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COVID-19 Duplicate Persons & Events

- ❖ If the **person** is a duplicate, do NOT deduplicate. Please send an email to the NCEdSS Helpdesk to request deduplication. Ensure you have updated the person information, otherwise, the Helpdesk will not know which information is correct
- ❖ LHD's can complete event deduplication for COVID-19, but can also request support for this from the NCEdSS Helpdesk
- ❖ You do not need to put a note on the Event Dashboard, as this will be confusing once the duplication is complete

 [Contact Us](#)  [Email Us](#)
 919-715-5548 (toll-free at 877-625-9259) NCEdSSHelpDesk@dhhs.nc.gov

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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. Data entered is what is known at the time of investigation
- ❖ Document your investigative activities in the Risk History package, Case Interviews / Investigations section

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COVID-19 Investigation Completion

- ❖ 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

CD Events Submitted for Review and Approval (Viral Diseases):

3. Reassign to LHD from State

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Person Information – Key fields

Required: Name, date of birth, gender, date of death (if applicable)

Demographic Information (View History)	
Name:	Person, Test
Maiden/Other Name:	
Alias:	
Gender:	Male
Birth Date:	01/01/1960
Death Date:	03/30/2020
Living Status:	Dead
Age:	60
Social Security Number:	

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Person Information – Key fields

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

Address	County	Country
Raleigh, NC 27603	Wake 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 pkg

▲ Currently homeless

▲ Recommended: Race / ethnicity is not required, but if available, please enter

▲ Race
 ▲ Hispanic ethnicity

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Demographic package – Key Fields

^ Recommended: Employment Information

- Occupation
- Employer Name
- In what kind of business or industry does the person work

Employment Information	
^ Occupation	
^ Employer name	
^ In what kind of business or industry does the person work	

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Clinical package – Key fields

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

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

General Diagnostic Information	
## Is / was patient symptomatic for this disease?	Yes <input type="checkbox"/>
## Date that best reflects the earliest date of illness identification	10/30/2020 <input type="text"/>
## Illness identification date represents:	Date symptoms began <input type="text"/>

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

General Diagnostic Information	
## Is / was patient symptomatic for this disease?	No <input type="checkbox"/>
## Date that best reflects the earliest date of illness identification	10/30/2020 <input type="text"/>
## Illness identification date represents:	Date of laboratory testing <input type="text"/>

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Clinical package – Key fields

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

Clinical Findings (including signs, symptoms, diagnostic tests, and complications)	
## Earliest (1 st) symptom onset date (only required if symptomatic)	11/02/2020 <input type="text"/>

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

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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"/>

^ Recommended: Hospital Admit Date if known

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

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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 outcome	Survived <input type="text"/>
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## Clinical outcome	Died <input type="text"/>
## Died from this illness	Yes <input type="text"/>
## Location of death	Hospital inpatient <input type="text"/>
## Patient died in North Carolina	Yes <input type="text"/>
## County of death	Chatham County <input type="text"/>
## Date of Death (update in Person Tab)	09/08/2020 <input type="text"/>

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Clinical package - Key fields

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

Edit Person	
First Name:	Testy
Middle Name:	
Last Name:	Test
Suffix:	
Maiden/Other Name:	
Alias:	
Birth Date:	01/01/1980 <input type="text"/>
Death Date:	03/15/2020 <input type="text"/>
Living Status:	Dead <input type="text"/>

## Clinical outcome	Died <input type="text"/>
## Died from this illness	Yes <input type="text"/>
## Location of death	Hospital inpatient <input type="text"/>
## Patient died in North Carolina	Yes <input type="text"/>
## County of death	Chatham County <input type="text"/>
## Date of Death (update in Person Tab)	09/08/2020 <input type="text"/>

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Risk History package – Key fields

Required: *Congregate living section*

– if the patient resides in a correctional facility, barracks, homeless shelter, school or assisted living facility, please complete the associated fields

21. Correctional facility
22. Barracks
23. Shelter
24. Commune
25. Boarding school
26. Camp
27. Remedy Prisoners
28. University/College Residence Hall
29. Migrant Worker Housing
30. Assisted Living Facility/Long Term Care Facility
31. Skilled Nursing Facility
32. No
33. Other

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)

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Risk History package – Key fields

Required: *Health Care Facility Exposure Risks* section

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

Emergency Department (and hospitalizations)
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
33. Other

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)

Please specify facility name:

What is their occupation?

