"A network of networks for a healthier nation."

National Electronic Disease Surveillance System (NEDSS) Base System

NEDSS Base System User Guide

Release 5.2 GA

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This document has been developed by CSRA under a contract with the U.S. Centers for Disease Control and Prevention – Department of Health and Human Services.

DOCUMENT OBJECTIVES

This User Guide is designed to provide information to assist the user in developing the skills necessary to perform disease surveillance activities using the NEDSS Base System (NBS).

This document covers the following functionality:

- Viewing, adding and editing patient, provider, organization, and place information
- Viewing, adding and editing laboratory reports, morbidity reports, treatments, and vaccinations
- Viewing, adding, editing and transferring investigations
- Viewing, adding and editing contacts and interviews
- Submitting notifications to CDC
- Generating reports and exporting report output

1. INTRODUCTION

1.1. SECTION DESCRIPTION

This section provides the following information:

- An explanation of the purpose of NEDSS and the NBS
- A description of how to identify the investigations the NBS supports and the general process of entering investigations
- A description of the Home page and how to utilize the Work queues

1.2. NBS OVERVIEW

1.2.1. Description

This section provides an overview of the NEDSS Base System and its use. It is intended to aid you in the following areas:

- Understanding the purpose of NEDSS and the NBS
- Identifying the investigations supported by the NBS
- Understanding the basic process of entering investigations into the NBS

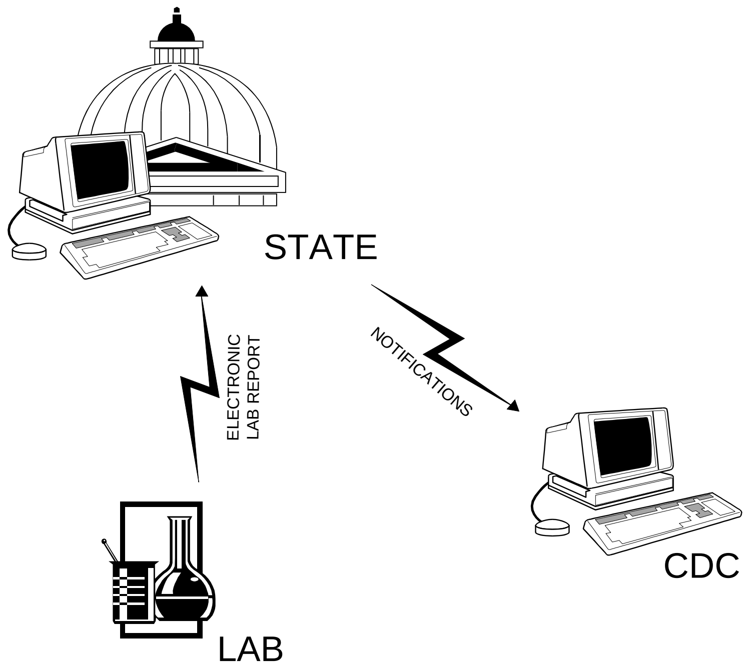
1.2.2. What is NEDSS

NEDSS is an acronym for the **N**ational **E**lectronic **D**isease **S**urveillance **S**ystem. It is an initiative to promote data and information system standards for disease surveillance. Surveillance systems collect and monitor data for disease trends and/or outbreaks. Public health personnel use this data to protect the nation's health.

The goal of the NEDSS initiative is the development of efficient, interoperable, and integrated surveillance systems at federal, state, and local levels by facilitating the electronic transfer of appropriate information from clinical information systems in the health care industry to public health departments; reducing provider burden in the provision of information; and enhancing both the timeliness and quality of information provided.

1.2.3. What is the NEDSS Base System?

The NEDSS Base System is a specific implementation of the NEDSS standards. It provides a system for the secure, accurate, and efficient collection, transmission, and analysis of public health data. The NBS also provides a platform upon which program-specific modules can be built to meet state and program area requirements.



State health departments use the NBS for the surveillance and analysis of notifiable diseases, replacing the functionality currently supported by the National Electronic Telecommunications System for Surveillance (NETSS).

1.2.3.1. Features

Using the NBS you can perform the following disease surveillance activities:

- View, add, and edit
  - Demographic information, such as patient, provider, and organization information
  - Lab reports and morbidity reports
  - Treatment information
  - Vaccination information
  - Investigations
  - Interview and Contact Information
- Manage Documents (e.g., transferring ownership, marking as *Reviewed*, sharing documents, etc.)
  - HL7 CDA (Clinical Document Architecture) public health document (PHDC)

- Electronically submit notifications of reportable conditions to CDC
- Analyze system data by creating and running reports or exporting report output for use in third-party analysis, visualization, and reporting (AVR) tools

1.2.4. Which Conditions Does the NBS Support?

NBS supports a number of conditions through its core and extended investigation functionality. The use of the Page Builder functionality provides a method of establishing support for any condition for which your state or jurisdiction gathers data. For more detailed information about the Page Builder functionality, see the *NBS Page Builder Guide* and consult the introductory and training modules and FAQs on NBS Central.

