

Health and Human Services

Texas Department of State Health Services

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

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

Objectives



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Objectives:

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

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

NEDSS New User Training Webpage



NEDSS COVID-19 New User Training Webpage: https://dshs.texas.gov/coronavirus/public-health.aspx

Videos: <u>NEDSS COVID-19 Data Entry Demonstration Video</u> (8/27/21)

Documents to follow along with the video: <u>NEDSS COVID-19 Data Entry Demonstration Slides</u> (Pptx, 8/27/21) <u>NEDSS COVID-19 Data Entry Guide (DEG) (PDF, V.3.0, released 11/24/2020)</u>

Data Entry Guide (DEG)



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ie Info		NBS Field Name	De	scription/Instructions
Tab			Conduct consta	
	⇒	Reporting Provider	Note: If not found new health care p	r reporting provider if known. I, search by city, etc. and then enter rovider as needed.
	Clini	cal		
			Conduct search for	r physician if known.
	÷	Physician	Note: Physician is case. If not found, new physician as n	required for clinically diagnosed search by city, etc. and then enter needed.
	Epid	emiologic		
		Transmission Mode	Select most approp by which disease of subject of the inve Note: Most likely d	priate disease transmission mechanis r condition was acquired by the stigation. Iroplet-borne transmission. If so, sele draplet-borne transmission
		Detection Method	Method by which t aware of the case testing, prison enti physical, other).	he public health department was mac (i.e., patient self-referral, prenatal ry screening, provider reported, routi
	•	Confirmation Method	Select method used to determine case status. Select laboratory confirmed, epi- linked, or clinical diagnosis.	Laboratory confirmed – laborator criteria required for case status (confirmed or probable) selected wa 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 diagnos as evidenced by diagnosis reported by physician or health care provider.
		Confirmation Date	Date case met the probable, suspect,	epi-case criteria (i.e., confirmed, not a case, unknown).
	•	Case Status	Select Confirmed, according to the (1 (2) more recent D Guide.	Probable, Suspect, or Not a Case () Case Classification section (p.1) or SHS COVID-19 Epi Case Criteria
	•	If probable, select reason for case classification	Select the followin Meets Clinical/Epi, Meets Presump La Meets Vital Record basis for the proba	g from dropdown list: No Lab Conf, b and Clinical or Epi, or s, No Lab Confirm to indicate the able case classification.
	•	MMWR Week	Auto-populates ba MMWR Week in wh	sed on data entry date (i.e., the nich the case should be counted).

• The DEG lists each field in the NEDSS COVID-19 module.

- It includes a detailed explanation of each variable that can be used to complete each field.
- Required fields are marked in red.
- Example DEG page on left.
- <u>(DEG can be found at NEDSS COVID-19</u> <u>Data Entry Guide (DEG)</u>

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COVID-19 Public Health Resource Page



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COVID-19 Public Health Resource Page:

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

Disease Reporting & Case Definition Resources:

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

COVID-19 Investigation Data Entry Steps



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

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



NEDSS Login Page

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Enter Username and PasswordClick 'Submit'

	Change your Password? Technical FAQ NEDSS Hale Decumentation	
Please submi Vsern Passw	enter your username and password below. Once you have finished press to log onto the application. me: ord: Submit	

NEDSS COVID-19 Data Entry

NEDSS Homepage Dashboard



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This is the front page that will open.

Home Data Entry Merge Patients Open Investigations Report	ts System Management		Help Logout	
Release 6.0.9-GA Dashboard			User : Pamela Stuart	
Patient Search	My Queues	-	Notices	•
Search Demographics (By default, search uses 'Starts With'. To search using 'Contains', enter % at start of text or use Advanced Search) Last Name: First Name: DOB: DOB: Current Sex: Search Identifiers Event ID Type: Patient ID(s): (Separate IDs by commas, semicolons, or spaces) Search Clear	 Open Investigations (957) Approval Queue for Initial Notifications (629) Updated Notifications Queue (150) Rejected Notifications Queue (127) Documents Requiring Security Assignment (35404) Documents Requiring Review (14266) 		Monday, June 14, 2021 NEDSS was upgraded to 6.0.9. Please email NEDSS@dshs.texas.gov if you have any problems.	
Cases created - Last 7 Days			My Reports	•
200 su of the second s			There are no private reports available.	

