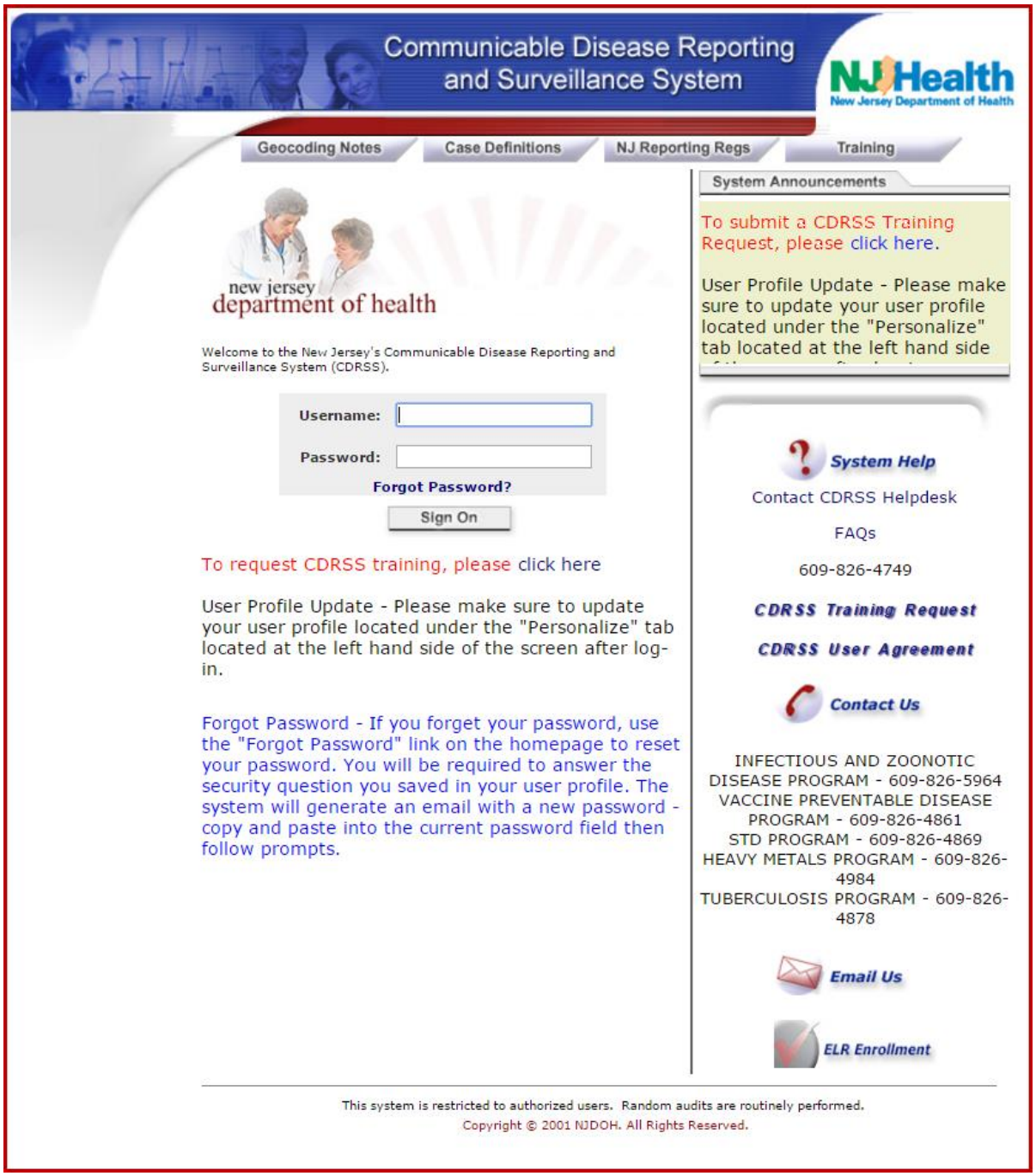
# CDRSS

# TRAINING MANUAL



# 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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*Governor*

KIM GUADAGNO
*Lt. Governor*

CATHLEEN D. BENNETT
*Acting Commissioner*

# 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: _____**

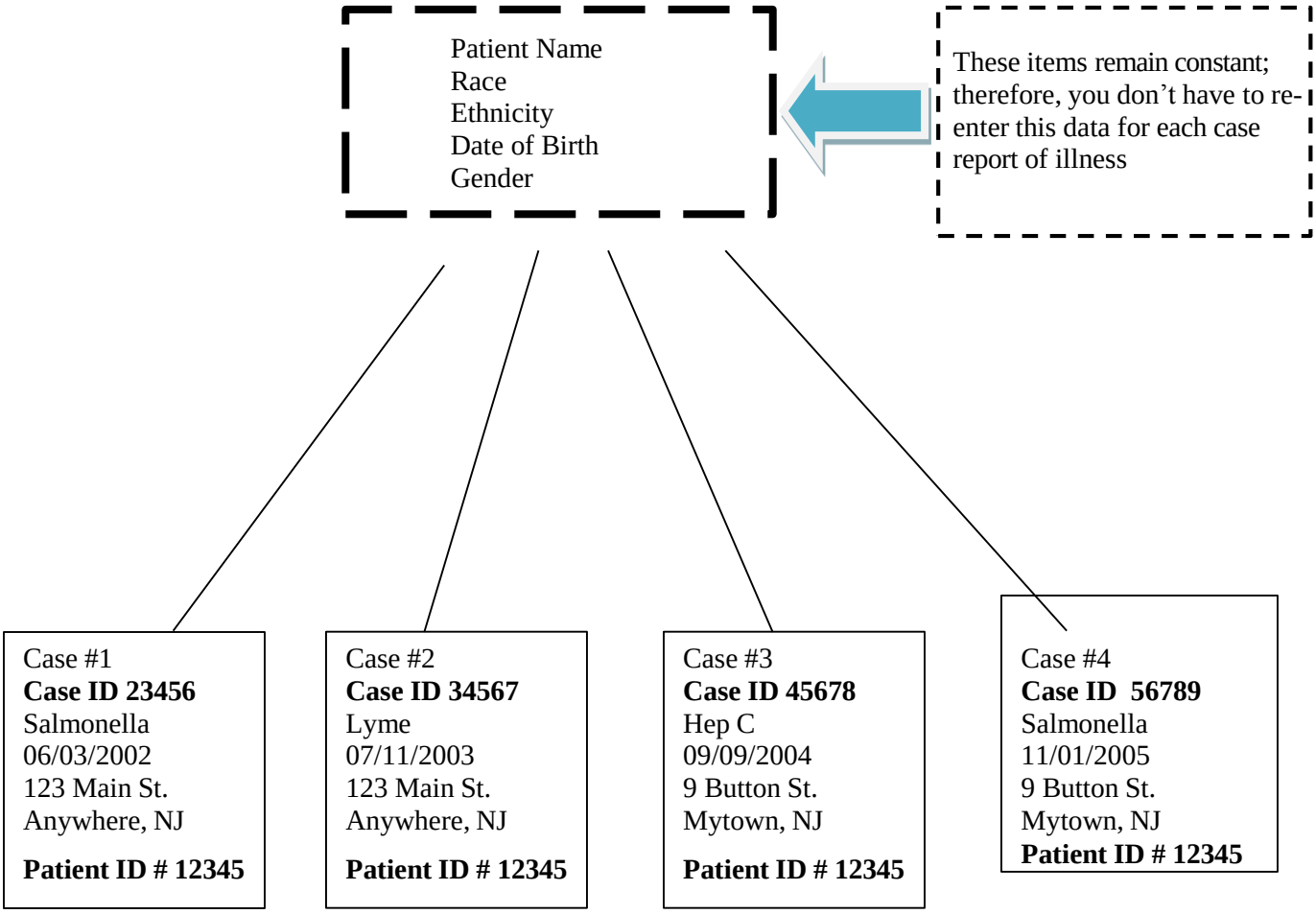
**User's E-mail address: _____**

**User's Telephone Number: _____**

**Organization: _____**

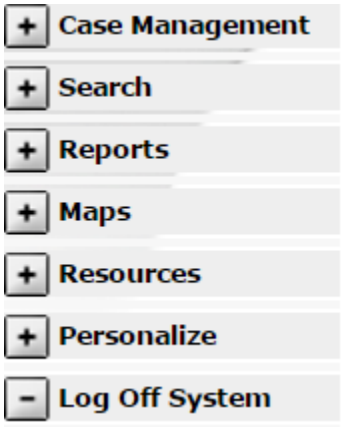
# PATIENT CENTRIC FORMAT

**Patient ID # 12345**




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

# CDRSS LEFT NAVIGATION BAR




# CDRSS TABS


## Patient Info

- Disease Information
- Patient Personal Info
  - Name
  - Alias
  - Relations
- Patient Primary Address
- Demographics
  - DOB
  - Age, Age at onset
  - Gender
  - Race
  - Ethnicity
  - Primary Language
- Comments

