



Reporting COVID-19 Events to the State

November 2022

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Helpdesk: NCEDSSHelpDesk@dhhs.nc.gov

Agenda

- All Events
 - COVID-19 Deduplicate Links
 - Key Fields
 - Person Information
 - Demographic question package
- Reporting Events with Investigation Complete
- Reporting Events with No Follow-Up
- Reporting Deaths
- Administrative Package
- Events needing corrections

Reporting Events to the State

»» All Events

COVID-19 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>

Key Fields – Person Information

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

^ 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

Key Fields – Demographic question package

^ Recommended: Employment Information section

- What kind of work does this person do?
- Employer name
- In what kind of business or industry does the person work in?

| Employment Information | |
|---|----------------------|
| ^ What kind of work does this person do? | <input type="text"/> |
| ^ Employer name | <input type="text"/> |
| ^ What kind of business or industry does this person work in? | <input type="text"/> |

Reporting Events to the State

»» Investigation Complete

COVID-19 Investigation Completion

- 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 the appropriate question packages
- Data entered is what is known at the time of investigation

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 | |
|--|--|
| ## <i>Is / was patient symptomatic for this disease?</i> | Yes <input type="button" value="v"/> |
| ## <i>Date that best reflects the earliest date of illness identification</i> | 04/23/2022 <input type="button" value="calendar"/> |
| ## <i>Illness identification date represents:</i> | Date symptoms began <input type="button" value="v"/> |

*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 | |
|--|---|
| ## <i>Is / was patient symptomatic for this disease?</i> | No <input type="button" value="v"/> |
| ## <i>Date that best reflects the earliest date of illness identification</i> | 04/23/2022 <input type="button" value="calendar"/> |
| ## <i>Illness identification date represents:</i> | Date of laboratory testing <input type="button" value="v"/> |

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

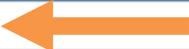


Particularly important for persons who tested before they became symptomatic, since not every symptom has a date entry field

Clinical package - Key fields

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

- Yes or No required

| Healthcare Information | |
|---|--|
| ## Was the patient hospitalized for this illness > 24 hours? | <input type="text" value="v"/>  |

^ Recommended: Hospital Admit Date if known

| Healthcare Information | |
|---|--|
| ## Was the patient hospitalized for this illness > 24 hours? | Yes <input type="text" value="v"/> |
| Hospital name <input type="text" value=""/> | A+ FAMILY CARE AND WOMEN'S HEALTH -15(<input type="text" value="v"/> Add New |
| Hospital contact name | <input type="text" value=""/> |
| Phone | <input type="text" value=""/> |
| ^ Admit date | MM/DD/YYYY <input type="text" value=""/>  |
| Discharge date | MM/DD/YYYY <input type="text" value=""/> |

Clinical package - Key fields

Required: Clinical Outcomes: Clinical Outcome / Died from this Illness / Location of Death / Died in NC/ County of Death / Date of Death

| Clinical Outcomes | |
|--|------------|
| Indicate the clinical outcomes associated with this illness. | |
| Discharge/Final diagnosis | |
| ## Clinical outcome | Survived ▾ |

| | |
|--|----------------------|
| ## 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

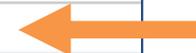
Clinical package - Key fields

- 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 | <input type="text"/> |

- 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 health care exposures? (Add new for all that apply) | |
| Health care exposure notes | <div style="border: 1px solid black; padding: 5px;"><input type="text" value="Emergency Department (not hospitalized)"/> <input type="text" value="Hospitalized"/> <input type="text" value="Outpatient facility - patient (e.g. urgent care, clinic, physician office)"/> <input type="text" value="Visitor to health care setting"/> <input type="text" value="Worked in a healthcare or clinical laboratory setting"/> <input type="text" value="No known exposure"/> <input type="text" value="zz_Other"/></div> |

