CDRSS TRAINING MANUAL

Communicable Disease and Surveillance Sy	Reporting ystem
Geocoding Notes Case Definitions NJ Report	rting Regs Training
Geocoding Notes Case Definitions NJ Report Image: Imag	ting Regs Training System Announcements To submit a CDRSS Training Request, please click here. User Profile Update - Please make Sure to update your user profile located under the "Personalize" tab located at the left hand side Intervention System Help Contact CDRSS Helpdesk FAQs 609-826-4749 CDRSS Training Request CDRSS User Agreement CORSS User Agreement Contact Us INFECTIOUS AND ZOONOTIC DISEASE PROGRAM - 609-826-5964 VACCINE PREVENTABLE DISEASE PROGRAM - 609-826-4861 STD PROGRAM - 609-826-4861 STD PROGRAM - 609-826-4869 HEAVY METALS PROGRAM - 609-826-4869 HEAVY METALS PROGRAM - 609-826-4869 WEERCULOSIS PROGRAM - 609-826 4878 State Colores Colore

CDRSS TRAINING HANDOUTS

The following pages are the training handouts distributed during each CDRSS training session. They include:

- 1. CDRSS User Agreement
- 2. Patient Centric Format
- 3. CDRSS Left Navigation Bar
- 4. CDRSS Tabs and Information
- 5. Order of Tabs and Required Fields
- 6. Sample Lab Report
- 7. Laboratory Evaluation Tab Quick Reference
- 8. CDRSS Report Status and Case Status
- 9. Minimum Computer Requirements for CDRSS
- 10.Important Notes for Trainers



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Communicable Disease Reporting and Surveillance System (CDRSS) User Agreement (Effective February 2015)

All users of the CDRSS must read and sign a copy of this user agreement and return it to the Communicable Disease Service (CDS). Access to the CDRSS is used for the purpose of fulfilling the mission of the CDS. The data in the CDRSS are to be treated as confidential and each user agrees to the following:

1. All users must respect the confidential nature of the CDRSS data. Users must not act in any way that will intentionally (or unintentionally) compromise the confidentiality of these data.

2. Only authorized users are allowed access to the system. User access is limited by use of individual, unique system user ID and password combinations. New users must complete all necessary system training before being granted password access. Users must not share passwords with others or assist in unauthorized access to the system.

3. The system is to be accessed only by authorized users while those users are actively performing project tasks requiring use of the system. As soon as users are finished actively performing tasks requiring use of the system, they must exit from password-protected system areas.

4. Access rights to the system are given only to project employees with a clear need to know. Rights are given based on the principle of least privilege. Thus, users will only be given the minimum rights necessary to perform projects tasks for which they have authorization.

5. Individuals must access the system using only their own authorized individual and unique user ID and password.

6. Any individual detecting a breach of system security or potential security vulnerability must report this finding in writing to the CDRSS Helpdesk.

7. Users are encouraged to notify the supervisor if access rights are no longer needed for areas of the CDRSS.

8. Any CDRSS linkages must be properly documented and authorized by CDS's CDRSS project manager.

9. The CDS and disease reporting organizations will ensure that users are properly authorized to transmit data to CDC and have all required SDN security certificates.

I have read the above information. I understand the importance of and agree to uphold the user agreement rules of the CDRSS.

Date: _____

User's Signature:

Please print the items below (black or blue ink only):

User's Full First and Last Name: ______

User's E-mail address: _____

User's Telephone Number: _____

Organization: _____

PATIENT CENTRIC FORMAT

Patient ID # 12345



One Person with One Person ID and 4 cases of reported illnesses

CDRSS LEFT NAVIGATION BAR

+ Case Management	- Case Management
+ Search	····· Add New Case ···· Deduplication
+ Reports	- Search
+ Maps	Case Search Person Search Other Search
+ Resources	- Reports
 Personalize Log Off System 	Standard Reports Admin Reports Historical Reports
	- Maps
	····· Case/Contact Map ····· Interactive Map
	- Resources

uplication ch arch Search earch orts d Reports eports al Reports Contact Map ctive Map urces - Blank Case Fields - Case Definitions - Reporting Requirements - ELR Partners - Users List - Technical Info for Health Professionals - NJ Reporting Regs - Geocoding - Hospital Directory - Practitioner Directory - NJ Directory Of Local Names for Towns - Training - Forms - Release Notes - Contact Personalize - Update User Profile - Email Notifications - Maintain Favorite Physicians - All Messages Log Off System

