Coronavirus Disease 2019 (COVID-19/SARS-CoV-2) Data Entry Guide

Clinical Description

The virus (SARS-CoV-2) causing coronavirus disease 2019 (COVID-19), was first identified following an investigation of a cluster of pneumonia cases of unknown origin in Wuhan China in December of 2019. SARS-CoV-2 is closely related to but distinct from the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold, and other coronaviruses including SARS-CoV and MERS-CoV. Epidemiologic findings indicate COVID-19 may be less severe than SARS or MERS, but also that the virus is more contagious than SARS-CoV or MERS-CoV. As of August 2021, COVID-19 is circulating widely in Texas and more than 2.8 million cases and more than 55,000 fatalities have been reported since January of 2020.

Symptoms of COVID-19 are non-specific and the disease presentation can range from no symptoms (asymptomatic) to severe pneumonia and death. Approximately 80% of individuals evaluated with the disease have mild to moderate illness; 15% have severe infection requiring supplemental oxygen; and 5% of individuals have critical infections requiring mechanical ventilation.

People with COVID-19 generally develop signs and symptoms, including cough, fever, myalgia, sore throat, headache, diarrhea, nausea and vomiting ~5 days after infection (mean incubation period 5-6 days, range 1-14 days). Loss of smell or taste and abdominal pain may also be reported.

Severe complications, including pneumonia, acute respiratory distress syndrome (ARDS), cardiac and cardiovascular complications, thromboembolic complications, neurologic complications, inflammatory complications and secondary infections have been reported in severe cases. There are risk factors including age and certain medical conditions can increase an individual's risk of more severe illness. Those at highest risk for severe disease and death include people aged over 60 years (especially those 85 years and older) and those with underlying conditions, including but not limited to obesity, hypertension, diabetes, cardiovascular disease, chronic respiratory or kidney disease, immunosuppression from solid organ transplant, and sickle cell disease. People who are pregnant and recently pregnant are also at higher risk of severe illness than those who are not pregnant. A complete list can be found at: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

Laboratory Criteria

*Laboratory evidence using a method approved or authorized by the FDA or designated authority:

Confirmatory laboratory evidence:

- Detection of SARS-CoV-2 RNA in a post-mortem respiratory swab or clinical specimen using a diagnostic molecular amplification test performed by a CLIA-certified provider,

   OR

- Detection of SARS-CoV-2 by genomic sequencing.

Presumptive laboratory evidence:

- Detection of SARS-CoV-2 specific antigen in a post-mortem obtained respiratory swab or clinical specimen using a diagnostic test performed by a CLIA-certified provider.

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Supportive laboratory evidence:

- Detection of antibody in serum, plasma, or whole blood specific to natural infection with SARSCoV-2 (antibody to nucleocapsid protein),

  OR

- Detection of SARS-CoV-2 specific antigen by immunocytochemistry in an autopsy specimen

  OR

- Detection of SARS-CoV-2 RNA or specific antigen using a test performed without CLIA oversight.

Case Classification

Confirmed: A case that meets confirmatory laboratory evidence*

Probable: A case that:
- Meets clinical criteria AND epidemiologic linkage criteria with no confirmatory laboratory testing performed for SARS-CoV-2,

OR
- Meets presumptive laboratory evidence* (i.e., detection of SARS-CoV-2 by antigen test in a respiratory specimen),

OR
- Meets vital records criteria (i.e., death certificate lists COVID-19 disease or SARS-CoV-2 as an underlying cause of death or a significant condition contributing to death) with no confirmatory laboratory testing performed for SARS-CoV-2.

Suspect: A case that:
- Meets supportive laboratory evidence* of:
  - Detection of specific antibody in serum, plasma, or whole blood, **OR**
  - Detection of specific antigen by immunocytochemistry in an autopsy specimen
- **AND** has no prior history of being a confirmed or probable case

Clinical criteria:
- At least <u>two</u> of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose; **OR**
- At least <u>one</u> of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder, or new taste disorder; **OR**
- Severe respiratory illness with at least <u>one</u> of the following: clinical or radiographic evidence of pneumonia, or acute respiratory distress syndrome (ARDS)

AND
- No alternative more likely diagnosis

Epidemiologic linkage criteria:
   One or more of the following exposures in the prior 14 days:

- Close contact** with a confirmed or probable case of COVID-19 disease.
- Member of a risk cohort as defined by public health authorities during an outbreak (e.g., symptomatic residents of a nursing home where at least one laboratory confirmed COVID-19 case has been identified).

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**Close contact is someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period[†] starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

[†] *Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).*

Additional 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 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 additional information and guidance see https://www.dshs.texas.gov/coronavirus/ and https://www.cdc.gov/coronavirus/2019-nCoV/index.html.

