physician" auto populates if investigation is created from a lab report. Search for physician or health practitioner as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
➔	Was the patient hospitalized for this illness?	Determine if the case was admitted as an inpatient to a hospital. Select Yes, No, or Unknown.
⇒	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
⇒	Admission Date	If patient hospitalized, enter 1 st admission date.
⇒	Discharge Date	If patient hospitalized, enter 1 st discharge/transfer date.
⇒	Total duration of stay in the hospital (in days)	Duration will auto-populate if "Admission Date" and "Discharge date" are entered. If admission date is same as discharge date, enter 1.
	Hospitalized at a Second Hospital	Select Yes, No, or Unknown.
	Hospital 2	If hospitalized for second time, search for 2 nd hospital. Enter new hospitals as needed.
	Hospital 2 Admission Date	If patient hospitalized, enter 2 nd admission date
	Hospital 2 Discharge Date	If patient hospitalized, enter 2 nd discharge/transfer date.
	Hospital Duration 2	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
	Hospital 3	If hospitalized for third time, search for 3 rd hospital. Enter new hospitals as needed
	Hospital 3 Admission Date	If patient hospitalized, enter 3 rd admission date.
	Hospital Discharge 3 Date	If patient hospitalized, enter 3 rd discharge/transfer date.

Investigation		
NBS Field Name		Description/Instructions
	Hospital 3 Duration	Calculate duration of stay as discharge-admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
➔	Laboratory Test Table	Enter every Zika-specific test performed relevant to this case, regardless of result . Select "Add" after completing the following five fields for each test to add it to the table.
➔	Test Type	Select appropriate response from drop-down list, based on specimen and assay type.
➔	Test Result/Interpretation	Select Positive, Equivocal, Negative or Not Done.
➔	Specimen Type	Select appropriate response from drop-down list.
➔	Specimen Collection Date	Enter collection date of specimen.
➔	Performing Lab Type	Select "CDC Lab," "Commercial Laboratory" or "State Public Health Lab."
Click on Add when the Diagnostic Lab Test Findings section is completed and add additional lab results as needed.		
➔	Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Enter Diagnosis Date as evidenced by: ♦ Date a condition specific laboratory test was positive
➔	Illness Onset Date	Enter "Illness Onset Date." If patient is a Zika disease case due to pregnancy complications, enter the specimen collection date as the onset date.
	Age at Onset	Enter number. Default is years. Use days if <1 month, months for ≥1 month and <1 year, and years for ≥1 year. Note: Age is auto-populated if "Illness Onset Date" and "Date of Birth" are entered.
	Age at Onset Units	Use the drop-down list to select, days, months, etc. Note: Unit will auto-populate if "Date of Birth" and "Illness Onset Date" are entered.
➔	Did the patient die from this illness?	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .
➔	Date of Death	Enter date of death if applicable.
➔	Fever	Select Yes, No, or Unknown.
	Max Temp(F)	If "Yes," enter highest temperature, if known.
⇒	Chills	Select Yes, No, or Unknown.
⇒	Headache	Select Yes, No, or Unknown.
⇒	Anorexia	Select Yes, No, or Unknown.
➔	Conjunctivitis	Select Yes, No, or Unknown.
⇒	Retro-orbital pain	Select Yes, No, or Unknown.
⇒	Severe malaise	Select Yes, No, or Unknown.
⇒	Nausea/vomiting	Select Yes, No, or Unknown.
⇒	Diarrhea	Select Yes, No, or Unknown.

