Reporting COVID Events with Investigation to the State

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COVID Deduplicate Links

Prior to submitting an event to the State for review and report to CDC, you need to make sure that all person and/or event deduplications have been completed

Reminders:

- If the person is a duplicate, do NOT deduplicate. Please send an email to the NCEDSS Helpdesk to request deduplication

  - Ensure that you have updated the person information, otherwise, the Helpdesk will not know which information is correct

- If the event is a duplicate and you have been trained, you may deduplicate the event

  - If you have not been trained to deduplicate events, please send an email to the NCEDSS Helpdesk

    For additional information about deduplication please see

    https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/nccovid/PersonvsEventDeduplication.pdf

COVID Investigation Completion

- An Investigation can include a patient interview, interview with others, medical record review or other means of collecting information on the case of disease

- Once the LHD investigation is complete, you can submit the event to the State for report to CDC

- Ensure you have documented your investigation thoroughly and completed all appropriate question packages

- Data entered is what is known at the time of investigation

Events needing corrections:

- Some missing or inconsistent fields may result in the event returned to you by the State for correction

  o Events can be found in the workflow:

    - C.2 CD Review and Approval Workflows

      ▪ Event Classification status: 3. Reassign to LHD from State

Person Information – Key fields

Certain required fields are associated with the person and can only be updated by accessing the person tab within the event

Required: Name, Gender, Birth Date, Death Date (if applicable)

Demographic Information (View History)	
Name:	Tamales, Hot
Maiden/Other Name:	
Alias:	
Gender:	Male
Birth Date:	07/01/1950
Death Date:	04/20/2022
Living Status:	Dead
Age:	71
Social Security Number:	

Person Information – Key fields

Required: Some sort of address is required, at least city, county, state; Try to get street address if possible

Contact Information			
Type	Address	County	Country
Home * Primary	Charlotte, NC 28201	Mecklenburg County	USA

^ Recommended: If the person does not have a street address due to homelessness, please update the 'Currently homeless' field to 'Yes' in the Demographic question package

^ Currently homeless	Yes ∨

^ Recommended: Race and Hispanic ethnicity is not required, but if available, please enter

^ *Race*	∨
^ *Hispanic ethnicity*	∨

*If you are unable to obtain the race and/or ethnicity, please leave the field(s) blank – an event will not be returned for missing race

Demographic package – Key fields

^ Recommended: Employment Information section
- o What kind of work does this person do?
- o Employer name
- o In what kind of business or industry does the person work in?

Employment Information	
^ What kind of work does this person do?	
^ Employer name	
^ What kind of business or industry does this person work in?	

Clinical package – Key fields

Required: Is/was the patient symptomatic for this disease?

Symptomatic – if yes, enter date & what illness date represents

General Diagnostic Information	
## Is / was patient symptomatic for this disease?	Yes
## Date that best reflects the earliest date of illness identification	04/23/2022
## Illness identification date represents:	Date symptoms began

*reminder, a patient can be symptomatic after the lab test date, so you can see yes for symptomatic, but the lab date and reason is used

Asymptomatic – if no, enter date and what illness date represents

General Diagnostic Information	
## Is / was patient symptomatic for this disease?	No
## Date that best reflects the earliest date of illness identification	04/23/2022
## Illness identification date represents:	Date of laboratory testing

Clinical package – Key fields

- It is ok to put unknown here if you are unable to reach either the patient or the provider to collect this information or the patient says "I don't know"

General Diagnostic Information	
## Is / was patient symptomatic for this disease?	Unknown ⌄
## Date that best reflects the earliest date of illness identification	04/23/2022 ▦
## Illness identification date represents:	Date of laboratory testing ⌄

*Note: You may be able to find this information on the Lab Results tab if the Ask at order entry questions were asked and answered at time of testing

Clinical package – Key fields

Required: Earliest (1st) symptom onset date (only required if symptomatic)

Clinical Findings (including signs, symptoms, diagnostic tests, and complications)	
## **Earliest (1st) symptom onset date** (only required if symptomatic)	04/22/2022