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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** & 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. *Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.*
	⇨	*Ordering Facility*	Search for ordering facility, enter quick code or check "Same as Reporting Facility." *Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.*
	⇨	*Ordering Provider*	Search for ordering provider or enter quick code. *Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.*
	➔	**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.
			
			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.

		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

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		collection.
	Weeks	
⇨	*Ordered Test*	**Leave Blank.**
	Accession Number	Enter unique ID assigned to specimen.
➔	**Specimen Source**	Select as appropriate: *Serum; Blood, venous; Sputum; Bronchial; Pleural fluid (thoracentesis fld); or Other (fill in nasopharynx and/or oropharynx, or trachea), as appropriate.*
	Specimen Site	
➔	**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 *Additional information in the table below.*
➔	**Coded Result**	Positive or Detected can be used for positive results.
⇨	*Numeric Result*	If applicable. Enter units in the 2nd box.
⇨	*Text Result*	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'.
⇨	*Reference Range*	If applicable, enter the reference range or cut-off value for normal results. *Normally it is Negative.*
	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.		
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 & type: "SARS" - Select: Long List - Select the closest match to the lab info you have. *Additional info below*	Positive or Detected can be used for a positive result.	Any additional information about the lab that was not shown in the "Resulted Test" field

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Description	➔ **Resulted Test**	➔ **Text Result**	*Result Comments*
Novel Coronavirus Whole Genome Sequencing Test Result	-Search & type: LOINC code -Select: Long List - Select the closest match to the lab info you have. *Additional info below*	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 <u>not</u> enter additional text such as 'detected' or 'SARS-CoV-2'.	Any additional information about the lab that was not shown in the "Resulted Test" field

<u>Unsure what test codes to use?</u> 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:

<u>PCR</u>:

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

- **94500-6 -** SARS-CoV-2 RNA Resp Ql NAA+probe

<u>Antigen</u>:

- **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.

<u>Whole Genome Sequencing</u>:

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

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NBS Entry Guidelines for Investigation

Required data entry fields are noted by (1) ➔ and **BOLD**, (2) preferred data entry fields by ⇨ and *italics*

Patient Tab

Control + Click to see Patient Tab Investigation Table

Patient Tab		NBS Field Name	Description/Instructions
	Patient Information		
	➔	**Information as of Date**	Enter today's date when patient demographics is entered. *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.*
		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.
	⇨	*Reported Age Units*	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. *Note: Will auto-populate if Texas zip code is entered first.*
	➔	**Zip**	
	➔	**County**	Select "County" in which patient resides. If the patient's residency is unknown and it can't 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).

Patient Tab		NBS Field Name	Description/Instructions
			Note: You must have a state selected in order for the "County" drop down box to appear.
	➔	**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). *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/*
		Does this case have any tribal affiliation?:	Select Yes, No, or Unknown.
		Tribe Name(s)	
		Enrolled Tribal Member?:	

Case Information Tab

Case Info 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.
			
			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.

		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

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Case Info Tab		NBS Field Name	Description/Instructions
			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 the report was received.
			
			Note: Investigator start date is the date the case investigation was initiated; Defaults to investigation create date if not completed.

	➔	**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. *Note: States use this field to link NEDSS investigations back to their own state investigations.*
	⇨	*THT Case ID*	Case ID that is used in THT/CCIS.
		Call Status	Select "call status" from dropdown list. *Note: Call status is Calculated in CCIS*
		Reason	Select "reason" from dropdown list.

	⇨	*Investigator*	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.

	⇨	*Date Assigned to Investigation*	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). *Note: Date will auto-populate when investigation is created from a lab report (e.g., ELR[1]), 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 public health department. (See "Date of Report" on CRF.)

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[1] **ELR:** Electronic Lab Report

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Case Info Tab		NBS Field Name	Description/Instructions
			Note: If the regional health department is acting as the county/local health department, record the date received by the regional office.
	➜	**Earliest Date Reported to State**	Enter earliest date source of information was reported to the state health department (regional or central office).
			Note: 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 (e.g., laboratory, facility, provider). For cases identified by a health department during an investigation, select "other state and local agencies."
			Note: If none of the categories apply, note source in comments.
		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 *lab* report (e.g., ELR). If not auto-populated, conduct search for reporting organization as needed.
			Note: If not found, search by city, etc. and then enter new Organization as needed.
	⇨	*Reporting Provider*	Conduct search for reporting provider if known.
			Note: If not found, search by city, etc. and then enter new health care provider as needed.
	Clinical		
	⇨	*Physician*	Conduct search for physician if known.
			Note: Physician is required for clinically diagnosed case. If not found, search by city, etc. and then enter new physician as needed.
	Epidemiologic		
		Transmission Mode	Select most appropriate disease transmission mechanism by which disease or condition was acquired by the subject of the investigation.
			Note: Most likely droplet-borne transmission. If so, select "other" and enter droplet-borne transmission.
		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

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Case Info Tab	NBS Field Name	Description/Instructions	
		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 DSHS COVID-19 Epi Case Criteria Guide.	
→	**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). *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.*	
→	**MMWR Year**	Auto-populates based on data entry date (i.e., The MMWR Year in which the case should be counted). *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.*	
	General Comments		

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Case Info Tab	NBS Field Name	Description/Instructions
	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").