- 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 health care exposures? (Add new for all that apply) <input type="button" value="Add New"/> | |
| Please specify facility name | <input type="text"/> |
| What is their occupation? | <input type="radio"/> Physician <input type="radio"/> Respiratory therapist <input type="radio"/> Nurse <input type="radio"/> Environmental services <input type="radio"/> Other <input type="radio"/> Unknown |
| What is their job setting? (check all that apply) | <input type="checkbox"/> Hospital <input type="checkbox"/> Rehabilitation facility <input type="checkbox"/> Assisted Living Facility/Long Term Care Facility <input type="checkbox"/> Skilled Nursing facility <input type="checkbox"/> Other <input type="checkbox"/> 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? | <input type="text" value="v"/> |
| ## In the 14 days prior to illness onset, did the patient have contact with a known COVID-19 case (probable or confirmed)? | Yes <input type="text" value="v"/> |
| 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? | <input type="checkbox"/> Household contact <input type="checkbox"/> Community-associated contact <input type="checkbox"/> Work-associated contact <input type="checkbox"/> Healthcare-associated contact (patient, visitor, or healthcare worker) <input type="checkbox"/> Other <input type="checkbox"/> 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? | <input type="text"/> | | | | | | | | | | | | | | | | | | | | |
| ## In the 14 days prior to illness onset, did the patient have contact with a known COVID-19 case (probable or confirmed)? | <input type="text"/> | | | | | | | | | | | | | | | | | | | | |
| ## In the 14 days prior to illness onset, did the patient have any of the following additional risk exposures? (check all that apply) | <table><tbody><tr><td><input type="checkbox"/> Restaurant or other food establishment</td><td><input type="checkbox"/> Bars, Brewery, or nightclubs</td></tr><tr><td><input type="checkbox"/> Place of worship</td><td><input type="checkbox"/> Indoor Entertainment; eg bowling alley, movie theatre, arcade</td></tr><tr><td><input type="checkbox"/> Sports Team Participation</td><td><input type="checkbox"/> Gyms or Fitness centers</td></tr><tr><td><input type="checkbox"/> Pool or spa</td><td><input type="checkbox"/> Processing Plant</td></tr><tr><td><input type="checkbox"/> Personal Care; eg Hair salon, massage</td><td><input type="checkbox"/> Manufacturing Plant</td></tr><tr><td><input type="checkbox"/> Hotel / motel</td><td><input type="checkbox"/> Day Camp</td></tr><tr><td><input type="checkbox"/> Social gathering; eg birthday party, funeral</td><td><input type="checkbox"/> Work (if any of these selected risks are work, please ensure work is</td></tr><tr><td><input type="checkbox"/> Community event/mass gathering; eg; concert, sporting event</td><td><input type="checkbox"/> Other</td></tr><tr><td><input type="checkbox"/> Adult Day Care/PACE program</td><td><input type="checkbox"/> None</td></tr><tr><td><input type="checkbox"/> Animal with confirmed or suspected COVID-19</td><td><input type="checkbox"/> Unknown</td></tr></tbody></table> | <input type="checkbox"/> Restaurant or other food establishment | <input type="checkbox"/> Bars, Brewery, or nightclubs | <input type="checkbox"/> Place of worship | <input type="checkbox"/> Indoor Entertainment; eg bowling alley, movie theatre, arcade | <input type="checkbox"/> Sports Team Participation | <input type="checkbox"/> Gyms or Fitness centers | <input type="checkbox"/> Pool or spa | <input type="checkbox"/> Processing Plant | <input type="checkbox"/> Personal Care; eg Hair salon, massage | <input type="checkbox"/> Manufacturing Plant | <input type="checkbox"/> Hotel / motel | <input type="checkbox"/> Day Camp | <input type="checkbox"/> Social gathering; eg birthday party, funeral | <input type="checkbox"/> Work (if any of these selected risks are work, please ensure work is | <input type="checkbox"/> Community event/mass gathering; eg; concert, sporting event | <input type="checkbox"/> Other | <input type="checkbox"/> Adult Day Care/PACE program | <input type="checkbox"/> None | <input type="checkbox"/> Animal with confirmed or suspected COVID-19 | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Restaurant or other food establishment | <input type="checkbox"/> Bars, Brewery, or nightclubs | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Place of worship | <input type="checkbox"/> Indoor Entertainment; eg bowling alley, movie theatre, arcade | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Sports Team Participation | <input type="checkbox"/> Gyms or Fitness centers | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Pool or spa | <input type="checkbox"/> Processing Plant | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Personal Care; eg Hair salon, massage | <input type="checkbox"/> Manufacturing Plant | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Hotel / motel | <input type="checkbox"/> Day Camp | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Social gathering; eg birthday party, funeral | <input type="checkbox"/> Work (if any of these selected risks are work, please ensure work is | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Community event/mass gathering; eg; concert, sporting event | <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Day Care/PACE program | <input type="checkbox"/> None | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Animal with confirmed or suspected COVID-19 | <input type="checkbox"/> 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? <input type="checkbox"/> | Yes <input type="button" value="Add New"/> |
| ## Interviewer's name | Christy Crowley |
| ## Date of interview | 04/27/2022 <input type="button" value="Calendar"/> |