Patient Info	Addresses	Clinical Status	Signs/Symptons	Risk Factors
Laboratory Eval.	Contact Tracing	Case Comments	Epidemiology	Case Class.
 Patient Info Disease Information Patient Personal Info Name Alias Relations Patient Primary Address Demographics DOB Age, Age at onset Gender Race Ethnicity Primary Language 	 Addresses Additional Addresses Record secondary addresses for patient including; Care Facility, Correctional Facility, an Investigation Address, Vacation Home, etc. Comments 	 Clinical Status Illness Onset Date Date of Initial Healthcare Evaluation Patient Education Medical Facilities Physicians Treatment Selection o Observation Status o Pre-existing Conditions o Treatments Immunization History Mortality Status 	 Signs/Symptoms Add Symptom Not Listed Signs/Clinical Features Add Sign Not Listed Comments 	 Risk Factors Exposure Risk Factors For the Specific Disease Pre-existing Conditions Comments
Comments Laboratory Eval.	Contact Tracing	Case Comments	Epidemiology	Case Class.
 Laboratory Tests Lab Test History Diagnostic Tests Comments 	 Period of Infectivity Contact History Did case have contact with a confirmed or probable case? Did case expose someone else during his/her infectious period? Find Contact Add contact to case Select contact type Comments 	Shows a time stamped history of case comments identifying the tab where it was created from, date and time entered, as well as, name and telephone number of the person who entered it.	 Route of Transmission Method of Import Method of Case Detection Importation of Illness Status Case/Patient Role Case Interview Status Case Investigators Name, Addresses and Affiliation Other Control Measures Outbreak/Investigation Information Investigation Survey(optional) Comments 	Case Summary Case Demographics List of Symptoms List of Signs Number of Case Contacts List of Lab Tests List of Diagnostic Tests Outbreak Information Case Classification History New Case Classification o Case Status o Reason for Case Status o Reason for Report Status
				> Comments

CDRSS TABS

ORDER OF TABS AND REQUIRED FIELDS

Order of Tabs in CDRSS:

- 1) Patient Info
- 2) Addresses
- 3) Clinical Status
- 4) Signs & Symptoms
- 5) Risk Factors
- 6) Laboratory Eval
- 7) Contact Tracing
- 8) Case Comments
- 9) Epidemiology
- 10) Case Classification

Required Fields (Identified with red asterisks in CDRSS):

- 1) Disease
- 2) Last Name
- 3) County
- 4) Municipality
- 5) Gender
- 6) Race
- 7) Ethnicity
- 8) Case Status
- 9) Report Status

LAB CORP REPORT FOR SALMONELLA

LABORATORY CORPORATION OF AMERICA STATE REPORTING

DATE: 02/13/2008						PAGE: 1
LAB ADDRESS:		PATIE	ENT NA	AME/A	DDRESS	PAT. ID.
LABCORP BURLING 1447 YORK COURT BURLINGTON NC 2'	GTON 7215-2230					010101222
SPECIMEN	SPECIMEN	AGE	SEX	BIRT	HDATE	RPT DATE
NUMBER 123456789	DATE 02/10/2008		F	05/23/	/1976	02/12/2008
TEST NAME	TEST NUM		RESU	LTS	UNITS	PERFORMING LAB
CULTURE, SALMON GROWTH OF ORGANISM S CONFIRMAT	NELLA/SHIG. STL. 12 NORMAL ENTERIC SUBMITTED TO STA ION	234 2 FLORA TE DE	POSIT A WITI PARTN	TIVE H SALI MENT (MONELLA S OF HEALTH	P. LABORATORY FOR
AGENCY ADDRESS	:		CUST	OMER	ADDRESS:	ACCT: 987654321
NJ DEPT OF HEALT OCCUPATIONAL HI PO BOX 360 TRENTON NJ 08625	H AND SR SERVICE EALTH SERVICES		DR G 23 EV VOOI 856-7' PHYS	OLDEN ESHAI RHEES 72-1111 FICIAN	N M ROAD , NJ 08043 I : DR GOLDE	EN