NEDSS COVID-19 Data Entry

Patient Search



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

Patient Search	⊡
Search Demo	<u>graphics</u>
	(By default, search uses 'Starts With'. To search using 'Contains', enter % at start of text or use Advanced Search)
Last Name:	
First Name:	
DOB:	
Current Sex:	~
Search Ident	ifiers
Event ID Ty	pe:
Patient ID	s):
	(Separate IDs by commas, semicolons, or spaces)
	Search Clear Advanced Search



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Existing Patient Record^{*}

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

Home Data Entry Open Investigations Reports			Help Logout	
Search Results			User : Katherine Bourne	
			New Search	Refine Search
				Add New
Your Search Criteria: Last Name Starts With 'ful', First Name Starts With	'dee', DOB Equal '08/22/1992', re	sulted in 1 possible matches. Would you like to refine	your search or add a new patient	?
	Results 1 to 1 of 1			
			Remove	All Filters/Sorts
Patient ID Vame Age/DOB/Sex	Address	Phone/Email		~
Legal	Home	Home		

Add New Patient



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

Home Data Entry Open Investigations Reports					Help Logout	
Search Results				User : I	Katherine Bourne	
					New Search Re	fine Search
						Add New
Your Search Criteria: Last Na	me Starts With 'TestPat	ient', First Name Starts With 'TestPatient', DOB E	qual '01/01/2001', Current Sex Equal 'Male', patient ?	resulted in 0 possible matches, Would you	like to <u>refine your search</u> or	r <u>add a new</u>
					Remove All F	ilters/Sorts
Patient ID Nothing found to display.	<mark>↓ Name</mark>	2 Age/DOB/Sex	Address	<mark>▼ Phone/Email</mark>	⊡	~
						Add New

Patient Tab



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

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

NEDSS Patient Tab

El Basic Demographic Data Collanse Subsections	
General Information	
* Information As of Date:	08/12/2021
Comments:	
El Name Information	DOE DURA
Last Name:	DOE-SMITH
First Name:	JOHN
Middle Name:	
Suffix:	
Other Personal Details	
DOB:	01/01/2001
Current Age:	20 Years
Current Sex:	Male
Birth Sex:	
Is the patient deceased?	
Date of Death:	
Marital Status:	
Address	
Street Address 1:	
Street Address 2:	
City:	
State	Terran
7	
c.p.	
County:	
Census Tract:	
Country:	United States
C Telephone	
Home Phone:	
Work Phone:	
Work Phone Ext:	
Cell Phone:	
Email:	

NEDSS COVID-19 Data Entry

Patient Tab: Required Fields



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			Submit	Cancel	Add Extended Data
Basic Demographic Data					
General Information	*Da	te will auto	nonulate		
* Information As of Date: 08/1	1/2021	ite vili d'ato-	populate		
commente.					
Name Information	Last Name:	TestPatient			
	First Name:	TestPatient			1
	Middle Name				
	Suffix:				
Other Personal Details	DOD:	01/01/2001			
	Current Age:	20 Years			
	Current Sex:	Male			
ta the	patient deceased?				
_	Date of Death				
	Marital Status:				
Address	Siraal Address 5-				
	Street Address 2.				
	City				
	State	Texas			
	Zip: County				
	Canaua Tract				
	country:	United States	2		
Telephone			1		
	Work Phone:		-		
	Work Phone Ext		-		
	Cell Phone:				
	Email:		-27		
thnicity and Hace Information	Ethnicity		1		
	Race	American Indian	or Alacka Native		

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

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COVID-19 Required fields:

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

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Patient Tab: Submit



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

			White Other	aunit ISie		
			Refused to answer Not Asked			
			Unknown			
Identification	Туре	Assigning Authority		ID Valu	Je	
No Data	has been entered.					
		Type:				
		Assigning Authority:				
		ID Value:				
					C	Add ID
			Su	bmit	Cancel	Add Extended Data

Patient File: Add New Event



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

Home Data Entry Open	Investigations Reports			Help Logout	
Patient File				User : Katherine Bourne	
					Print
TestPatient TestPatient	t Male 01/01/2001 (20 Years)			Patient ID:	78114962
Summary Ever	nts Demographics				
				Expand	All Collapse All
Patient Summary					
Go to: Patient Summary O	en Investigations Documents Requiring Re	view			
Patient Summary	0.11		In ID Info Available	P	Back to top
55 Main St.	555-555-5555	ŀ	IO ID Into Available	Race Native Hawaijan or Other Pacific Isla	ander
Austin, Texas 78758				Ethnicity	
Travis County				Not Hispanic or Latino	
Open Investigations (0)					Back To Top
🖶 Documents Requiring R	leview (0)				Back To Top
		Previous	Next		
Summary Eve	nts Demographics				