NBS supports STD/HIV surveillance activities. This support includes functionality for investigations, interviews, and case management; additional templates offered in Page Builder for STD/HIV support; and additional question types within Page Builder. Some of this functionality is available only for STD/HIV surveillance, but much of it applies to all conditions that NBS supports. The STD/HIV-only functionality is clearly identified as such in this User Guide.

1.2.4.1. Core Investigation Functionality

The core investigation functionality supports approximately 95 conditions using a generic investigation form. The generic form contains a standard set of questions, regardless of the condition under investigation. It includes an investigation summary, reporting source information, clinical and epidemiological information, as well as administrative information. As of the 5.1 release, the generic form in NBS is based on version 2 of the Generic Message Mapping Guide (MMG). Previous versions of NBS have used version 1 of the Generic MMG. Pages based on Generic version 1 will continue to be supported in NBS.

NBS provides templates in support of STD/HIV surveillance, using a generic STD template for STD/HIV conditions. Currently, a template is not provided for Congenital Syphilis. These templates can be altered by the states as with any other Page Builder template. Because the template includes many business rules, some of which are very complex, and contains specific coding in Rhapsody to create a case notification message to CDC, the NBS team strongly recommends that the user making changes understands the functionality of the page, especially prior to hiding any questions or revising/removing/adding rules. Any changes to a template should be saved as a new template for use in STD surveillance and case management, rather than replacing the existing template.

NOTE: If a user does not have permissions to access HIV fields, those fields will not be shown to that user within the STD Investigation.

1.2.4.2. Program Area Modules

Program Area Modules (PAMs) support the extended investigation functionality, and include the following conditions:

- Hepatitis A, B, C, D, E, and non-ABC
- Bacterial Meningitis and Invasive Respiratory Diseases
  – Meningococcal

- Streptococcus pneumoniae
- Haemophilus influenzae
- Group A and Group B Streptococcus

- Vaccine Preventable Diseases
  - Measles
  - Rubella
  - Pertussis
  - Congenital Rubella Syndrome
- Foodborne Diseases
  - General Foodborne Conditions
  - Listeria
  - Botulism
  - Cholera
  - Salmonella
  - Cryptosporidiosis
  - Cyclospora
- Tuberculosis
- Sexually Transmitted Diseases (STDs) (excluding congenital syphilis)

Note: *The foodborne conditions are handled by means of Collaboratively Defined Fields and display at the bottom of the View Investigation page.*

The PAM forms contain disease-specific questions, in addition to the investigation summary, reporting source, clinical, epidemiological, and administrative sections included in the generic investigation form.

Note: *The PAMs are analogous to the NETSS supplemental and disease-specific records.*

While it is useful to conceptualize the PAMs as distinct modules or "add-ons" to the core functionality intended to address program needs for disease-specific functionality, their tight integration with the NBS provides you seamless access to both PAM and core functionality.

1.2.5. How Do You Enter Investigations into the NBS?

The process of entering an investigation into the NBS involves first determining the method in which you intend to work. Entering an investigation from an electronic document (e.g., PHCR or ELR) in NBS requires different procedures than entering an investigation from paper-based laboratory reports, case reports, and morbidity reports. Once you choose a method, the process involves entering demographic and/or disease information in the relevant data entry pages.

1.2.5.1. Entering an Investigation from a Document in NBS

You can enter an investigation from a document.

Note: *The term "document" refers specifically to laboratory reports, case reports, and morbidity reports.*

Note: *NBS provides Workflow Decision Support functionality for ELR and PHCR or PHDC that will automatically create investigations and submit notifications based on algorithms set up for your Jurisdiction(s) and Program Area(s) that are triggered when* *certain criteria are met. For detailed information on setting up and implementing Workflow Decision Support, see the* NBS System Management Guide*.*

To enter an investigation from a document, perform the following procedure:

1. Review the document.

   If an investigation is required, you can create an investigation from the laboratory report, case report, or morbidity report. Otherwise, you can mark the document as *Reviewed* and move on to the next item in your work queue.

2. Create the investigation for the condition you want.

   If you have any additional documents for this case, you can assign them to the investigation. You can add any relevant treatment or vaccination information, as well as additional laboratory reports or morbidity reports.

3. Submit the notification.

   If the investigated condition meets the case definition, you can submit a notification of the investigation to the CDC. Depending upon your security permissions, you can submit the notifications directly to the CDC or to a supervisor who reviews your notification before submitting it.