Particularly important for persons who tested before they became symptomatic, since not every symptom has a date entry field

Clinical package – Key fields

Required: Was the patient hospitalized for this illness >24 hours?

   o Yes or No required

Healthcare Information	
## Was the patient hospitalized for this illness > 24 hours?	⬇

^ Recommended: Hospital Admit Date if known

Healthcare Information	
## Was the patient hospitalized for this illness > 24 hours?	Yes ⌄
Hospital name ⊟	A+ FAMILY CARE AND WOMEN'S HEALTH -150 ⌄ Add New
Hospital contact name	
Phone	
^ Admit date	MM/DD/YYYY 📅
Discharge date	MM/DD/YYYY 📅

Clinical package – Key fields

Required: Clinical Outcome: Survived / Died

## *Clinical outcome*	Survived ⌄

• If Died, please complete the child questions

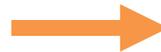| ## *Clinical outcome*	Died ⌄
## *Died from this illness*	Yes ⌄
## Location of death	Hospital inpatient ⌄
## Patient died in North Carolina	Yes ⌄
## County of death	Mecklenburg County ⌄
## *Date of Death (update in Person Tab)*	04/20/2022

• As a reminder: if you answer no to Died from this illness, you must provide documentation. We are now matching to the vital records death registry so some events marked 'survived' may be updated to 'died' based on a match to a death certificate

**Pediatric deaths are required to have complete follow up

Clinical package – Key fields

- If the person died, update Date of Death in Person Tab –this updates Clinical Tab

Edit Person

Start Date:	05/17/2022
End Date:	01/01/2030
First Name:	Hot
Middle Name:	
Last Name:	Tamales
Suffix:	
Maiden/Other Name:	
Alias:	
Birth Date:	07/01/1950
Death Date:	04/20/2022
Living Status:	Dead

## Clinical outcome	Died
## Died from this illness	Yes
## Location of death	Hospital inpatient
## Patient died in North Carolina	Yes
## County of death	Mecklenburg County
## Date of Death (update in Person Tab)	04/20/2022

Risk History package – Key fields

Required: Congregate Living section

	Congregate Living
## In the 14 days prior to illness onset, did the patient live in any congregate living facilities or stay in any other congregate living locations that were not their primary residence? (Add new for all that apply) ℹ	

- If the patient resides in a correctional facility, barracks, homeless shelter, school or assisted living facility, or any of the other selections, please complete the associated fields

01. Correctional facility
02. Barracks
03. Shelter
04. Commune
05. Boarding school
06. Camp
11. Sorority/Fraternity
12. University/College Residence Hall
14. Migrant Worker Housing
08. Assisted Living Facility/Long Term Care Facility
13. Skilled Nursing Facility
zz_No
zz_Other

Risk History package – Key fields

Required: Health Care Facility Exposure Risks section

Health Care Facility Exposure Risks	
## In the 14 days prior to illness onset, did the patient have any of the following heath care exposures? (Add new for all that apply)	[dropdown] ∨
Health care exposure notes	

Emergency Department (not hospitalized)
Hospitalized
Outpatient facility - patient (e.g. urgent care, clinic, physician office)
Visitor to health care setting
Worked in a healthcare or clinical laboratory setting
No known exposure
zz_Other

- From 14 days prior to illness onset, what exposures did this patient have? 'Add New' if more than one

Health Care Facility Exposure Risks	
## In the 14 days prior to illness onset, did the patient have any of the following heath care exposures? (Add new for all that apply) ⊟	Worked in a healthcare or clinical laboratory setti ∨ Add New
Please specify facility name	[text field]
What is their occupation?	○ Physician ○ Respiratory therapist ○ Nurse ○ Environmental services ○ Other ○ Unknown
What is their job setting? (check all that apply)	☐ Hospital ☐ Rehabilitation facility ☐ Assisted Living Facility/Long Term Care Facility ☐ Skilled Nursing facility ☐ Other ☐ Unknown

Risk History package – Key fields

Required: Other Exposure Information section

- In the 14 days prior to illness onset, did the patient have contact with a known COVID-19 case (probable or confirmed)?