Laboratory Evaluation Tab – Quick Reference

Prompt public health action relies on timely, accurate, and complete entry of the following required laboratory result information:

Field	Description
Test	Name of lab test being reported
Lab Specimen ID	Unique identifier in the reporting organization's LIS or EHR that help investigators follow up on a case without using a patient's personally identifiable information (PII).
Specimen	Specimen source
Date Specimen Collected	Date of specimen collection helps determine if report should be a new case or appended to an existing case. This field should always be filled because it determines disease progress and follow up.
Lab Name	Name of facility where specimen was collected/tested. This field gives case access to the reporting lab.
Referring Physician Name	Healthcare provider who requested the test.
Referring Medical Facility Name	The facility where specimen was collected/tested and/or the facility that treated the patient at time of illness. This field gives case access to the referring medical facility and staff for follow up.
Value	To indicate the specific organism identified or numeric value associated with a positive lab test result.
Report Units	Needed for interpretation of numeric test results. To determine if test meets case definition.
Reference Range	Needed for interpretation of numeric test results. To determine if test meets case definition.

CDRSS REPORT STATUS AND CASE STATUS

Report Status

New CDRSS	How Used
Report Status	
Pending	A new case or lab test has been electronically or manually entered into the
	system.
LHD-Open	A Local Health Department user has opened the case, acknowledging receipt.
	This status is selected when a LHD is actively investigating or following-up a
	case.
LHD-Review	The Local Health Department has completed its initial investigation and the
	case is currently waiting to be reviewed by a Health Officer or other
	designate.
LHD-Closed	The Local Health Department has completed its investigation and no further
	updates are expected.
DHSS-Open	The State Department of Health has opened the case, acknowledging the
	receipt of a completed LHD case. This status is selected when a DHSS user
	is actively reviewing or following-up on a case.
DHSS-Review	The State Department of Health has completed its review or investigation and
	the case is currently waiting to be reviewed by an appropriate designate.
DHSS-Approved	The State Department of Health has completed its review and has approved
	the overall Case Status and, if appropriate, will be transmitted to the CDC
Reopened	If it is determined that a case that has already been assigned a status of
	DHSS-Approved needs additional investigation or follow-up, a DHSS user
	can change the status to Reopened. This status indicates a case that has
	already been transmitted to the CDC is being updated.
Delete	The entire case and its content should be removed from the system. The case
	should have never been recorded in CDRSS.
E-Closed	This implies that the case was closed out electronically and does not require
	any follow up at this point.
E-Hold	Only applicable for STD at this time.

Case Status

Case statuses are defined by case definition and will be different for each disease.

Example - Plague:

A. CONFIRMED

A clinically compatible case **AND**:

Isolation of *Yersinia pestis* from clinical specimen, **OR** Fourfold or greater change in serum antibody titer to *Yersinia pestis* F1 antigen.

B. PROBABLE

A clinically compatible case **AND**:

Elevated serum antibody titer to *Yersinia pestis* F1 antigen (without fourfold or greater change) in a patient with no history of plague vaccination, **OR** Detection of F1 antigen in a clinical specimen by fluorescent antibody test.

C. POSSIBLE

A clinically compatible case without laboratory results.

NOTE: NOT A CASE and RUI (Report Under Investigation) and E – Sorted* are also options for case statuses, as appropriate.

*This case status implies that the case was created electronically and does not require follow up at this point.