1.2.5.2. Entering an Investigation from a Paper-Based Document

While NBS supports entering a case report from electronic laboratory reports and other remotely entered documents, you will still encounter the need to perform manual data entry of information derived from traditional, paper-based lab and morbidity reports.

In general, to enter an investigation from a paper-based lab or morbidity report, you perform the following procedure:

1. Find the patient you want.

   If the patient does not exist in the system, add the patient's information.

2. View the patient's file.

   The patient's file contains all of their available.

3. Optionally, add one or more of the following:

   - Lab report
   - Morbidity report
   - Vaccination record

   Note: *You can add treatment information by means of a morbidity report or through an investigation.*

4. Create the investigation.

5. Create and submit a notification if the investigated condition meets the case definition.

1.2.6. The NBS Home Page

The initial landing page upon login to NBS is the Home page.

The NBS Home Page provides a dashboard that allows users, based upon their permission sets, to perform a patient search, get quick access to their customized reports, see notices and news feeds specific to their organizations, and obtain access to their work queues.

1.2.6.1. Work Queues

There are ten possible work queues available to users, based on permissions and roles set up for the users in the NBS system:

- **Open Investigations**
  Link to Open Investigations
- **Approval Queue for Initial Notifications**

  The system allows users with "Create Notification, Approval Required" permissions to create notifications while deferring approval or rejection decisions to the supervisor. The Approval Queue for Initial Notifications allows a supervisor-level user to review initial notifications that have been submitted and to approve or reject them.
- **Updated Notifications Queue**

  When a user updates a previously rejected notification, the updated notification moves into this queue to await review by a supervisor-level user.
- **Rejected Notifications Queue**

  When a supervisor-level user rejects a notification, the notification goes into this queue to await update by the user responsible for the initial notification.
- **Documents Requiring Security Assignment**

  When a document is created during the ELR migration process, the document import process, or manually by a user who is not authorized to set observation ownership security, the system will attempt to derive Program Area and Jurisdiction. If the derivation process is not successful, the document moves into the Documents Requiring Security Assignment queue to allow an authorized user to manually assign Program Area and/or Jurisdiction.

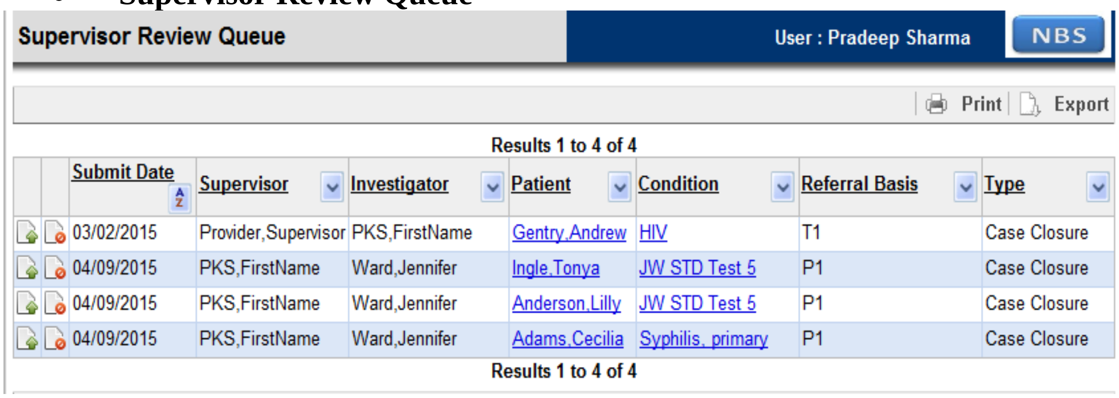
  ***Bulk Transfer* -** A user can select all or select a group using the selection box on the first column. Users can Transfer Program Area, Transfer Jurisdiction or both (Transfer Ownership) of one or more items. Note that if you are transferring program area, the program area you are transferring from must be the same for all items selected.
- **Documents Requiring Review**

  A document (case report, laboratory report or morbidity report) is considered "unprocessed" and, therefore, requiring review if one of the following occurred:
  - A document is created and a user did not have permission or chose not to take any action as a part of creating the document.
  - A document was created by the ELR migration process.
  - An updated message was received for a previously processed ELR.
  - A public health document is created by the import migration process.