What is their job setting? (check all that apply)

<input type="checkbox"/> Physician
<input type="checkbox"/> Respiratory therapist
<input type="checkbox"/> Nurse
<input type="checkbox"/> Environmental services
<input type="checkbox"/> Other
<input type="checkbox"/> Unknown
<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

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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

## 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?	<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
Specify type of contact	
*If you are a healthcare worker and you have contact with a co-worker with COVID-19, the exposure type is "Work-associated"	

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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)

<p>4 In the 14 days prior to these onset, did the patient have any of the following additional risk exposures? (check all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Restaurant or other food establishment <input type="checkbox"/> Place of worship <input type="checkbox"/> Sports team/facility <input type="checkbox"/> Pet or reptile <input type="checkbox"/> Personal Care, e.g. hair salon, massage <input type="checkbox"/> Public transit <input type="checkbox"/> Social gathering, e.g. birthday party, house <input type="checkbox"/> Community event/celebration, e.g. concert, sporting event <input type="checkbox"/> Adult Day Care/PTSD program <input type="checkbox"/> Sexual contact with confirmed or suspected COVID-19 <input type="checkbox"/> Indoor place in <input type="checkbox"/> Outdoor place in <input type="checkbox"/> Unknown 	<p>Other exposures</p> <ul style="list-style-type: none"> <input type="checkbox"/> Date, Brewery, or nightclub <input type="checkbox"/> Indoor Swimming, ice skating/skating, private theatre, arcade <input type="checkbox"/> Cruise or Private event <input type="checkbox"/> Day Camp <input type="checkbox"/> Manufacturing Plant <input type="checkbox"/> Day Camp <input type="checkbox"/> Other <input type="checkbox"/> If any of these selected items are not work, please ensure you also select "Other" <input type="checkbox"/> Unknown
	<p>Specify type of dining</p>	<p>Specify restaurant name</p>

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Risk History package – Key fields

^ Recommended: In the absence of a required risk, please try to note if the person had some other risk for this disease.

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Risk History package – Key fields

Required: *Case Interviews/Investigations* section –
Was the pt interviewed? Y/N. If N, why not? All child questions

Case Interviews / Investigations	
## Was the patient interviewed? is	Yes <input checked="" type="checkbox"/> Add New
## Interviewer's name	Christy Crowley
## Date of interview	10/30/2020 <input type="text"/>

Case Interviews / Investigations	
## Was the patient interviewed? is	No <input checked="" type="checkbox"/> Add New
## Why was patient not interviewed?	Go to follow-up is <input type="text"/> contact attempts made <input checked="" type="checkbox"/>

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Risk History package – Key fields

^ Recommended: *Case Interviews/Investigations* section.

Were interviews conducted with others?

Were interviews conducted with others?	Yes
Who was interviewed?	Spouse / domestic partner
Date of interview	10/30/2020
Interviewer's name	Christy Crowley

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Risk History package – Key fields

^ Recommended: *Case Interviews / Investigations* section –

Did the patient name any contacts? Y/N. If N, why not?

Did the patient or other interviewed name any contacts?	Yes
Number of contacts named	6
OPTIONAL: Add available Names/Location info (phone, email, address) for close contacts during case-patient's infectious period	
*Infectious period starts 48 hours prior to symptom onset or specimen collection date if asymptomatic	
Did the patient or other interviewed name any contacts?	No
Reason no contacts named	<input type="radio"/> No known contacts <input checked="" type="radio"/> Pt/other refused <input type="radio"/> Pt mentally incapacitated <input type="radio"/> Contacts identified by facility <input type="radio"/> Other

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Risk History package – Key fields

Optional: *Case Interviews/Investigations* section –

Were contacts entered into CCTO? Y/N. If N, why not?

Were all contacts entered into CCTO?	Yes
Number of contacts entered	1
Reason not all contacts entered (check all that apply)	<input checked="" type="checkbox"/> Contacts out of state <input type="checkbox"/> Not enough locating information to initiate <input type="checkbox"/> Contact deceased <input type="checkbox"/> Contact already known case <input type="checkbox"/> Other

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Administrative pkg - Disease Reporting

Required: Please ensure that the Disease Report Information & NC County of Residence is complete for the event and assign the event to the State for reporting

Disease Report Information	
## Initial Source of Report to Public Health	Laboratory
Laboratory name	Laboratory Corporation of America (LabCorp - 14)
## Date of Initial Report to Public Health (Required)	10/28/2020
## Initial method of report	Electronic lab report (ELR)

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	Wake County

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Administrative pkg - Report to the State (+) PCR labs

❖ For COVID-19, for events confirmed with a positive (+) PCR lab test, when you report the event to the State, please assign to the "State Disease Registrar" with the reason "Assign to the State" and ensure that you have set the classification status to "Confirmed"

Event Assigned to Registrar	
## Assign This event to the Registrar (you must select a reason for this event by clicking on the Registrar)	Assign to State
## Reason for the assignment	Assign to State
## Authorized Reporter	State Disease Registrar
## Classification status	Confirmed

**The Authorized Reporter should be the person reporting the event to the State. This will be the person the State calls if they have questions about the event

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Administrative pkg - Report to the State (+) Ag labs

❖ For COVID-19, for events confirmed with a positive (+) Antigen (Ag) lab test, when you report the event to the State, please assign to the "State Disease Registrar" with the reason "Assign to the State" and ensure that you have set the classification status to "Probable"


Event Assigned to Registrar	
## Assign This event to the Registrar (you must select a reason for this event by clicking on the Registrar)	Assign to State
## Reason for the assignment	Assign to State
## Authorized Reporter	State Disease Registrar
## Classification status	Probable

**The Authorized Reporter should be the person reporting the event to the State. This will be the person the State calls if they have questions about the event

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❖ Questions– please contact your TATP nurse



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