Exposures Tab

Exposures Tab		NBS Field Name	Description/Instructions
	Place of Residence		
	⇨	*Is the patient a U.S. resident?*	Select Yes, No, or Unknown.
	⇨	*Country of Usual Residence*	Select country from dropdown list.
	⇨	*Which would best describe where the patient was staying at the time of illness onset?*	Select residence type: *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*
	⇨	*Residence Description:*	If Other residence type is selected, enter a description of the residence. *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.*
	Occupation Information		
	⇨	*Current Occupation:*	Enter occupation.
	⇨	*Unemployed:*	Select Yes, No, or Unknown.
	⇨	*Student:*	Select Yes, No, or Unknown.
	⇨	*Name of School:*	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.
	Contact Exposure Information		
	➔	**During the 14 days prior to onset (or diagnostic date if case is asymptomatic), did the patient have close contact with**	Select Yes, No, or Unknown. *Note: Use diagnostic date if onset date is unknown or case is asymptomatic.*

Exposures Tab		NBS Field Name	Description/Instructions
		another COVID- 19 case (probable or confirmed)?	
	⇨	*Were they ill at the time of contact?*	Select Yes, No, or Unknown.
	⇨	*Is the contact a U.S. case?*	Select Yes, No, or Unknown.
	⇨	*Is the contact an international case?*	Select Yes, No, or Unknown.
	⇨	*In which country was the contact diagnosed with 2019 n-CoV?*	Select country from dropdown list.
	⇨	*Is the patient a suspected community transmission case (i.e., have no known exposure risk factors)?*	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.
	⇨	*Does the patient have history of being in a healthcare facility (as a patient, worker, or visitor)?*	Select Yes, No, or Unknown.
	⇨	*Did this person care for a COVID-19 patient?*	Select Yes, No, or Unknown.
	⇨	*Is the patient in a cluster of severe acute respiratory illness in which nCoV is being evaluated?*	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**

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Exposures Tab		NBS Field Name	Description/Instructions	
			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** *(outside of normal state of residence)*	**In the 14 days prior to illness onset, did the patient have Domestic Travel** (outside of normal state of residence) (Y/N/U). Record travel locations and dates in table and click on Add until all travel in time frame is recorded.	
	⇨	*Travel City*	Enter city patient traveled to.	
	⇨	*Travel State*	Select state patient traveled to.	
	⇨	*Travel Country*	Select country patient traveled to.	
	⇨	*Date Arrived*	Select date of arrival.	
	⇨	*Date Left*	Select date of departure or leave blank if still at there.	
		Click on [Add] 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.	

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Exposures Tab		NBS Field Name	Description/Instructions
		Binational Reporting Criteria	Select binational reporting criteria from drop-down list (Use Ctrl to select more than one).

Clinical Tab

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 *Notes: Diagnosis Date is required if onset date is unknown.*
	→	**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.). *Note: Leave blank if onset date is unknown or the patient has asymptomatic infection. Diagnosis date is required if onset date is blank.*
	⇨	Date of Symptom Resolution	Enter "Illness End Date." *Note: Leave blank if illness end date is unknown or the patient has asymptomatic infection.*
		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	*Indicator of persistent positivity by PCR test over 30 days or longer. This is distinct from ongoing reports of symptoms of COVID-19.*
	→	**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

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Clinical Tab		NBS Field Name	Description/Instructions
		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.
	⇨	*Fatigue or malaise:*	Select Yes, No, or Unknown.
	⇨	*Runny nose (rhinorrhea):*	Select Yes, No, or Unknown.
	⇨	*Wheezing:*	Select Yes, No, or Unknown.
	⇨	*Chest Pain:*	Select Yes, No, or Unknown.
	⇨	*Other Symptoms:*	Type description of other symptoms.
	⇨	*Symptom Notes:*	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.