## 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
  - Observation Status
  - Pre-existing Conditions
  - Treatments
- Immunization History
- Mortality Status
- Comments

## Signs/Symptoms

- 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

## Laboratory Eval.

- Laboratory Tests
- Lab Test History
- Diagnostic Tests
- Comments

## Contact Tracing

- 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

## Case 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.

## Epidemiology

- 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 Class.

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
  - Case Status
  - Reason for Case Status
  - Report Status
  - Reason for Report Status
- Comments

# 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:

LABCORP BURLINGTON
1447 YORK COURT
BURLINGTON NC 27215-2230

PATIENT NAME/ADDRESS

PAT. ID.

010101222

| SPECIMEN NUMBER | SPECIMEN DATE | AGE | SEX | BIRTHDATE | RPT DATE |
|---|---|---|---|---|---|
| 123456789 | 02/10/2008 | | F | 05/23/1976 | 02/12/2008 |

| TEST NAME | TEST NUM | RESULTS | UNITS | PERFORMING LAB |
|---|---|---|---|---|
| CULTURE, SALMONELLA/SHIG. STL. 1234 | | POSITIVE | | |

GROWTH OF NORMAL ENTERIC FLORA WITH SALMONELLA SP.
ORGANISM SUBMITTED TO STATE DEPARTMENT OF HEALTH LABORATORY FOR CONFIRMATION

AGENCY ADDRESS:

NJ DEPT OF HEALTH AND SR SERVICE
OCCUPATIONAL HEALTH SERVICES
PO BOX 360
TRENTON NJ 08625

CUSTOMER ADDRESS: ACCT: 987654321

DR GOLDEN
23 EVESHAM ROAD
VOORHEES, NJ 08043
856-772-1111
PHYSICIAN: DR GOLDEN

# 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 Report Status | How Used |
|---|---|
| **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.