Minimum Computer Requirements for Users of the Communicable Disease Reporting and Surveillance System (CDRSS)

Browser Requirements:

Google Chrome Mozilla Firefox Internet Explorer Browser (IE) version 9.0.or higher.* Javascript should be enabled on the browser Recommended to enable cookies for session handling Email client must be configured in order to send Email to other users

Reports:

While accessing reports in CDRSS for the first time, the user should have access to download and install the Active- X control which requires administrative privileges on the PC. When you run reports for the first time, you will get a pop-up that asks if you wish to install Crystal Reports Viewer. Click yes and your report will generate.

If you are unable to run Crystal Reports, go to Tools on your Internet Explorer page. Click Internet Options Click Security Click Custom Level Click the following: Download signed ActiveX controls – click on Prompt Download unsigned ActiveX controls – click on Disable Initialize and script ActiveX controls not marked as safe for scripting– click Disable Run ActiveX controls and plug-ins – click Enable Script ActiveX controls marked safe for scripting* – click Enable

Changes have been made to the Crystal Reports software. When running a report, you will be prompted to install and run a Crystal Report ActiveX View Control. At the bottom of the prompt, there will be a checkbox with the text "Always trust content from Crystal Decisions, Inc.". Check this checkbox and click yes. You should be able to view reports after following these steps.

Pop-up controls:

If you are having problems accessing reports because you have a pop-up blocker, hold down the control button as you click View or Submit.

Important Notes

- NEVER use the back button. CDRSS is a dynamic system and when you hit the back button, you are going back to a moment in time, not necessarily the last screen you were on. If you hit the back button, save your work by going out through the case classification screen, and then sign-off the system, and come back again.
- **DO NOT** use the back-space key when you are in a drop-down menu.
- Be extremely careful when using a scrollable mouse. You have the potential to change something you don't want to change. If you use the scroll button to move around on the page, make sure you are not in a drop-down field.
- Reminder your case is not saved until you see a map, along with the case ID. It will either indicate that Case 98765 has been created, or that Case 98765 has been updated.
- Local Health Department Users By selecting the county and municipality, you are ensuring that your LHD will be able to view the case. You will only see cases for patients in your jurisdiction. However, if the patient address is missing, it will default to physician address which could be in your jurisdiction.
- Hospital Users For any hospital employees entering a lab result make sure you select your hospital from the dropdown of Referring Medical Facilities. Otherwise, you will not be able to have access to the case. An alternate place to add your hospital for existing cases is by adding your medical facility in the Clinical Status Tab.

NJAC 8:57-1.7 state that reporting requirements shall include: TEST NAME, SPECIMEN SOURCE, DATE SPECIMEN COLLECTED, LAB NAME, REFERRING PHYSICIAN NAME, REFERRING MEDICAL FACILITY, TEST RESULT.

	Communicable Disease Reporting and Surveillance System
	TRAINING
- Case Management	Patient Info Addresses Clinical Status Signs/Symptoms Risk Factors
Add New Case	Laboratory Eval. Contact Tracing Case Comments Epidemiology Case Class. CHLAMYDIA TRACHOMATIS INFECTION 200 Report for
- Search	SQUAREPANTS, SPONGE BOB
Case Search	
Quick Advanced	Laboratory Evaluation
🛏 Case ID	Laboratory Tests:
🛏 LHD Open Cases 🔇	ADD NEW
- Pending Cases	ADD NEW
- Reopened Cases	Facility Data:
- Outbreak /	Type of Facility First Tested
Investigation Group	HIV Tests:
- No Address	Was the patient tested for HIV at this event? UNKNOWN V
Person Search	Was the patient previously tested for HIV? UNKNOWN 🔻
Other Search	Comments
+ Reports	Add Case Lab Test Comment:
+ Maps	
+ Resources	
+ Personalize	
- Log Off System	Comment length: 0