- If N, why not? All child questions

| Case Interviews / Investigations | |
|--|---|
| ## Was the patient interviewed? <input type="checkbox"/> | No <input type="button" value="Add New"/> |
| ## Why was patient not interviewed? | Patient unable to communicate <input type="button" value="Dropdown"/> |

| Case Interviews / Investigations | |
|--|--|
| ## Was the patient interviewed? <input type="checkbox"/> | No <input type="button" value="Add New"/> |
| ## Why was patient not interviewed? | Patient deceased <input type="button" value="Dropdown"/> |

| Case Interviews / Investigations | |
|--|---|
| ## Was the patient interviewed? <input type="checkbox"/> | No <input type="button" value="Add New"/> |
| ## Why was patient not interviewed? | Other <input type="button" value="Dropdown"/> |
| 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? | <input type="text"/> |
| ^ Were interviews conducted with others? | No <input type="text"/> |

- If yes, who was interviewed? All child questions

| Case Interviews / Investigations | |
|---|--|
| ## Was the patient interviewed? | <input type="text"/> |
| ^ Were interviews conducted with others? | Yes <input type="text"/> |
| Who was interviewed? <input type="checkbox"/> | Spouse / domestic partner <input type="text"/> Add New |
| Date of interview | 04/27/2022 <input type="text"/> |
| Interviewer's name | Christy Crowley <input type="text"/> |

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 <input type="button" value="v"/> |
| Number of contacts named | <input type="text" value="2"/> |
| OPTIONAL: Add available Names/Locating info (phone, email, address) for close contacts during case-patients infectious period | <div style="border: 1px solid gray; height: 150px;"></div> |
| <i>*Infectious period starts 48 hours prior to symptom onset or specimen collection date if asymptomatic</i> | |

- If No, why not?

| | |
|---|--|
| ^ Did the patient or other interviewed name any contacts? | No <input type="button" value="v"/> |
| Reason no contacts named | <ul style="list-style-type: none"><input type="radio"/> No known contacts<input type="radio"/> Pt/other refused<input type="radio"/> Pt mentally incapacitated<input type="radio"/> Contacts identified by facility<input type="radio"/> Other |

Risk History package - Key fields

- ^ Recommended: Case Interviews / Investigations section cont.
- Were contacts entered into CCTO? Y/N
 - 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) | <input type="checkbox"/> Contacts out of state <input type="checkbox"/> Not enough locating information to initiate <input type="checkbox"/> Contact deceased <input checked="" type="checkbox"/> Contact already known case <input type="checkbox"/> Other |

Reporting Events to the State

»» No Follow-Up

COVID-19 No Follow-Up

- Under the Agreement Addenda, LHD's have 30 days from notification date to complete case investigations
- In some cases, the LHD may not be able to follow up on an event in a timely manner or may be exempted from following up on an event
 1. The event may not be prioritized based on current guidance – see the latest guidance posted in the LHD monthly key points
 2. Despite repeated attempts, you may not be able to contact the patient. The patient may not return calls, may have died, or may be incapacitated.
 3. If an event was not submitted to you until 30 days after the diagnosis date, then follow up is not useful from a surveillance standpoint