*Please LINK confirmed case(s) to this event using the view hyperlink in the Linked Events/Contacts row on the Dashboard

	Other Exposure Information	
Does the patient know anyone else with similar symptoms?	⌄	
## In the 14 days prior to illness onset, did the patient have contact with a known COVID-19 case (probable or confirmed)?	Yes ⌄	
Please LINK confirmed case(s) to this event using the view hyperlink in the Linked Events/Contacts row on the Dashboard		
If the patient had contact with a known COVID-19 case: What type of contact?	☐ Household contact ☐ Community-associated contact ☐ Work-associated contact ☐ Healthcare-associated contact (patient, visitor, or healthcare worker) ☐ Other ☐ Unknown	
**If you are a healthcare worker and you have contact with a co-worker with COVID-19, the exposure type is "Work-associated"		

For more information on linking cases please see:
https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/nccovid/Linking%20Event%20Webinar.pdf?ver=1.0

Risk History package – Key fields

Required: Other Exposure Information section

- In the 14 days prior to illness onset, did the patient have any of the following additional risk exposures? (check all that apply)

Other Exposure Information		
Does the patient know anyone else with similar symptoms?	⌄	
## In the 14 days prior to illness onset, did the patient have contact with a known COVID-19 case (probable or confirmed)?	⌄	
## In the 14 days prior to illness onset, did the patient have any of the following additional risk exposures? (check all that apply)	☐ Restaurant or other food establishment ☐ Place of worship ☐ Sports Team Participation ☐ Pool or spa ☐ Personal Care; eg Hair salon, massage ☐ Hotel / motel ☐ Social gathering; eg birthday party, funeral ☐ Community event/mass gathering; eg; concert, sporting event ☐ Adult Day Care/PACE program ☐ Animal with confirmed or suspected COVID-19	☐ Bars, Brewery, or nightclubs ☐ Indoor Entertainment; eg bowling alley, movie theatre, arcade ☐ Gyms or Fitness centers ☐ Processing Plant ☐ Manufacturing Plant ☐ Day Camp ☐ Work (if any of these selected risks are work, please ensure work is ☐ Other ☐ None ☐ Unknown

^ Recommended: In the absence of a required risk, please select other and note the risk for this disease

Risk History package – Key fields

Required: Case Interviews/Investigations section
- Was the patient interviewed? Y/N

	Case Interviews / Investigations
## Was the patient interviewed? ⊟	Yes ∨ Add New
## Interviewer's name	Christy Crowley
## Date of interview	04/27/2022

- If N, why not? All child questions

	Case Interviews / Investigations
## Was the patient interviewed? ⊞	No ∨ Add New
## Why was patient not interviewed?	Patient unable to communicate ∨

	Case Interviews / Investigations
## Was the patient interviewed? ⊞	No ∨ Add New
## Why was patient not interviewed?	Patient deceased ∨

	Case Interviews / Investigations
## Was the patient interviewed? ⊞	No ∨ Add New
## Why was patient not interviewed?	Other ∨
Please specify	Pt is minor, interviewed par

Risk History package – Key fields

^ Recommended: Case Interviews/Investigations section

- Were interviews conducted with others? Y/N

	Case Interviews / Investigations
## Was the patient interviewed?	[▼]
^ Were interviews conducted with others?	No ▼

- If yes, who was interviewed? All child questions

	Case Interviews / Investigations
## Was the patient interviewed?	[▼]
^ Were interviews conducted with others?	Yes ▼
Who was interviewed? ⊟	Spouse / domestic partner ▼ Add New
Date of interview	04/27/2022
Interviewer's name	Christy Crowley

Risk History package – Key fields

˄ Recommended: Case Interviews/Investigations section

- Did the patient name any contacts? Y/N
  - If Yes, how many contacts?
    - Enter all contacts into contract tracing question package

˄ Did the patient or other interviewed name any contacts?	Yes ˅
Number of contacts named	2
OPTIONAL: Add available Names/Locating info (phone, email, address) for close contacts during case-patients infectious period	
*Infectious period starts 48 hours prior to symptom onset or specimen collection date if asymptomatic	

  - If No, why not?