Events Tab

Home Data Entry Open Investigations Reports	Help Logout	
Patient File	User : Katherine Bourne	6
	Prin	nt
Bob TestPatient Male 01/01/2001 (20 Years)	Patient ID: 78463008	
Summary Events Demographics		
Go to: Investigations Lab Reports Morbidity Reports Vaccinations Tr	reatments Documents Contact Records	All
Patient Events History		
Investigations (0)	Add New Back To 1	ΪOΡ
E Lab Reports (0)	Add New Back To 1	бор
Morbidity Reports (0)	Add New Back To 1	īοp
Vaccinations (0)	Add New Back To 1	[op
Treatments (0)	Back To 1	бр
Documents (0)	Back To 1	бор
Contact Records (0)	Back To 1	ίοp
	Previous_Next	
Summary Events Demographics		_



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

- Investigation
- •Lab report

* * *

- Morbidity report
- •Vaccinations
- •Treatments
- •Documents
- •Contact records



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Add New Lab Report

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

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

Home Data Entry Open Investigations Reports Help Logout	
Select Condition	User: Katherine Bourne
	Submit Cancel
Please select a condition:	
Novel Coronavirus 2019	
	Sup nt Cancel

Add New Lab Report Continued



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Add Lab Report	
Bob TestPatient Male 01/01/2001 (20 Years)	Patient ID: 78463008
Address: 1100 W 49th St, Austin, TX 78758	SSN:
	* Indicates a Required Field
Order Information	
Facility and Provider Information	
* Reporting Facility:	Search - OR - Quick Code Lookup
Reporting Facility Selected:	
Ordering Facility:	Search - OR - Quick Code Lookup
Ordering Facility Selected:	
Same as Reporting Facility:	Courte and Courted and the
Ordering Provider.	Search - OR - Quick Code Lookup
Order Details	
* Program Area	
t luciadiation:	Austin HHS Division (City of)
Shared Indicator:	
Lab Report Date:	
* Date Received by Public Health:	08/18/2021
Pregnancy Status:	
Weeke-	
10010.	
Test Results	
Ordered Test	
Ordered Test:	Search Clear
Accession Number:	
Specimen Source:	
Specimen Site:	
Specimen Collection Date/Time:	
Patient Status at Specimen Collection:	
Resulted Test	
Resulted Test Coded Result / Organism	Numeric Units Taxt Result Ref Range Ref Range Status Possiti Commonits
No Data has been entered	Result Onite Text Result From To Status Result Comments
* Resulted Test	Search Clear
Coded Result	
Numerie Reputi	
Units:	
Text Result	
ion result.	
	10

 Please refer to the COVID-19 Data Entry Guide (DEG) for further description of each variable, found: <u>DSHS NBS Data Entry Guide</u>

• COVID-19 Required fields:

- Reporting Facility
- Program Area
- Jurisdiction
- Date Received by Public Health
- Pregnancy Status if female
- Specimen Source
- Specimen Collection Date/Time
- Resulted Test
- Test Result

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Add New Investigation

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To add a new COVID-19 case investigation:

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

Home Data Entry Open Investigations Reports Help Logout	
Select Condition	User: Katherine Bourne
	Submit Cancel
Please select a condition:	
Novel Coronavirus 2019	
	Submit Cancel

New Investigation – Case Info Tab



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A patient file will open to enter the new investigation:

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

Home Data Entry Open Investigations Reports Add Investigation: Novel Coronavirus 2019	Help Logout User : Katherine Bourne
	Submit Cancel
TestPatient TestPatient Male 01/01/2001 (20 Years)	Patient ID: 78114962
Patient Case Info Exposures Clinical Lab Results Contact Tracing Contact Records Supplemental Info	* Indicates a Required Field
Patient Information	Back to top
Collarse Subsections	
Comments:	
Name Information	
Middle Name: Last Name: Suffix:	
Other Personal Details	
Date of Birth: (1101/2001) und Reported Age: 20 Reported Age Units: Years w Country of Birth: Current Sex: Male w Is the patient deceased? No w Deceased Date: und	
Marital Status:	
El Reporting Address for Case Counting Street Address 1: [55 Main St. Street Address 2: City: Austin State: [Texas	