Investigation		
NBS Field Name		Description/Instructions
⇒	<i>Stiff neck</i>	Select Yes, No, or Unknown.
⇒	<i>Muscle weakness</i>	Select Yes, No, or Unknown.
⇒	<i>Myalgia</i>	Select Yes, No, or Unknown.
➔	Joint/bone pain	Select Yes, No, or Unknown.
➔	Rash	Select Yes, No, or Unknown.
	Describe	If "Yes," enter description of rash.
⇒	<i>Vertigo</i>	Select Yes, No, or Unknown.
⇒	<i>Altered taste</i>	Select Yes, No, or Unknown.
⇒	<i>Abnormal reflexes</i>	Select Yes, No, or Unknown.
⇒	<i>Nerve palsies</i>	Select Yes, No, or Unknown.
⇒	<i>Ataxia</i>	Select Yes, No, or Unknown.
⇒	<i>Altered mental state</i>	Select Yes, No, or Unknown.
⇒	<i>Confusion</i>	Select Yes, No, or Unknown.
⇒	<i>Seizures</i>	Select Yes, No, or Unknown.
⇒	<i>Paralysis</i>	Select Yes, No, or Unknown.
⇒	<i>CSF pleocytosis</i>	Select Yes, No, or Unknown.
⇒	<i>Demyelinating neuropathy</i>	Select Yes, No, or Unknown.
⇒	<i>Neuritis</i>	Select Yes, No, or Unknown.
⇒	<i>Arthritis</i>	Select Yes, No, or Unknown.
⇒	<i>Persistent vomiting</i>	Select Yes, No, or Unknown.
⇒	<i>Oral ulcer</i>	Select Yes, No, or Unknown.
⇒	<i>Other Symptoms</i>	Select Yes, No, or Unknown.
⇒	<i>Dengue patient?</i>	Select No (even if co-infected).
	Abdominal pain	N/A
	Leukopenia	N/A
	Extravascular fluid accumulation	N/A
	Positive tourniquet test	N/A
	Petechiae	N/A
	Purpura/Ecchymosis	N/A
	Mucosal bleeding	N/A
	Liver enlargement	N/A
	Thrombocytopenia	N/A
	Increasing hematocrit	N/A
	Severe plasma leakage with respiratory distress	N/A
	Severe bleeding	N/A
	Severe organ involvement	N/A
	Elevated liver transaminases	N/A

Investigation		
NBS Field Name		Description/Instructions
	Impaired consciousness	N/A
→	Is the patient pregnant?	Select Yes, No, or Unknown. Select yes if patient was pregnant while infected, even if the patient is not pregnant at the time of case reporting in NBS. Field is unavailable for entry for male patients.
→	Pregnancy complications	Select from "fetal growth abnormality," "fetus with central nervous system (CNS) abnormalities," "intracranial calcification," or "microcephaly." Leave blank if no complications detected.
→	Pregnancy outcome	Select from "delivery (live birth)," "fetal death (fetal loss)," "perinatal death," "premature birth of newborn," "still pregnant," "stillbirth (intrauterine fetal death)," or "therapeutic termination of pregnancy."
⇒	<i>Mother's last menstrual period before delivery</i>	Enter LMP for this pregnancy.
	Newborn complications	Leave blank for non-congenital cases. List pregnancy complications for pregnant cases in Pregnancy Complications question above.
⇒	<i>Mother-Infant Case ID Linkage 1</i>	Add investigation ID (CAS#) of paired infant's Zika investigation, if available.
⇒	<i>Mother-Infant Case ID Linkage 2</i>	
⇒	<i>Mother-Infant Case ID Linkage 3</i>	
⇒	<i>Is patient enrolled in the US Zika Pregnancy Registry?</i>	Select No or select appropriate drop-down designation to describe the assigned jurisdiction for the USZPR. USZPR jurisdiction of record is where the pregnancy completes.
Epidemiologic		
→	Clinical Syndrome	Select "Febrile illness" if fever present and "Other clinical" if fever is not present (rash, etc. or pregnancy complications).
	Other Clinical Syndrome	If Other selected for Clinical Syndrome, describe in free text.
⇒	<i>Clinical Syndrome, Secondary</i>	Leave blank or select None if not applicable.
	Other Clinical Syndrome, Secondary	If Other selected for Secondary Clinical Syndrome, describe in free text.
→	Blood donor	Select Yes, No, or Unknown.
→	Date of Donation	Enter date of donation.
→	Identified by Blood Donor Screening	Select Yes, No, or Unknown.
→	Blood Transfusion Received	Select Yes, No, or Unknown.
→	Organ Donor	Select Yes, No, or Unknown.
→	Organ Transplant Received	Select Yes, No, or Unknown.