/	Laboratory Te						
/							
	Test: "	HEPATITIS A	VIRUS AB				
	Test Status:		•	Specimen			
	Specimen:	SERUM V		Tissue Description:			
	Date specimen collected (mm/dd/www)	03/02/2016	•			Palastfrom	
	Lab Name:	OUEST DIAC	SNOSTICS		•	Select from	
	Paired Sera		T			drop down	
	Referring Physi	cian Name:	GOLDEN		5) [1. A 1. 5
•	Referring Medic Name:	al Facility	BAYONNE HOSPITAL	19-19	5	, 🗕 🗕	Select fro drop dow
	Test Result		•	Value:			
	Test Result Data:			Test Result Date:	-		
	Report Units:			Reference			
	Serotyping:			PEGE:			
	Was an			Alternate			
	alternate	T	1	Pathogen		Ŧ	
	detected?			Detected:			
	Specimen sent			Date Sent:	~		
	Specimen sent		1	Date Sent:	v		
	to PHEL?			Shipment			
	Shipment		•	Tracking			
	Lab Test	TEST		Number:			
	Comments:						

It is very important to enter the medical facility in the clinical status tab – this will allow that hospital to view the case. If a hospital does not enter their facility in the Medical Facility area of the CS page, they will have to call the Help Desk to have it entered so they can access the case.

Com	municable Dis and Surveilla	sease Reportin nce System	9 NJHealth New Jersey Department of Health
	TRAINING		
Patient Info Addresse	s Clinical Statu	Signs/Symptoms	Risk Factors
Laboratory Eval. Contact Tra	cing Case Comme	nts Epidemiology	Case Class.
CHLAMYDIA TRACHOMATIS	INFECTION 200 Rep	port for	New Case
SQUAREPANTS, SPONGE BOE	}		new case
Clinical Status Clinical Status: Illness Onset Date: (mm/dd/yyyy) Date of Initial Health Care Evaluation: (mm/dd/yyyy) Date of Initial Interview: (mm/dd/yyyy) Patient Education:	▼ ▼ ▼	Age at onset: Initial Diagnosis:	yrs mos
Was the patient (or his/her proxy*) informed of diagnosi	s? Unknown 🔻	
Was information about the disease	provided to the patient	t (or his/her proxy*)?	Unknown 🔻
Did the patient receive post-test co	unseling? Unknown 🔻		
* proxy - parent/guardian or care Redical Facilities ADD NEW MEDICAL FACILITY Physicians ADD NEW PHYSICIAN	giver		

	TRAINING	
Medical Facility		
Patient Status:	▼	
Date of Hospitalization/Evaluation: (mm/dd/yyyy)		
Date of Discharge: (mm/dd/yyyy)	•	
Patient Identifier Number:		
Was the patient admitted to intensive care unit (ICU)?	Unknown 🔻	
Was the patient admitted through the ER?	Unknown 🔻	
Was the patient on a mechanical ventilator?:	Unknown 🔻	
Is Medical Facility name in dropdown list?	🖲 Yes 🔘 No	Select from
Medical Facility Name:*	SELECT ONE	drop down
Medical Facility Type:	Unknown/Other 🔻	arop down.
Street:	City:	
State:	NEW JERSEY Y Zip: -	
County:	UNKNOWN V Municipality: OTHER/UNKNOWN V	
Phone:	ext	
Fax:	ext.	
	Continue Cancel	

- If you are a user performing data entry for another person who may have conducted the investigation, you should note this in the Comments tab.
- If you call or e-mail the Help Desk, make sure to give a time that would be best for them to contact you.
- Blue text within a case is a link to another function/feature. Ex. e-mail address of the user who created or updated the case, the patient's name and pop-up windows for more information.
- When a drop-down box is blue, it is still selected. To deselect that link, click in the white area of the page.
- It is very important to correctly geocode any new case. This will ensure that the case gets assigned to the correct local health department. Refer to resources on main page for additional information.
- ◆ Please ensure your e-mail and phone number is entered correctly in the system.
- Make sure you scroll down when searching for cases often, depending on screen size, you may not be able to see all the results.