New Investigation -Case Info Tab



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	ale 01/01/2001 (20 Years)					Patient II	D: 78114	962
					*	Indicate	s a Requi	red Field
Investigation Information								
Investigation Details								
	* Jurisdiction:	Austin HHS	Division	City of)				
	THT Jurisdiction:							
	THT Source Type:							
	Record Source:	001/00_40						
	Program Area:	08/11/2021						
	* Investigation Statue:	Onen	Note:)	ou will char	ide this to	Closed a	fter the case	is finished
	* Shared Indicator:							
	State Case ID:							
	THT Case ID:							
	Call Status:							
	Reason:							
Investigator								
	Investigator:	Search	- OR -		0	Quick Cod	e Lookup]
	Investigator Selected:							
	Date Assigned to Investigation:							
Reporting Information								
Kev Report Dates								
	Date of Report:							
	Earliest Date Reported to County:							
	Earliest Date Reported to County: Earliest Date Reported to State:							
Reporting Organization	Earliest Date Reported to County: Earliest Date Reported to State:							
Reporting Organization	Earliest Date Reported to County: Earliest Date Reported to State: Reporting Source Type:							
Reporting Organization	Earliest Date Reported to County: Earliest Date Reported to State: Reporting Source Type: Reporting Organization:	Search	- OR -			Quick Cod	e Lookup	1
Reporting Organization	Earliest Date Reported to County: Earliest Date Reported to State: Reporting Source Type: Reporting Organization: Reporting Organization Selected:	Search	- OR -			Quick Cod	e Lookup]
Reporting Organization Reporting Provider	Earliest Date Reported to County: Earliest Date Reported to State: Reporting Source Type: Reporting Organization: Reporting Organization Selected:	Search	- OR -		[Quick Cod	e Lookup]
Reporting Organization Reporting Provider	Earliest Date Reported to County: Earliest Date Reported to State: Reporting Source Type: Reporting Organization: Reporting Organization Selected: Reporting Provider:	Search	- OR - [Quick Cod Quick Cod	e Lookup e Lookup]
Reporting Organization Reporting Provider	Earliest Date Reported to County: Earliest Date Reported to State: Reporting Source Type: Reporting Organization: Reporting Organization Selected: Reporting Provider: Reporting Provider Selected:	Search	- OR - (Quick Cod Quick Cod	e Lookup e Lookup]
Reporting Organization Reporting Provider Reporting County	Earliest Date Reported to County: Earliest Date Reported to State: Reporting Source Type: Reporting Organization: Reporting Organization Selected: Reporting Provider: Reporting Provider:	Search Search	- OR - [C	Quick Cod Quick Cod	e Lookup e Lookup]
Reporting Organization Reporting Provider Reporting County	Earliest Date Reported to County: Earliest Date Reported to State: Reporting Source Type: Reporting Organization: Reporting Organization Selected: Reporting Provider: Reporting Provider Selected:	Search	- OR - [Quick Cod Quick Cod	e Lookup e Lookup]
Reporting Organization Reporting Provider Reporting County Official	Earliest Date Reported to County: Earliest Date Reported to State: Reporting Source Type: Reporting Organization: Reporting Organization Selected: Reporting Provider: Reporting Provider Selected:	Search	- OR - [Quick Cod Quick Cod	e Lookup e Lookup]
Reporting Organization Reporting Provider Reporting County] Clinical Physician	Earliest Date Reported to County: Earliest Date Reported to State: Reporting Source Type: Reporting Organization: Reporting Organization Selected: Reporting Provider: Reporting Provider Selected:	Search	- OR - (Quick Cod	e Lookup))
Reporting Organization Reporting Provider Reporting County] Clinical Physician	Earliest Date Reported to County: Earliest Date Reported to State: Reporting Source Type: Reporting Organization: Reporting Organization Selected: Reporting Provider: Reporting Provider Selected: Physician: Physician:	Search Search	- OR - (Quick Cod Quick Cod	e Lookup e Lookup e Lookup)))
Reporting Organization Reporting Provider Reporting County] <mark>Clinical</mark> Physician	Earliest Date Reported to County: Earliest Date Reported to State: Reporting Source Type: Reporting Organization: Reporting Organization Selected: Reporting Provider Selected: Physician: Physician:	Search Search	- OR - [Quick Cod Quick Cod	e Lookup e Lookup e Lookup)))