Investigation			
NBS Field Name		Description/Instructions	
➔	Breast Fed Infant	Select No for non-congenital cases, as this indicates whether the patient is a newborn who was breastfeeding before illness onset.	
➔	Lab acquired	Indicates whether infection thought to be acquired via laboratory exposure.	
⇒	<i>Average number of hours spent outdoors each day (in 30 days prior to onset)</i>	Select appropriate drop-down for amount of time.	
➔	Type of Arbovirus	Select "Zika virus."	
	Dengue (DENV) Serotype	N/A	
➔	CDC Publish Indicator	Select "yes" to share with CDC.	
⇒	<i>Is this case part of an outbreak?</i>	Consult with your local Zoonosis Control regional office if you suspect this case might be a part of an outbreak. If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.	
⇒	<i>Outbreak Name</i>	Select outbreak name from drop-down list.	
➔	Where was the disease acquired?	Indicate where disease was acquired; if it may have been acquired in multiple locations, describe in the investigation comments field.	Indigenous – patient acquired the infection in their home jurisdiction. International – patient acquired the infection while outside of US. In State, Out of Jurisdiction – patient acquired the infection while in another jurisdiction within TX. Out of State – patient acquired the infection while traveling within US but outside of TX; specify state. Imported, but not able to determine source state and/or county – patient acquired the infection outside home jurisdiction and within the US but unable to determine where. Unknown – unable to determine.
➔	Imported Country	Indicate country where patient acquired the infection. Required if "International" selected.	
➔	Imported State	Indicate state where patient acquired the infection. Required if "Out of State" selected.	
⇒	<i>Imported City</i>	Indicate city where patient acquired the infection.	
➔	Imported County	Indicate county where patient acquired the infection. Required if "In State, Out of Jurisdiction" selected.	
➔	Transmission Mode	Select most appropriate disease transmission mode, most likely "vector-borne transmission;" "In-Utero (transplacental)" is not applicable for non-congenital cases.	
	Detection Method	Select appropriate response from drop-down list.	
➔	Confirmation Method	Indicate method(s) used	Laboratory confirmed –laboratory criteria required for case status selected was met; if

Investigation			
NBS Field Name		Description/Instructions	
		to determine case status. Select lab confirmed.	NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case were met.	
→	Case Status	Select Confirmed, Probable, or Not a Case according to the case definition. See current year Disease Surveillance and Epidemiology Health Practitioner Guidance and Training Texas DSHS .	
→	MMWR Week	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.	
→	MMWR Year	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.	
	Country of Usual Residence	Select country of usual residence from drop-down list.	
	Country of Birth	Select country of birth from drop-down list.	
	Binational Reporting Criteria	Select binational reporting criteria from drop-down list (Use Ctrl to select more than one).	
Public Health Control Measures			
⇒	<i>Date initial public health control measures were initiated</i>	Select appropriate date.	
⇒	<i>Public health control measures used</i>	Select all appropriate control measures from drop-down; use "Other" as needed.	
	Other public health control measures used	If "Other" selected above, describe measure(s) used.	
⇒	<i>Indicate barriers to timely initiation of control measures</i>	Select all barriers from drop-down; use "Other" as needed.	
	Other barriers to timely initiation of public health control measures	If "Other" selected above, describe barrier(s) experienced.	
General Comments			
	General Comments	Enter comments as needed.	

NBEntGuidelines for Notification

Notifications are required for confirmed and probable cases.