The Documents Requiring Review queue (DRRQ) provides a means of accessing the document and processing it (marking it as reviewed, associating it to an existing investigation, or using it to create a new investigation). Once a document has been processed, it moves out of the DRRQ. The **Patient** column of the DRRQ includes **Current Sex** and **DOB**. When you access a morbidity or laboratory report from the DRRQ, a View Events link is displayed at the top of the page, allowing you to view the Patient's Events tab in a read-only popup to aid the user in determining how to disposition the report

*Note: The following queues are specific to **STD/HIV surveillance** and will not appear for users supporting other communicable disease conditions.*

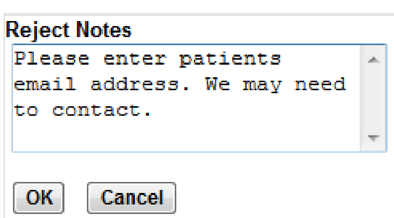
- **Supervisor Review Queue**



		Submit Date	Supervisor	Investigator	Patient	Condition	Referral Basis	Type
		03/02/2015	Provider,Supervisor	PKS,FirstName	Gentry,Andrew	HIV	T1	Case Closure
		04/09/2015	PKS,FirstName	Ward,Jennifer	Ingle,Tonya	JW STD Test 5	P1	Case Closure
		04/09/2015	PKS,FirstName	Ward,Jennifer	Anderson,Lilly	JW STD Test 5	P1	Case Closure
		04/09/2015	PKS,FirstName	Ward,Jennifer	Adams,Cecilia	Syphilis, primary	P1	Case Closure

Results 1 to 4 of 4

The Supervisor Review queue allows the supervisor to review closed investigations for approval. Once the investigation has been approved (by clicking on the icon with the green arrow), it moves out of the Supervisor Review queue. If an investigation is rejected (by clicking on the), the investigation is reopened and a message is placed in the Messages queue indicating that the investigator needs to update the investigation based on supervisory comments. Selecting Approve or Reject shows a notes window. Note that OK can be selected without entering comments.



- **Messages Queue**

The Messages queue is used to inform users managing STD/HIV Investigations of activity that concerns them (e.g., someone else associates a new Lab or provider Morbidity Report to their investigation) or of work that is assigned to them.

Messages are sent only to the person assigned to the related disease investigation to notify them that someone has changed and/or modified data, added related data, or assigned work. The user can mark messages as *Read* or *Unread* and remove messages from his or her queue.

Messages that are displayed in the queue are as follows:

- *New assignment* when an STD investigation is assigned to someone other than the person entering the assignment.
- *New provider/laboratory report* when a new lab test or provider morbidity report is associated to an existing open STD investigation.
- *Updated Pending Lab Result* when a matching test is found awaiting results and a user (other than the one assigned to the associated STD investigation) elects to update **Result Status** from *Results Pending* to another value.
- *Field Supervisory Review/Comments Modified* when added/edited within an STD investigation or when entered as part of a rejection or approval of the investigation from the Supervisor Review queue.
- *Case Supervisor Review/Comments Modified* when added/edited within an STD investigation or when entered as part of a rejection or approval of the investigation from the Supervisor Review queue.
- *New Secondary Added* when a different user adds a new contact to the investigation to which the original investigator is assigned.
- *New Cluster to your case* when as a result of an interview with one patient, a cluster is named and added to another (third) patient's case. The other patient's case must be assigned to a different investigator that the one who documented the cluster naming.
- *Disposition specified for all Contacts* when all of the contacts named and initiated for follow-up in an investigation to which the user is assigned are dispositioned.
- *Investigation Re-opened* when a closure is rejected from the Supervisor Review Queue.
- *Congenital Reopened* when a supervisor rejects the closure of a congenital report.

Selecting the messages will take the user to the related investigation.

- **Pending Congenital Report Queue**
  Note: *Though the queues are contained in the list, Congenital Reports are not included in NBS 5.2. Changes were made to the case notification structure for congenital reports that are not yet reflected in NBS. The description below is maintained from NBS Release 4.5; however, changes are expected prior to implementation in an upcoming NBS release (post 5.2).*

Congenital Syphilis is a high priority within STD Programs. If a pregnant patient has Syphilis, the Disease Investigation Specialist (DIS) will add a pending Congenital Syphilis Report to that patient's Syphilis Investigation. This pending Report is used to record maternal information and the expected delivery date. The **Vital Status** of the infant at this time is left blank so that the report will be included in the Pending Congenital Reports Queue for follow up on the infant after the delivery date. The Pending Congenital Reports Queue serves as a tickler file to assist with that tracking.

After the expected delivery date if the mother and/or baby's testing and treatment has not been received from a hospital/provider, the congenital coordinator or the worker will follow-up with all parties. Based on information received from all parties involved, a determination will be made regarding whether this is a new case or not. If there is a case, an investigation is started for the infant, and the Pending Congenital Syphilis Report from the Mother's Investigation is associated with (added to) the infant's Congenital Syphilis Report. The **Vital Status** in the report is set to *1 – Alive"*, *2 – Born alive, then died*, *3 – Stillborn*, or *9 – Unknown*. Once the **Vital Status** has been established, the report is removed from the Pending Congenital Reports Queue.