 Please refer to the COVID-19 Data Entry Guide (DEG) for further description of each variable, found: <u>DSHS NBS Data Entry Guide</u>

COVID-19 Required fields:

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

New Investigation – Case Info Tab Continued



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Transmission mode:	
Detection Method:	
	(Use Ctrl to select more than one)
	Active Surveillance
	Case/Outbreak Investigation
Contimation wethod:	Epidemiologically linked
	Laboratory confirmed
	Selected Values:
Confirmation Date:	
Case Status:	
If probable, select reason for case classification:	
MMWR Week:	32 *This will auto-populate.
MMWR Year	2021 *This will auto-populate.
initial for the second s	and the second s
General Comments	
Constal Comments	
General Comments	
General Comments:	
Place Of Residence	
Place Of Residence	
Place Of Residence	
] Place Of Residence Place of Residence Is the patient a U.S. resident?:	
Place Of Residence Place of Residence Is the patient a U.S. resident?: Country of Usual Residence: Which would heat describe where the partient are striber.	
Place Of Residence Place Of Residence Is the patient a U.S. resident?: Country of Usual Residence: Which would best describe where the patient was staying at the time of lines onset?	
Place Of Residence Place of Residence Is the patient a U.S. resident?; Country of Usual Residence; Which would best describe where the patient was staying at the time of illness onest?; Residence Description;	
Place Of Residence Place of Residence Is the patient a U.S. residence: Country of Usual Residence: Which would best describe where the patient was staying at the time of linese onset?: Residence Description:	
Place of Residence Place of Residence Is the patient a U.S. resident?: Country of Usual Residence: Which would best describe where the patient was staying at the time of United State Country Residence Description: Coccupation Information	
Place Of Residence Place Of Residence Is the patient a U.S. resident?: Country of Usual Residence: Which would best describe where the patient was staying at the time of illness onset?. Residence Description: Coccupation Information Occupation Details	
Place Of Residence Place Of Residence Is the patient a U.S. resident?: Country of Usual Residence: Which would best describe where the patient was staying at the time of United Statement of United Statemen	
Place of Residence Place of Residence Is the patient a U.S. resident?: Country of Usual Residence: Which would best describe where the patient was staying at the time of Unities on war? Residence Description: Cocupation Information Cocupation: Unemployed:	
Place of Residence Place of Residence Is the patient a U.S. residence Country of Usual Residence Which would best describe where the patient was staying at the time of Uness on etc. Cocupation Information Cocupation Details Current Cocupation: Unemployed: Student:	
Place of Residence Place of Residence Is the patient a U.S. residence Country of Usual Residence: Which would best describe where the patient was staying at the time of illness onset?. Residence Description: Cocupation Information Cocupation Cocupation: Unemployed: Student: Name of School:	
Place Of Residence Place Of Residence Is the patient a U.S. residence: Country of Usual Residence: Which would best describe where the patient was staying at the time of Unempione Description: Occupation Information Occupation Details Current: Unempioped: Student: Name of School: Is this person	
Place of Residence Place of Residence Is the patient a U.S. residence Used the statement of the statement	
Place of Residence Place of Residence Is the patient a U.S. residence Country of Usual Residence Which would best describe where the patient was staying at the time of illness onset?. Residence Description Cocupation Information Occupation Information Cocupation Information Student Stude	
Place of Residence Place of Residence Is the patient a U.S. resident? Country of Usual Residence Which would best describe where the patient was staying at the time of uliness onex? Residence Description: Corrent Coccupation Unemployed: Student Is this person associated with a day care facility?: Is thin person Is thin	
Place of Residence Place of Residence Is the patient a U.S. residence Used the statement of the statement	

Required fields (Continued):

* * +

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



New Investigation – Exposures Tab



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Date Left
Add

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

Required fields:

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

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New Investigation – Clinical Tab