COVID-19 No Follow-Up

- For prioritized cases, the standard is three (3) attempts to contact the patient before considering the patient 'lost to follow up'
- Contacting the provider (if one is available), can be considered one of the contact attempts, as the provider may have at least some of the clinical and risk information if the patient is unable to be located
- If this event does not receive follow-up, there are still minimum fields that must be completed when you submit the event to the State

Clinical package – Key fields

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

- It is ok to put unknown here if you are unable to reach either the patient or the provider to collect this information

| General Diagnostic Information | |
|--|--|
| ## <i>Is / was patient symptomatic for this disease?</i> | Unknown ▾ |
| ## <i>Date that best reflects the earliest date of illness identification</i> | 04/23/2022  |
| ## <i>Illness identification date represents:</i> | 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: Clinical Outcome: Survived / Died

| Clinical Outcomes | |
|--|------------|
| Indicate the clinical outcomes associated with this illness. | |
| Discharge/Final diagnosis | |
| ## 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 |

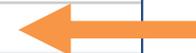
Clinical package - Key fields

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

| 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: Case Interviews/Investigations section -

- Was the pt interviewed? Y/N
 - If No, why not? All child questions

| Case Interviews / Investigations | |
|-------------------------------------|---------------------------------|
| ## Was the patient interviewed? ☒ | No ▾ Add New |
| ## Why was patient not interviewed? | Not prioritized for follow up ▾ |
| Reason Not Prioritized | |

| Case Interviews / Investigations | |
|-------------------------------------|---|
| ## Was the patient interviewed? ☒ | No ▾ Add New |
| ## Why was patient not interviewed? | Lost to follow-up (3 contact attempts made) ▾ |

| Case Interviews / Investigations | |
|-------------------------------------|--------------------------------------|
| ## Was the patient interviewed? ☒ | No ▾ Add New |
| ## Why was patient not interviewed? | 30 days past LHD notification date ▾ |

| Case Interviews / Investigations | |
|-------------------------------------|------------------------------|
| ## Was the patient interviewed? ☒ | No ▾ Add New |
| ## Why was patient not interviewed? | Refused ▾ |

Reporting Events to the State

» Reporting Deaths

COVID-19 Reporting Deaths

A novel coronavirus-associated death is defined for surveillance purposes as a death resulting from a clinically compatible illness that was confirmed to be COVID-19 by an appropriate laboratory test. There should be no period of complete recovery between the date of COVID-19 diagnosis and the date of death.

A death should NOT be reported if any of the following are true:

1. There is no laboratory or other diagnostic confirmation of SARS-CoV-2 virus infection
2. Novel coronavirus illness is followed by full recovery to baseline health status prior to death
3. After review and consultation there is an alternative agreed upon cause of death

Laboratory testing for SARS-CoV-2 infection can be from pre- or post-mortem clinical specimens.

COVID-19 Reporting Deaths

Guidance for implementation of COVID-19 associated deaths case definition:

- This is a SURVEILLANCE case definition, not a medical definition.
- A death certificate is NOT needed. Under North Carolina's current surveillance case definition, it is possible both for someone to meet the case definition to be counted as a COVID-19 associated death and not have COVID-19 listed on the death certificate, and for someone to have COVID-19 on their death certificate and not be counted as a COVID-19 death. The determination of whether a case is a COVID-19 associated death for surveillance purposes is a public health decision, while the causes of death on the death certificate is the determination of the physician or medical examiner.
 - COVID-19 does not have to be a direct cause of death for a death to be COVID-19 associated. The key question is: would this person have died at this time if they had not had COVID-19? Or did COVID-19 in some way hasten their death? If they might have lived longer, then it is a COVID-19 associated death.
 - If a person is mentally or physically incapacitated and unable to be interviewed or the interview is questionable, then symptoms of COVID are difficult to determine. This should be counted as a death unless there was another non-COVID-19 cause of death (e.g. trauma).
- If you determine a case is not a COVID-19 death, documentation should be provided in the notes or the discharge summary or death report can be attached to the event if they are available.