If there is not a case, the Pending Congenital Syphilis Report associated with the mother's investigation is viewed and the **Missing Indicator** is set to *1 – Yes* to show that there will be no Syphilis investigation required for the Infant and, therefore, no Congenital Syphilis Report is necessary. This setting of the **Missing Indicator** removes the Report from the Pending Congenital Reports Queue.

- **Congenital Review Queue**

  Note: *Though the queues are contained in the list, Congenital Reports are not included in NBS 5.1. Changes were made to the case notification structure for congenital reports that are not yet reflected in NBS. The description below is maintained from NBS Release 4.5; however, changes are expected prior to implementation in an upcoming NBS release (post 5.1).*

  Congenital Syphilis refers to a confirmed or probable case of syphilis in a child less than two years of age with no history of sexual assault. Upon receipt of a positive syphilis (**Disposition** = *infected*) laboratory report or case report follow up for an infant or child under two with no signs of sexual abuse, the user will enter an investigation with the condition Congenital Syphilis. This investigation will be reported to CDC via notification using the NETSS/NEDSS message format. In addition, a Congenital Syphilis Report (a separate document) will be reported in the NETSS/NEDSS message as well. The user will create this document using version 2/2013. Versions 10/2003 and 04/2010 will not be supported for data entry. This document is the report that appears in the Congenital Review queue for approval/rejection by a supervisor. Once the approval/rejection has been made, the document moves out of the Congenital Review Queue. If a report is rejected, a message is placed in the Messages queue indicating that the investigator needs to update the report based on supervisory comments.

2. WORKING WITH PATIENT, PROVIDER, ORGANIZATION, AND PLACE INFORMATION

2.1. SECTION DESCRIPTION

After completing this section, you will be able to perform the following functions:

- Finding and viewing patient, provider, organization, and place information
- Finding and viewing lab and investigation information
- Adding, editing, and deleting patient information
- Adding, editing, and deleting provider information
- Adding, editing, and inactivating organization information
- Adding, editing, and inactivating place information

2.2. FINDING AND VIEWING PATIENT, PROVIDER, ORGANIZATION, AND PLACE INFORMATION

2.2.1. Description

This section contains descriptive and procedural information about the following functions:

- Finding a patient, provider, organization, or place.
- Viewing information about a patient, provider, organization, or place.

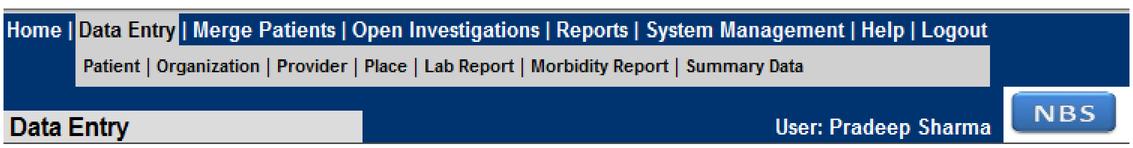
2.2.2. Finding and Viewing Patients

You can find a specific patient in the NBS using the Find Patient page.

To find a patient, perform the following procedure:

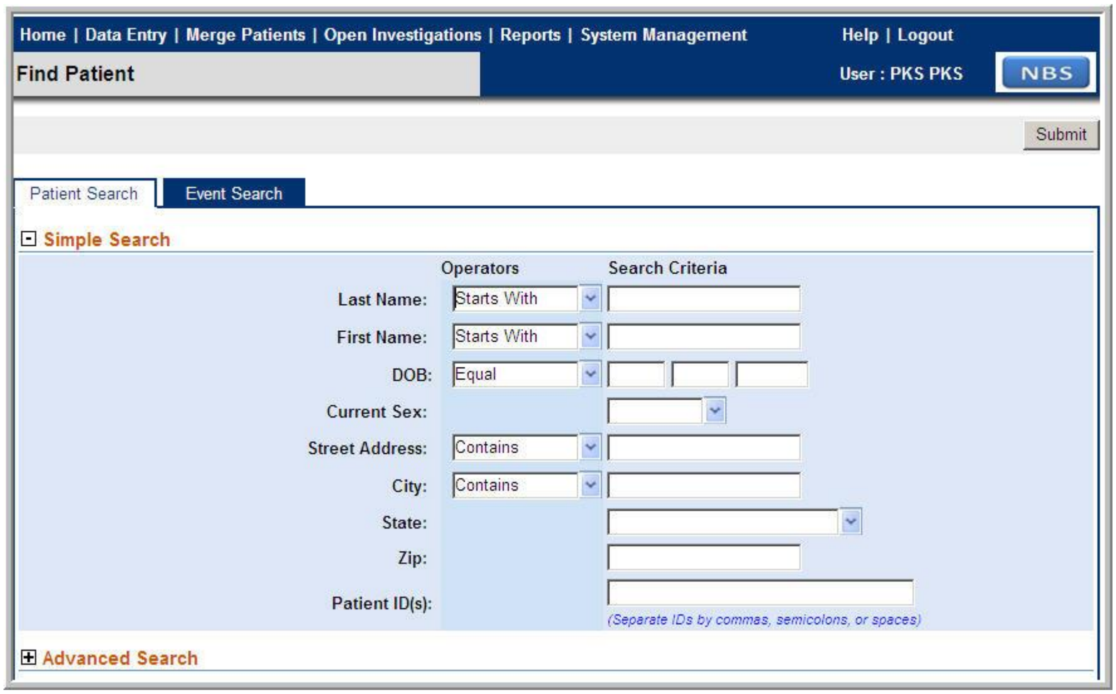
1. Choose **Data Entry** on the navigation bar.