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Clinical Tab		NBS Field Name	Description/Instructions
		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.
	⇨	*Due Date:*	*If patient is pregnant, provide estimated due date.*
	⇨	*Diabetes Mellitus:*	Select Yes, No, or Unknown.
	⇨	*Cardiovascular disease:*	Select Yes, No, or Unknown
	⇨	*Hypertension:*	Select Yes, No, or Unknown.
	⇨	*Chronic Pulmonary Disease:*	Select Yes, No, or Unknown
	⇨	*Chronic Kidney Disease:*	Select Yes, No, or Unknown.
	⇨	*Chronic Liver Disease:*	Select Yes, No, or Unknown.
	⇨	*Immunosuppressive Condition:*	Select Yes, No, or Unknown.
	⇨	*Asthma:*	Select Yes, No, or Unknown.
	⇨	*Hemoglobin disorders (e.g. sickle cell disease, thalassemia):*	select Yes, No, or Unknown.
	⇨	*Severe Obesity (BMI ≥ 40 kg/m^2):*	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. *Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.*
	➔	**Admission Date**	If patient hospitalized, enter admission date(s).
	➔	**Discharge Date**	If patient hospitalized, enter discharge date(s).
	⇨	*Total Duration of Stayin the Hospital (in days):*	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.
	⇨	*ICU Admission Date*	Select date admitted to ICU.
	Clinical Information		
	➔	**Intubation**	Select Yes, No, or Unknown.
	➔	**Did the patient receive ECMO?**	Select Yes, No, or Unknown.

Clinical Tab		NBS Field Name	Description/Instructions
	➜	**Did the patient receive mechanical ventilation:**	Select Yes, No, or Unknown.
	⇨	*Total days with Mechanical Ventilation:*	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.
	⇨	*Did the patient have an abnormal chest X-ray?:*	Select Yes, No, Unknown, or Not Applicable.
	⇨	*Did the patient have an abnormal EKG?:*	Select Yes, No, Unknown, or Not Applicable.
	➜	**Did the patient die from this illness?**	Select Yes, No, Unknown, or Not Applicable.
	⇨	*Does the patient have another diagnosis/etiology for their respiratory illness?:*	Select Yes, No, or Unknown.
	⇨	*Specify other diagnosis:*	Type a description of the other diagnosis.
	⇨	*Is patient isolated at home?:*	Select Yes, No, or Unknown.
	⇨	*Reinfection Indicator:*	Select Yes, No, or Unknown. Select Yes, No, or Unknown according to the DSHS COVID-19 Reinfection Case Criteria Guide.
	COVID-19 Vaccination Information		
	➜	**Did subject ever receive a disease-containing vaccine?:**	Select Yes, No, or Unknown.
	⇨	*Vaccination Doses Prior to Onset:*	Number of vaccine doses against this disease prior to illness onset.
	⇨	*Date of Last Dose Prior to Illness Onset:*	Enter date of last vaccine dose against this disease prior to illness onset.
	⇨	*Subject's Vaccination Status:*	Select value from dropdown list: fully vaccinated, partially vaccinated. unvaccinated.

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Clinical Tab		NBS Field Name	Description/Instructions
	⇨	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)
	⇨	*Were there any SARS-CoV-2 RNA or Ag positive tests >14 days after completing primary vaccine series?:*	Select Yes, No, or Unknown.
	⇨	*Were there any SARS-CoV-2 RNA or antigen positive tests with collection dates <45 days before the:*	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 COVID-19 Vaccine Break Through Case Criteria Guide].

Lab Results Tab

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: *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*
	⇨	*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: *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*

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[2] **ACIP:** Advisory Committee on Immunization Practices

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Lab Results Tab		NBS Field Name	Description/Instructions
			pneumoniae, Other
	⇨	*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: *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*
	COVID-19 Laboratory Findings		
		Record the earliest positive COVID test that supports the selected case status.	
	⇨	*Performing Lab Type:*	Select *CDC Lab, Commercial Lab, or Public Health Lab*.
	➔	**COVID Test Result:**	Select *Indeterminate, Negative, Not Done, Pending, or Positive*.
	➔	**COVID Test Type:**	Select *Antibody, IgG; Antibody, IgM; Antibody, whole; Molecular amplification (MA) test, such as PCR; Non-MA antigen test; or Other*.
	⇨	*Other COVID Test Type:*	Describe other test type.
	⇨	*COVID Specimen Source:*	Select *Bronchoalveolar lavage, Nasopharyngeal Swab, Oropharyngeal swab, Postmortem, Serum, Sputum, Stool, Tracheal aspirate, Urine, or Other*.
	⇨	*Other COVID Specimen Source:*	Describe "other" specimen type.
	⇨	*COVID Other Postmortem Source:*	Describe "other" postmortem specimen type.
	⇨	*COVID Specimen ID:*	Enter specimen ID.
	➔	**Specimen Collection Date:**	Enter date specimen was collected.
	➔	**COVID Date Resulted:**	Enter date specimen was resulted.
	➔	**COVID Lab:**	Select *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*.
	➔	**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 [Add] button and repeat until all relevant COVID labs are entered.		
		Test Result Comments	

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Contact Tracing Tab

Contact Tracing 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.

Contact Records Tab

Contact Records Tab	NBS Field Name	Description/Instructions
	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 Information

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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 cases.