# Key Fields for Case Reporting



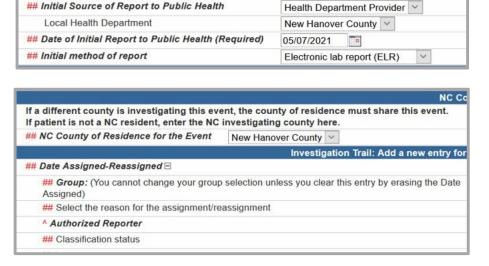


#### **OVERVIEW**

This job aid highlights the key fields and the NC DHHS data elements required or recommended to be filled out for cases who have had follow-up (i.e., an interview.) This includes fields in the Administrative, Demographic, Clinical, and Risk packages.

All required fields are marked by a double hashtag (##). All recommended fields are denoted by a caret (^).

# Administrative Package



### **Disease Report Information**

- ## Initial Source of Report to Public Health
- ## Date of Initial Report
- ## Initial method of report

# NC County Residence for the Event

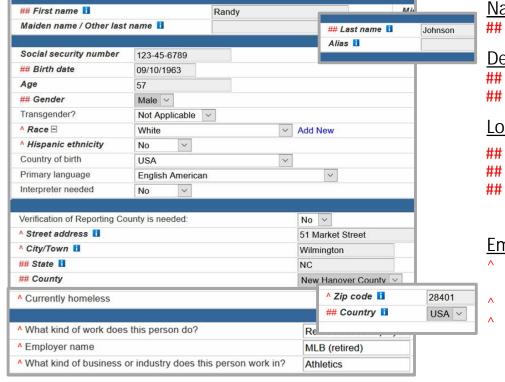
## NC County Residence for the Event

### **Investigation Trail**

- ## Date Assigned-Reassigned
- ## Group
- ## Select the reason for the assignment/reassignment
- ## Classification Status
- ^ Authorized Reporter

# Demographic Package

Fields that are greyed out in the Demographic package can only be updated in the Person Information tab.



#### Name:

## First and Last Name

## **Demographic Information:**

- ## Birth date
- \ Race
- ## Gender
- Hispanic ethnicity

Street Address

### <u>Locating Information:</u>

- ## State
- ٨
  - City/Town
- ## County ## Country
- Zip code
- Currently homeless

### **Employment Information:**

- What kind of work does this person do?
- ^ Employer Name
- What kind of business or industry does this person work in?

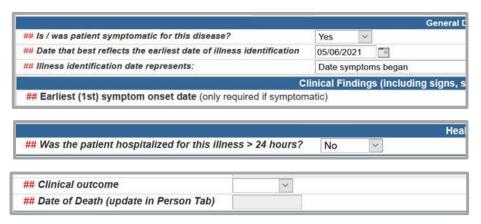
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# Clinical Package



#### General Diagnostic Information

- ## Is/was the patient symptomatic?
- ## Date that best reflects the earliest date of illness identification
- **##** Illness identification data represents:

#### **Clinical Findings**

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

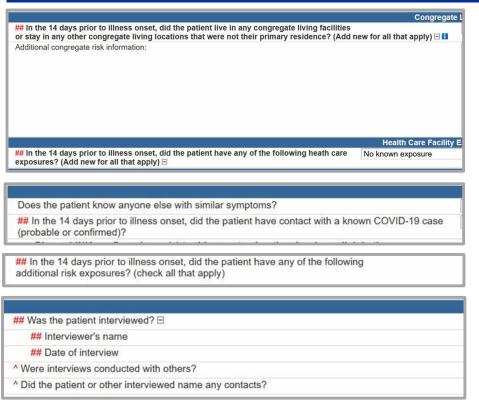
#### Healthcare Information

**##** Was the patient hospitalized for this illness > 24 hours?

#### **Clinical Outcomes**

- ## Clinical Outcome
- ## Date of Death

# Risk Package



### **Congregate Living**

## In the 14 days prior to illness onset, did the patient live in any congregate living facilities.....primary residence?

### **Health Care Facility Risks**

## In the 14..... did the patient have any of the following health care exposures?

### Other Exposure Information

- ## In the 14.... did the patient have contact with a known COVID-19 case?
- ## In the 14.....did the patient have any of the following additional risk exposures?

#### Case Interviews/Investigations

- **##** Was the patient interviewed?
- ## Interviewer's name
- ## Date of interview
- Were interviews conducted with others?
- Did the patient or other interviewed name any contacts?

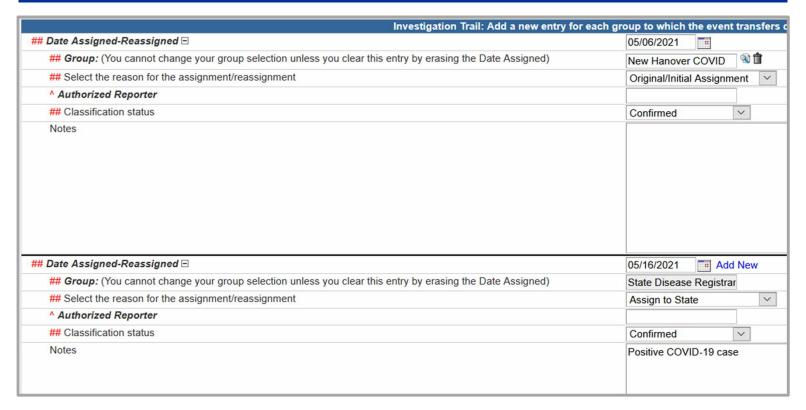
# Key Fields for Case Reporting





Below are the steps to assign an event to the state. Check with your local guidance to determine if this is an action you should be taking. After you have assigned the event, be sure that the final classification status matches the lab test type indicated.

# Assigning an Event



### Investigation Trail

- ## Date Assigned-Reassigned (current date)
- ## Group (if assigning to state, type "State Disease Registrar"; if assigning LHD to LHD, type county name)
- ## Select the reason for assignment/reassignment
- Authorized Reporter (case investigator name)
- ## Classification Status