The NBS displays a list of available options.



2. Choose **Patient**.

NBS displays the Find Patient page.

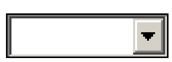


Note: *You can search for patients using the* ***Simple Search*** *criteria or the* ***Advanced Search*** *options using as few or as many fields you need.*

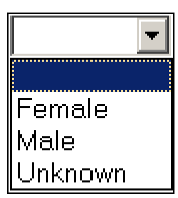
Note: *The Patient ID(s) field permits the entry of up to 5 Patient IDs, separated by commas, semicolons, or spaces. The search on these IDs is an exact search on each ID.*

Generally, you enter information by clicking the fields you want and typing the information you want. Optionally, you can press the **Tab** key to move on to the next field in the sequence.

Some fields allow you to choose one or more items from a list of options.



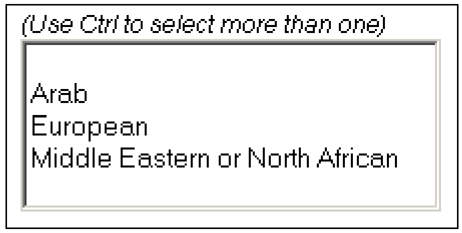
To save screen space, these fields hide the available options until you choose an item.



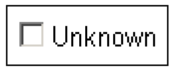
To choose an item from these fields, click the field you want and click the option you want. The NBS displays the selected option in the field.

You can also press the **Tab** key to select the field and use the **Up Arrow** and **Down Arrow** keys to select the item you want. Optionally, you can press the key associated with the first letter of the item you want. For example, you can press the **F** key to select the Female option.

Other fields present a list of items for you to choose. To choose an option, click the item you want. To select multiple items of information, you can press and hold the **Ctrl** key and click the items you want.



Some fields enable you to select a checkbox to toggle an option on or off. Click the checkbox to select the option. A checkmark displays indicating that the option is selected. Click the checkbox again to deselect the option.

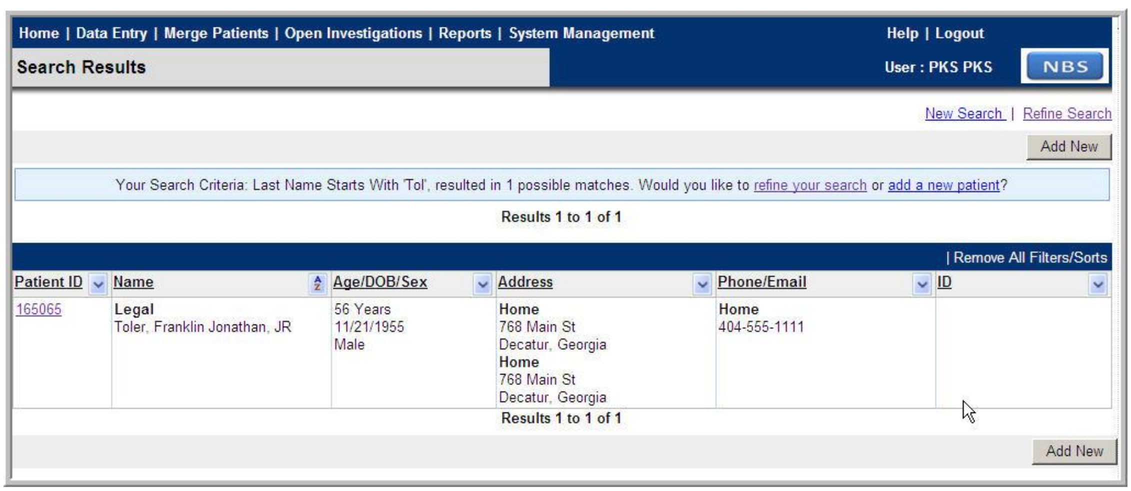


3. Type the information for the patient you want in the search criteria fields. To enter information, click the fields you want and type or choose the information you want.
4. Optionally, click the **Operators** list box for the field you want and choose the operator you want.