Updating an event to a COVID death

- 3 Steps to updating an event to a death
 1. Update the Clinical Outcome in the Clinical Package
 2. Update the Person information in the Person Tab
 3. Update the Disease event

Clinical package - Clinical Outcome

- **Clinical Outcomes:** If the person has died from COVID-19, update the fields:
 - Clinical Outcome to Died
 - Died from this Illness = Yes
 - Location of Death, State and County where the person died

| | |
|--|----------------------|
| ## 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 |

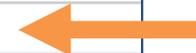
Person Tab - Update with Death

- Update Date of Death in Person Tab -this updates the Clinical question package

| 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 |



Update Disease Event to Coronavirus Death

- For patients that die, change the event Disease to Coronavirus Death
 - From the event dashboard, click the “Edit Event Properties” button

Event Summary

| Basic Information | |
|-------------------------|--|
| Event ID: | COVID_117544052 |
| Disease: | Coronavirus (COVID-19) |
| Person: | Hot Tamales Birth Date: 07/01/1950 (71 Male) |
| Type: | Interactive |
| Investigation Status: | Open |
| Linked Events/Contacts: | 1 linked event(s)/contact(s) (View) |
| Attachments: | 0 attachment(s) (Add) |
| Notifications: | Classification: Unspecified |
| | County of residence: Mecklenburg County |
| | Earliest COVID-19 Diagnosis Date: |
| | Linked outbreak: Mecklenburg COVID-19 White Oak Manor of Charlotte Outbreak April 2021 [Open] |

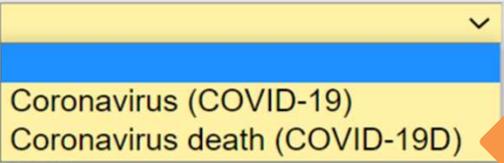
[Edit Event Properties](#) ←

Update Disease Event to Coronavirus Death

Edit Event Properties - Hot Tamales - Coronavirus (COVID-19)

Event Information

Event ID: COVID_117544052

Change Disease To: 

Person:

Status: Open

Change Status To: 

Note: 

Category: Generic 

Note Type: Public 

Deduplication Status: Done 

1. From the dropdown selection for “Change Disease to”
2. Select ‘Coronavirus death (COVID-19D)’
3. Then click the “Save” button

Update Disease Event to Coronavirus Death

- Coronavirus Death (COVID-19D) will display

Event Summary

| Basic Information | |
|-------------------------|--|
| Event ID: | COVID_117544052 |
| Disease: | Coronavirus death (COVID-19D) |
| Person: | Hot Tamales Birth Date: 07/01/1950 (71 Male) |
| Type: | Interactive |
| Investigation Status: | Open |
| Linked Events/Contacts: | 1 linked event(s)/contact(s) (View) |
| Attachments: | 0 attachment(s) (Add) |
| Notifications: | Classification: Unspecified |
| | County of residence: Mecklenburg County |
| | Earliest COVID-19 Diagnosis Date: |
| | Linked outbreak: Mecklenburg COVID-19 White Oak Manor of Charlotte Outbreak April 2021 (Open) |

[Edit Event Properties](#)

Reporting Events to the State

»» Administrative Package

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 <input type="text"/> |
| Laboratory name | zz_Other <input type="text"/> |
| If other, specify | Fictional Lab <input type="text"/> |
| ## Date of Initial Report to Public Health (Required) | 04/25/2022 <input type="text"/> |
| ## Initial method of report | Paper lab report <input type="text"/> |

*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 <input type="text"/> |

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
 - 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) | Meckenburg 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 | | |

The dropdown menu for Classification status in the second entry is open, showing the following options: Unspecified, Contact, Under investigation, Suspect, Probable, Confirmed (highlighted), and 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 a 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>

Reporting Events to the State

»» Events needing corrections

COVID-19 Events needing corrections

- Some missing or inconsistent fields will result in the event returned to you by the State for correction
 - Events returned can be found in the workflow:
 - C.2 CD Review and Approval Workflows
 - Event Classification status: 3. Reassign to LHD from State

Before submitting any event to the state, double check your work! Check everything and make sure that it is correct to the best of your ability.

Questions



For additional questions or assistance, please contact

Help Desk: NCEDSSHelpDesk@dhhs.nc.gov
(919)715-5548 or toll-free (877)625-9259

Training: NCEDSSTrainings@dhhs.nc.gov