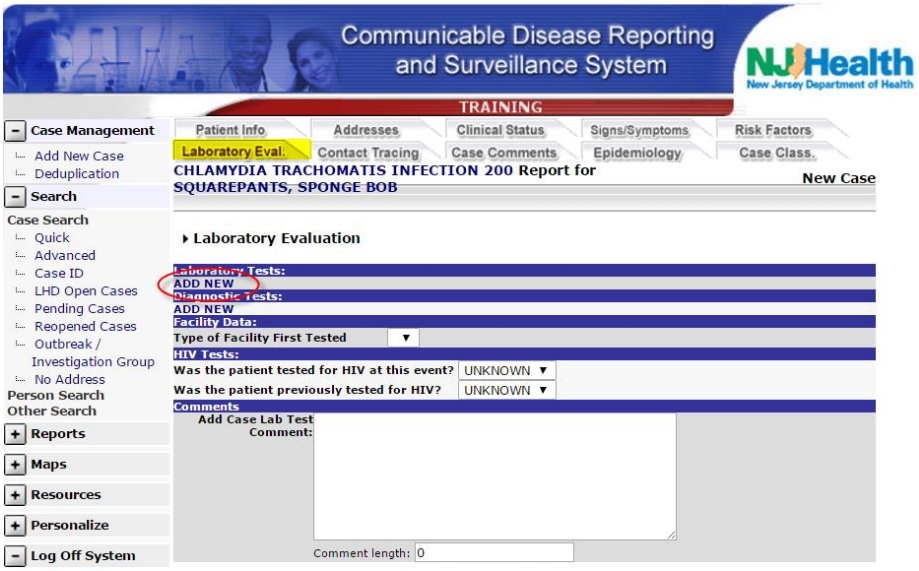
**Pop-up controls:**

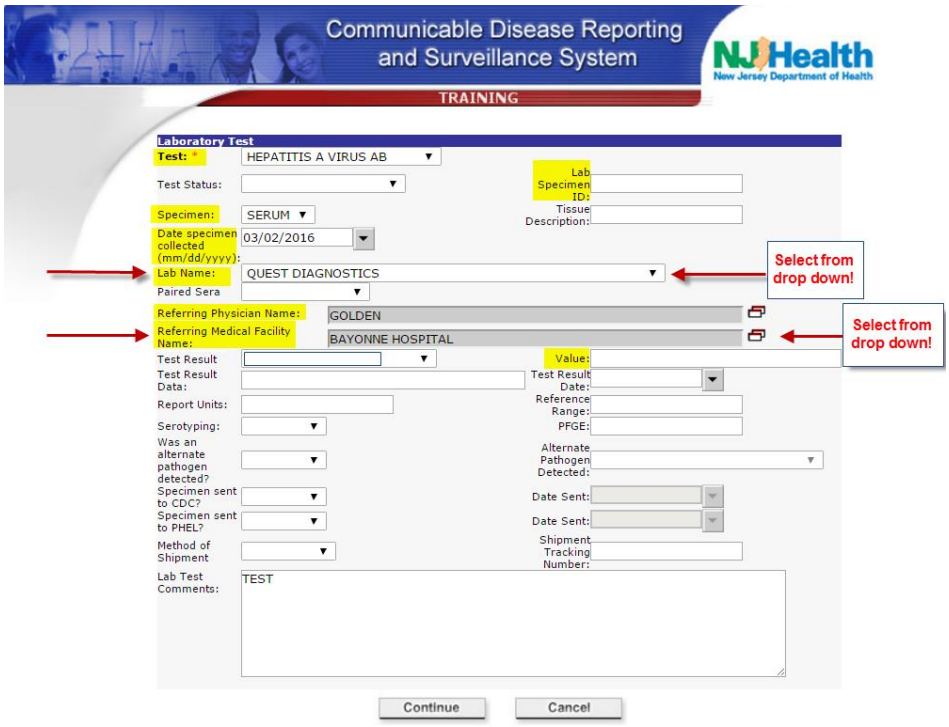
If you are having problems accessing reports because you have a pop-up blocker, hold down the control button as you click View or Submit.

## Important Notes

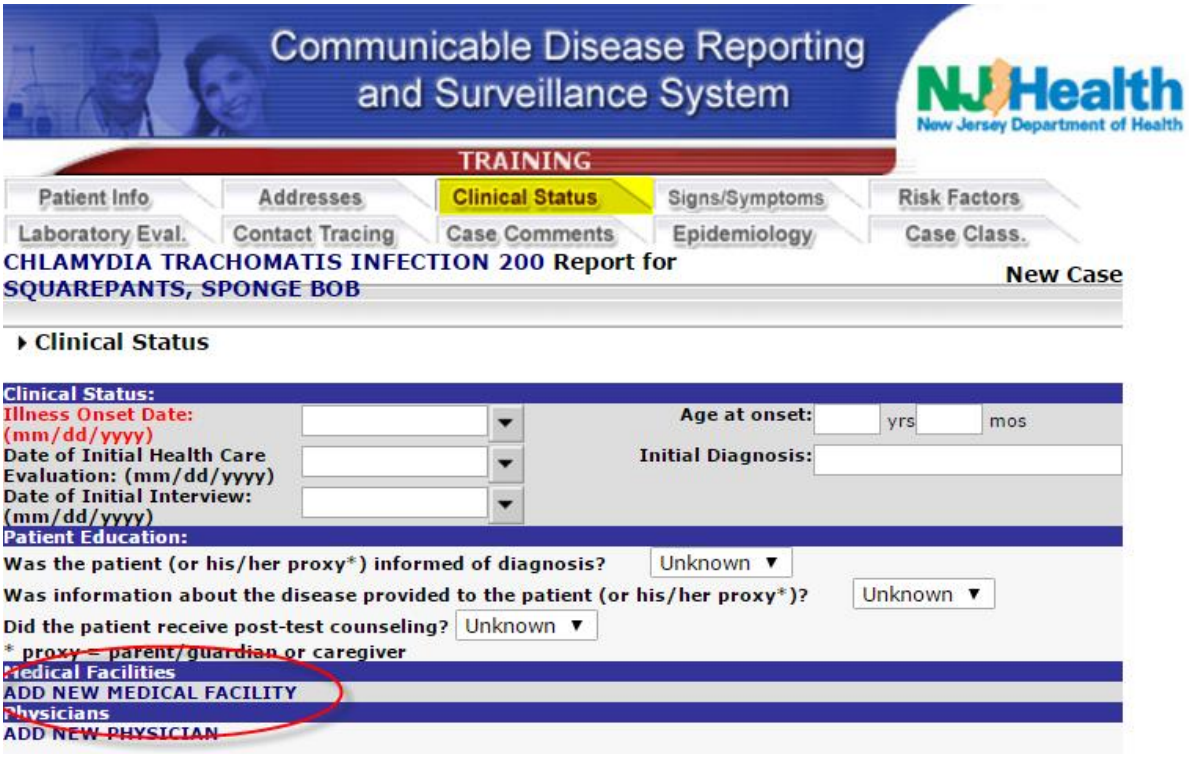
- **NEVER** use the back button. CDRSS is a dynamic system and when you hit the back button, you are going back to a moment in time, not necessarily the last screen you were on. If you hit the back button, save your work by going out through the case classification screen, and then sign-off the system, 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.