Note: *You use the **Operators** list box to add conditions to your search. Conditions help you refine the parameters of your search. For example, the **Contains** operator displays records containing any of the text you entered. The **Equal** operator displays records that exactly match the text you entered.*

5. Click **Submit**.

NBS displays the Search Results page.



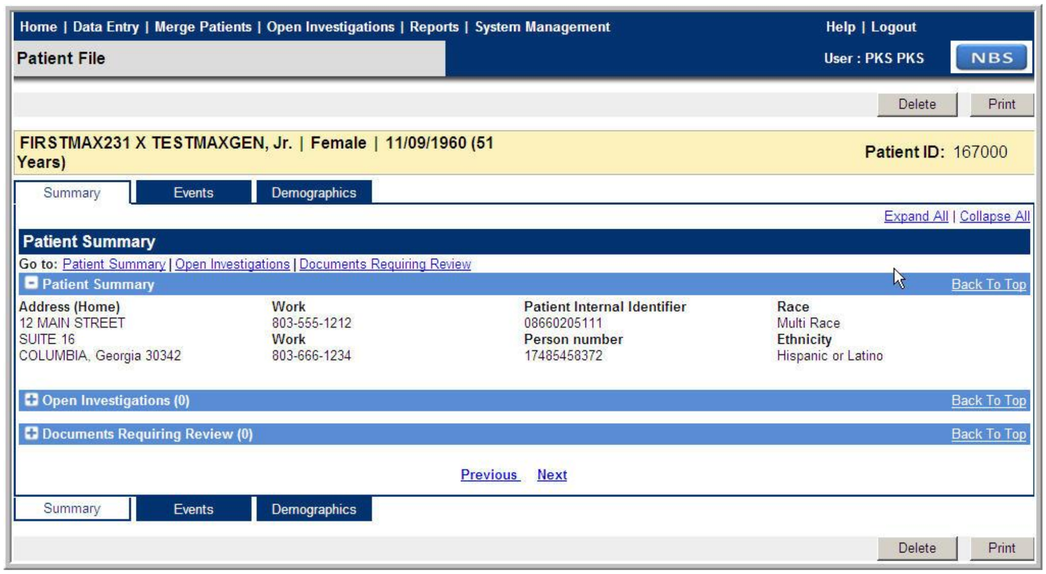
From the Search Results page, you can do the following:

- Select a patient to use to create reports by choosing the **Patient ID** link next to the patient **Name**.

- Perform a new search. To perform a new search, click **New Search** (in the upper-right corner of the page). A new search page is displayed with no search criteria specified in any field.
- Refine your existing search. To refine your existing search, click **Refine Search** (in the upper-right corner of the page). The search page containing the original search criteria is displayed, allowing you to add more detail to your search criteria.

Note: *You can also add a new patient from the Search Results page.*

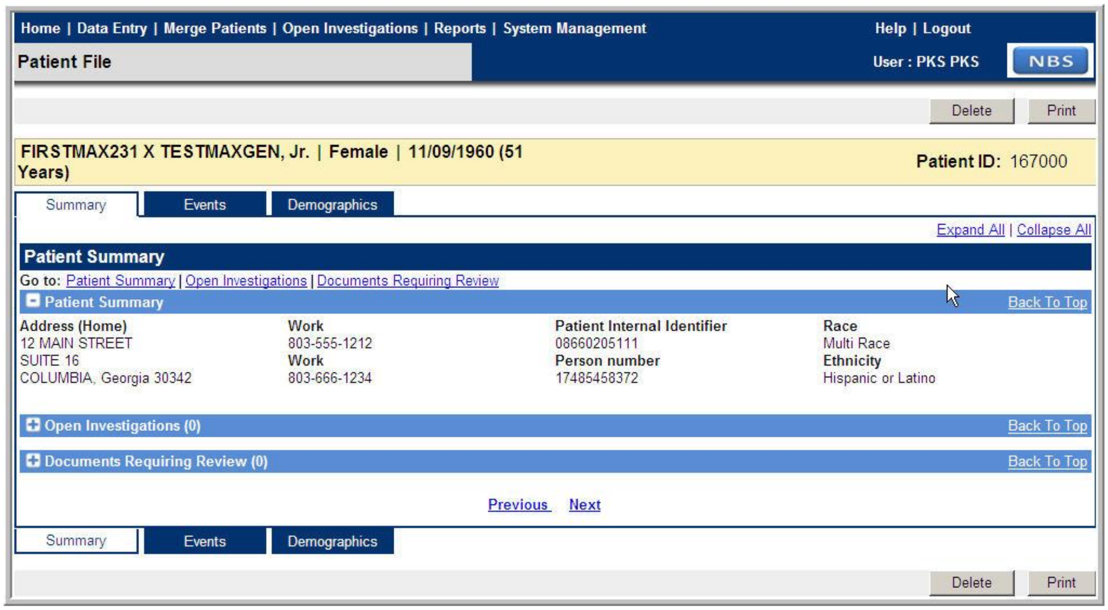
NBS displays the selected Patient File.