˄ Did the patient or other interviewed name any contacts?	No ˅
Reason no contacts named	○ No known contacts ○ Pt/other refused ○ Pt mentally incapacitated ○ Contacts identified by facility ○ Other

Risk History package – Key fields

^ Recommended: Case Interviews / Investigations section cont.

- Were contacts entered into CCTO? Y/N

  o If No, how many did you enter and why did you not enter the others?

Were all contacts entered into CCTO?	No ∨
Number of contacts entered	1
Reason not all contacts entered (check all that apply)	☐ Contacts out of state ☐ Not enough locating information to initiate ☐ Contact deceased ☑ Contact already known case ☐ Other

Administrative package – Key fields

Required: Disease Report Information section

- Please ensure each question is completed correctly

Disease Report Information	
## Initial Source of Report to Public Health	Laboratory ⌄
Laboratory name	zz_Other ⌄
If other, specify	Fictional Lab
## Date of Initial Report to Public Health (Required)	04/25/2022 📅
## Initial method of report	Paper lab report ⌄

*Reminder the initial method of report should NOT be ELR or eCR if you manually created and entered the event

Required: NC County of Residence for the Event section

- Please ensure the event is assigned to the correct county for reporting

NC County of Residence for the Event	
If a different county is investigating this event, the county of residence must share this event. If patient is not a NC resident, enter the NC investigating county here.	
## NC County of Residence for the Event	Mecklenburg County ⌄

Administrative package – Key fields

Required: Investigation Trail section

- When you are ready to assign the event to the state you will add a new block in the Investigation trail

  o Assign to the 'State Disease Registrar' with the reason 'Assign to the State' and ensure that you have Selected the correct classification status

Investigation Trail: Add a new entry for each group to which the event transfers during the investigation		
## *Date Assigned-Reassigned* ⊟	04/25/2022	
## *Group:* (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	Mecklenburg COVID 🔍🗑	*Local patient identifier*
## Select the reason for the assignment/reassignment	Original/Initial Assignment ▾	
^ *Authorized Reporter*	CCrowley	*Phone number* (919) 733-3419
## Classification status	Confirmed ▾	
Notes		
## *Date Assigned-Reassigned* ⊟	04/29/2022 Add New	
## *Group:* (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	State Disease Registrar 🔍🗑	*Local patient identifier*
## Select the reason for the assignment/reassignment	Assign to State ▾	
^ *Authorized Reporter*		*Phone number*
## Classification status	Confirmed ▾	
Notes	Unspecified Contact Under investigation Suspect Probable Confirmed Does not meet criteria	

Classification Status - Cases

Users must always review lab results in the Lab Result tab to determine if the Ordering Lab/Ordering Facility is AT HOME test

- If the lab result is a PCR/NAA/RNA+ then the classification status = **Confirmed** – UNLESS the ordering lab/ facility states AT HOME test

- If the lab result is an Ag+ then the classification status = **Probable** – UNLESS the ordering lab/ facility states AT HOME test

- If the lab result ordering lab/ facility states AT HOME test, then the classification status = **Suspect**, regardless of what kind of lab test it is

- If there is a combination of tests, any test result that would be classified as 'Confirmed', will take priority as the classification status in the Investigation Trail over 'Probable' and 'Suspect' labs

Classification Status – Not a Case

- If you have a lab result that is 'unsatisfactory' or 'not performed', the final classification status for the event is '**Does not meet criteria**'

- If you have a lab result that is 'indeterminate' or 'inconclusive', and no documentation that the patient retested, the final classification status for the event is '**Does not meet criteria**'

- If you have a person who is an out of state resident, the final classification status for the event is '**Does not meet criteria**'

  - For more information on interstate notifications, please see: https://epi.ncpublichealth.info/cd/lhds/manuals/cd/nccovid/Interstate%20Notifications.pdf?ver=1.2

Questions

For additional questions or assistance, please contact

Help Desk: NCEDSSHelpDesk@dhhs.nc.gov
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