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Disease Acquisition	and Chatta			
Imp	oried State:			
Im	ported City:			
Impor	ted County:			
Binational Reporting				
	Exposure to sur	ct more than of spected produ	one) ct from Canada or Mexico Mexico or Canada	
Binational Reporting Criteri	a: Other situations Potentially expo Potentially expo	that may required by a residence of the second seco	uire binational notification dent of Mexico or Canada Aexico or Canada	or coordination of response
	Selected Value	ada or Movio S:	<u>^</u>	
Signs And Symptoms				
COVID-19 Case Details				
Date of first positive sp	ecimen collection:			
	Diagnosis Date:			
Earlies	t Date Suspected:			
Date o	f Symptom Onset:			
Date of Syn	nptom Resolution:			
	Illness Duration:			
Illne	ss Duration Units:			
	Age at Onset:	*This	s will auto-populate.	
A	ge at Onset Units:			
Lon	g COVID Indicator:			
Symptoms present during	course of illness:			
Symptoms				
Fever >100.4F (38C):				
Highest Measured Temperature:				
Subjective fever (felt feverish):				
Cougn (new onset or worsening of chronic cough):				
Sore Throat:				
Shortness of Breath (dyspnea):				
Chills:				
Headache:				
Muscle aches (myalgia):				
Vomiting:				
Abdominal Pain or Tenderness:				
Diarrhea (=3 loose/looser than normal stools/24hr period);				
New Olfactory and Taste Disorder:				
,				
Loss of appetite:				

Click on the next tab to open *Clinical* tab. **Required fields:**

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

New Investigation – Clinical Tab Continued



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Symptoms	
Runny nose (rhinorrhea):	
Wheezing:	
Chest Pain:	
Other Symptoms:	
Symptom Notes	
Symptom Notes:	
Medical History	
Pre-Existing Conditions	
Does the patient have any underlying health	conditions? If yes,
Medical History	ron the following r.
Is the natient pregnant?	
Diabates Mellitus:	*Fill out the medical conditions as applicable.
Cardiovacular diseases	
Chronic Pulmonary Disease.	
Chronic Kidney disease:	
Chronic Liver disease:	
Immunosuppressive Condition:	
Asthma:	
Hemoglobin disorders (e.g. sickle cell disease, thalassemia):	
Severe Obesity (BMI >=40):	
Secult Other Underlying Condition of St.	
Behavior:	
Hospitalization Information	
Hoppital	
Was the patient bosnitalize	ed for this illness?:
patient hospitalize	Hospital Search - OF - Ouick Code Lookup
	Hospital Selected:
	Admission Date:

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

Required fields:

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

New Investigation – Clinical Tab (Continued) & Vaccination Information



Health and Human Services

Texas Department of State Health Services

	Discharge Date:			
Total Duration of Stay in	the Hospital (in days):			
Was the patie	nt admitted to an ICU?:			
	ICU Admission Date:			
Clinical Information				
Treatment				
	Intubation:			
Did the r	atient receive ECMO?			
Did the nationt receive m	echanical ventilation?			
Total days with	Apphanical Ventilation:			
Total days with	nechanical ventilation.			
Clinical Findings	Halashaa a dahada waxay			
Was the patient diagnosed with pneumonia (clinical or radiologic)?:			
Was the patient diagnosed with ac	syndrome?:			
Was the patient diagnosed with severe acute r	espiratory syndrome?:			
Did the patient have an	bnormal chest X-ray?:			
Did the patient ha	ve an abnormal EKG?:			
Did the patien	die from this illness?:			
Did the patient have another diagnosis/eti	ology for their illness?:			
St	ecify Other Diagnosis:			
Si	ecify Other Diagnosis:			
St Is the pat	ecify Other Diagnosis:			
S ₁ Is the pat <u>COVID-19 Reinfection Information</u>	ecify Other Diagnosis:			
S _I Is the pat <u>COVID-19 Reinfection Information</u>	ecify Other Diagnosis: ient isolated at home?: Reinfection Indicator:			
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Required fields:

If patient was hospitalized:

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

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

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

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

New Investigation -Lab Results Tab



Health and Human Services

Texas Department of State Health Services

aboratory Information										
					(Use Ctrl to se	lect more ti	han one)			
Positive non-COVID respiratory tests:				Adenovirus Chlamydia Pr Coronavirus (Enterovirus Human metap Selected Valu	neumoniae OC43, 229 oneumoviru	E, HKU1, N s(hMPV)	L63)			
Other	Positive I	non-COV	'ID respirator	y tests	c					
		Negati	ve respirator	y tests	(Use Ctrl to se Adenovirus Chlamydia Pr Coronavirus (Enterovirus Human metap Selected Valo	eumoniae OC43, 2291 Deumoviru:	han one) E, HKU1, N s(hMPV)	L63)		
	Othe	ər Negati	ve respirato	y tests						
OVID-19 Variant Informatio	m									
	_	C	COVID-19 Var	iant:						
		Other C	OVID-19 Var	iant:						
					(Use Ctrl to selec	t more than	one)			
					Diagnostic large	t hailure				
		Reason	1 for Sequen	cing:	Diagnostic Targe Epi-Linkage to a Epi-Linkage to ar General Surveilla Monoclonal Antib Dediatric Death Selected Values	Known Vari Known Vari Outbreak ance oody Treatm	iant of Conc nent Failure	em Case		•
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Required Variant fields if applicable:

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

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Reason for Sequencing

COVID-19 Required fields:

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

New Investigation -Supplemental Tabs



Health and Human Services

Texas Department of State Health Services

Test Resu	It Comments:				
Contact Investigation					
Risk Assessment					
	Contact Inve	stigation Priority:			
	Infecti	ious Period From:			
	Infe	ectious Period To:			
Administrative Information					
Contact Investig	jation Status:				
Contact Investigatio	n Comments:				
Interviews					
Interviews					
Interviews nterview he following interviews are ass	ociated with TestPatient	TestPatient's investiga	tion:		
Interviews <u>nterview</u> he following interviews are assu- Date of Interview	oclated with TestPatient	TestPatient's investiga Interviewee	tion: Role Type	E Location	Interview Status
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Tabs optional/Not currently used:

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- Contact Investigation
- Interviews
- Contact Records

9/10/2021

Submit Finished Investigation



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Texas Department of State Health Services

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

			COVID Test Re	sult:	*			
			COVID Test 1	уре:			~	
		Ot	her COVID Test 1	ype:				
		COV	ID Specimen Sou	urce:	~			
		Other COV	ID Specimen Sou	urce:				
			COVID Specime	n ID:				
		Spec	imen Collection I	Date:				
		c	COVID Date Resu	Ited:				
			COVID	Lab:		*		
		COVID Co	ommercial Lab Na	ame:				
								Add
Test Result C	omments							
		Te	est Result Commo	ents:				
				Pre	vious Next			
Patient	Case Info	Exposures	Clinical	Lab Results	Contact Tracing	Contact Records	Supplemental Info	
								Submit Cancel

Close Investigation



Health and Human Services

Texas Department of State Health Services

To close the investigation:

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

TestPatient TestPatient Male 01/01/2001 (20 Years)	Patient ID: 78114962
	* Indicates a Required Field
Patient Case Info Exposures Clinical Lab Results Contact Tracing Contact Records Info	
Go to: Investigation Information Reporting Information Clinical Epidemiologic General Comments	
Collapse Sections	
■ Investigation Information	Back to top
Collapse Subsections Investigation Details	
* Jurisdiction: Austin HHS Division (City of)	
THT Jurisdiction:	
THT Source Type:	
Record Source:	
* Program Area: COVID-19	
Investigation Start Date: 08/11/2021	
* Investigation Status: Open	
* Shared Indicator: 🗹 🔷	
State Case ID:	
THT Case ID:	
Call Status:	
Reason:	



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Health and Human Services

Texas Department of State Health Services

Create Notification

• Click Create Notification key in upper left corner

Home Data Entry Open Investigations Reports		Help Logout
view investigation. Nover coronavirus 2015		
		Return To File: Events
-0-0-0-0-0-		0.0
Manage Create Share Transfer Associations Notifications Document Ownership		Edit Print
Investigation has been successfully saved in the system.		
testpatient testpatient		Patient ID: 78114963
Investigation ID: CAS484115000TX01	Created: 08/11/2021	By: Katherine Bourne
Investigation Status: Open	Last Updated: 08/11/2021	By: Katherine Bourne
Investigator:	Case Status:	Notification Status:
		* Indicates a Required Field
Patient Case Info Exposures Clinica	Lab Results Contact Tracing Contact Records	Supplemental Info
Go to: Investigation Information Reporting Information Clinical Epide	miologic General Comments	
Collapse Sections		
Investigation Information		Back to top
Collapse Subsections		
* Investigation Details	risdiction: Abilene-Taylor CO Health Dept	
THT J	irisdiction:	
THT SC	urce Type:	
Reco	rd Source:	





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Health and Human Services

Texas Department of State Health Services

Submit Notification

- Enter Notification Comments
- Click Submit

Create Notification: Notification Comments	
	Submit Cancel
Create Notification	
Notification Comments:	
	Submit Cancel