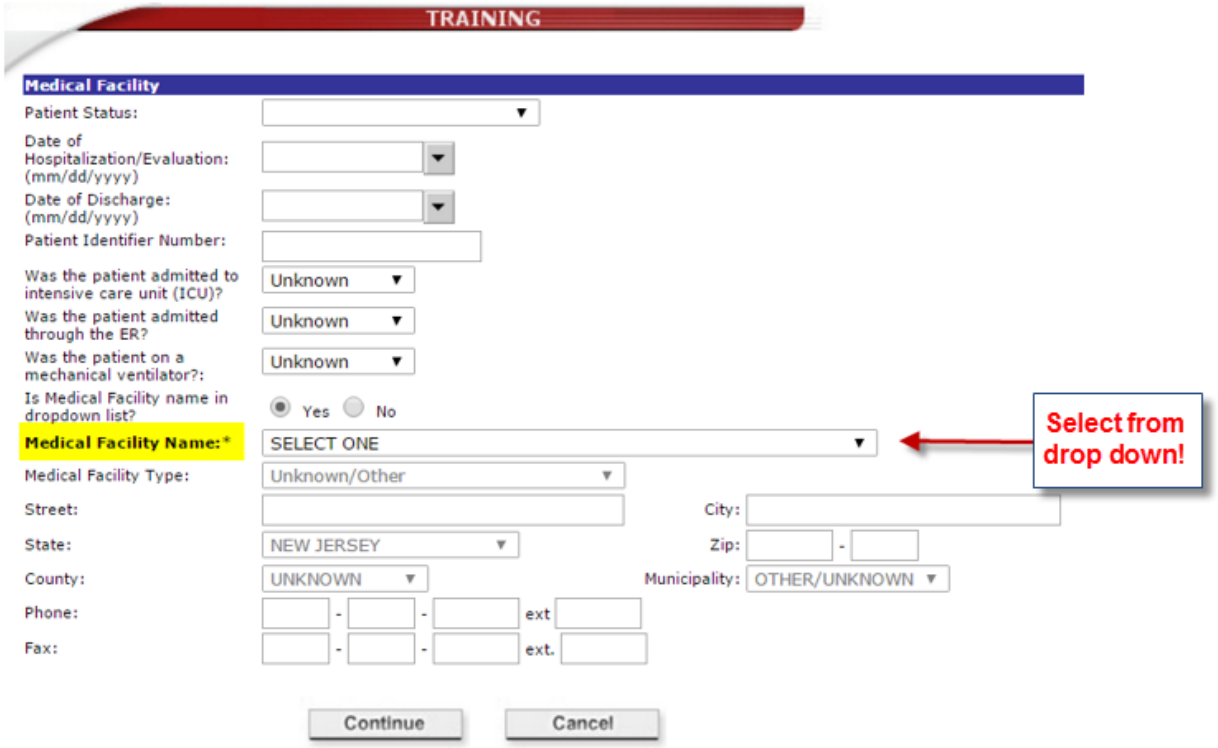
**NJAC 8:57-1.7** state that reporting requirements shall include: TEST NAME, SPECIMEN SOURCE, DATE SPECIMEN COLLECTED, LAB NAME, REFERRING PHYSICIAN NAME, REFERRING MEDICAL FACILITY, TEST RESULT.






- 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.






- 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.