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

- Vaccine Breakthrough cases
- Reinfection cases
- Variant cases



Texas Department of State Health Services

9/10/2021

NEDSS COVID-19 Data Entry

Special Case Types Vaccine Breakthrough Cases



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Health and Human Services

Texas Department of State Health Services

Hospital	Discharge Date:	
Total Description	Unscharge Date:	
Iotal Duration of Stay	in the Pospital (in days):	
Was the pat	tient admitted to an ICU?:	
	ICU Admission Date:	
Clinical Information		
Treatment		
	Intubation:	
Did th	e patient receive ECMO?:	
Did the patient receive	mechanical ventilation?:	
Total days wit	h Mechanical Ventilation:	
Clinical Findings		
Was the patient diagnosed with pneumonia	a (clinical or radiologic)?:	
was the patient diagnosed with a	syndrome?:	
Was the patient diagnosed with severe acut	e respiratory syndrome?:	
Did the patient have a	n abnormal chest X-ray?:	
Did the patient	have an abnormal EKG?:	
Did the patie	ent die from this illness?:	
Did the patient have another diagnosis/	atiology for their illness?:	
	Specify Other Diagnosis:	
Is the p	patient isolated at home?:	
COVID-19 Reinfection Information		
	Reinfection Indicator:	
COVID-19 Vaccination Information		
Vaccine Interpretive Questions Did subject ever recieve a disease.		
Dia subject ever recieve a discuse-		
containing vaccine?:		
Vaccination Doses Prior to Onset:		
Vaccination Doses Prior to Onset: Date of Last Dose Prior to Illness Onset:		
Vaccination Doses Prior to Onset: Date of Last Dose Prior to Illness Onset: Vaccinated per ACIP Recommendations:		
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Data Entry for Vaccine Breakthrough Same as regular investigations:

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

Step 5: Additional fields to complete:

Bottom of Clinical Tab:

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

Special Case Types Reinfections



Health and Human Services

Texas Department of State Health Services

	Discharge Date:				
Total Duration of Stay	in the Hospital (in days):				
Was the pat	ient admitted to an ICU?:				
	ICU Admission Date:				
Clinical Information					
Treatment					
	Intubation:				
Did the	e patient receive ECMO?:				
Did the patient receive	mechanical ventilation?:				
Total days wit	h Mechanical Ventilation:				
Clinical Findings					
Was the patient diagnosed with pneumonia	(clinical or radiologic)?:				
Was the patient diagnosed with a	cute respiratory distress				
Was the patient diagnosed with severe acute	e respiratory syndrome?:				
Did the patient have a	n abnormal chest X-ray?:				
Did the patient	have an abnormal EKG?:				
Did the patie	ant die from this illness?				
Did the nationt have another diagnosis/s	tiology for their illness?				
Did the patient nave another diagnostate	alology for their milesar.				
	Specify Other Diagoneier				
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Data Entry for Reinfection

Same as regular investigations:

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

Step 5: Additional fields to complete:

Bottom of Clinical Tab:

- Reinfection Indicator: Select Yes
- Step 6: Submit, close investigation, create notification



Special Case Types Variant Cases



Health and Human Services

Texas Department of State Health Services

aboratory Information							
Positive no	n-COVID respiratory te	(Use Ctrl to so Adenovirus Chlamydia P Coronavirus Enterovirus Human meta Jeffucozo Ar Selected Val	elect more to neumoniae (OC43, 229 pneumoviru	han one) E, HKU1, NL s(hMPV)	63) •		
Other Positive no	n-COVID respiratory te	sts:					
1	Negative respiratory te	(Use Ctrl to s. Adenovirus Chlamydia P ests: Coronavirus Enterovirus Human meta Jaflucasa A.C Selected Val	elect more ti neumoniae (OC43, 229 pneumoviru	han one) E, HKU1, NL s(hMPV)	\$3) •		
Other	Negative respiratory te	sts:					
COVID-19 Variant Information	COVID-19 Variant				4		
c	Other COVID-19 Variant					1	
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Data Entry for Variant Case Same as regular investigations:

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

Step 5: Additional fields to complete:

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

Contact Info



Texas Department of State Health Services

For questions or concerns regarding NEDSS, please contact: <u>NEDSS@DSHS.Texas.Gov</u>

For questions or concerns regarding COVID-19, please contact: <u>EAIDU-coronavirus@dshs.texas.gov</u>