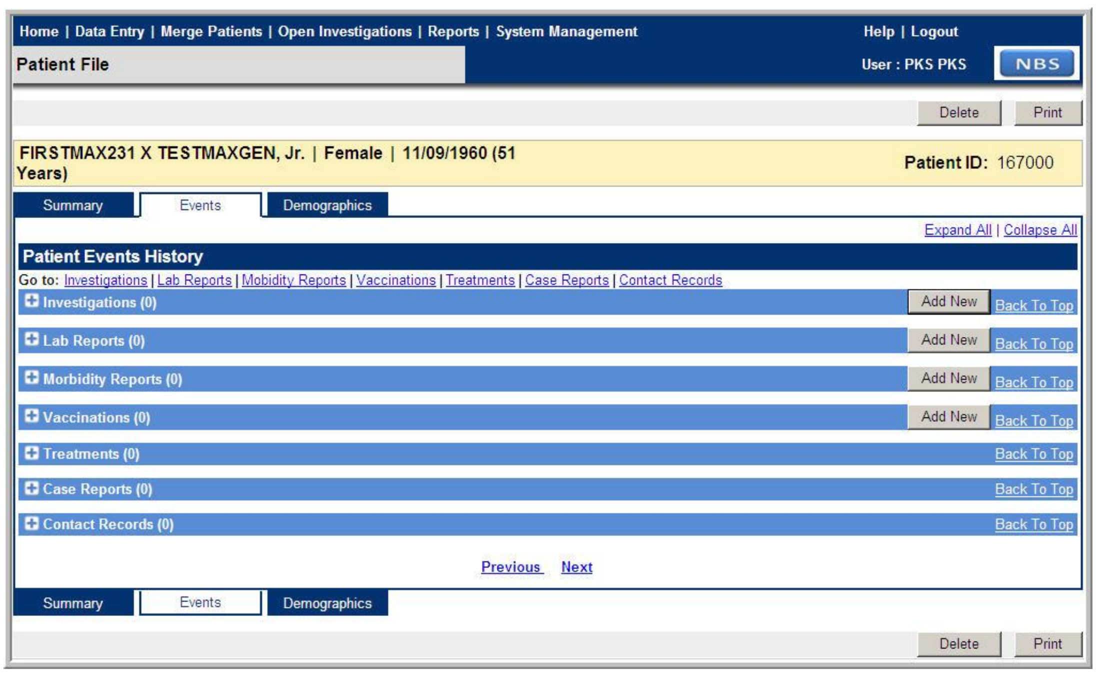
2.2.3. Viewing the Patient's File

The View File page displays the patient's file information. It provides a single view of all public health data available for the patient, and includes the following items:

- A summary of the available patient information, including
  - a summary of demographic information.
  - a list of open investigations.
  - a list of new laboratory reports and morbidity reports for review.



- A list of events, including
  - Investigations
  - Lab reports and morbidity reports
  - Treatments
  - Vaccination records
  - Case reports
  - Contact records



- Detailed demographic information

When a new patient is entered into NBS, a master patient record (MPR) is created. This record is the comprehensive record of patient demographic data. Its purpose is to maintain relative dated demographic data associated with patient events (the various disease investigation forms, laboratory reports, morbidity reports, and vaccination records comprising the patient's record) while maintaining separate, but current patient demographic information at a general patient level. As new events are recorded for a patient, the MPR is automatically updated with any changes to demographic data associated with the event. The changes are assigned an "as of" date and are associated with the event that triggered the change. While the MPR changes over time as new events are recorded and demographic information is updated, each event contains the demographic information recorded at the time the event was captured in the system. The information contained on the **Summary** tab of the View Patient page contains the most recent demographic information for the patient. The **Demographics** tab contains the complete history of the patient's demographic data.

Global questions and value sets for existing questions were updated to support STD.

Note: *Legacy pages do not include these changes.*

Existing Fields Affected:

- **Race** – Addition of *Other*, *Refused to answer*, *and Not Asked*.

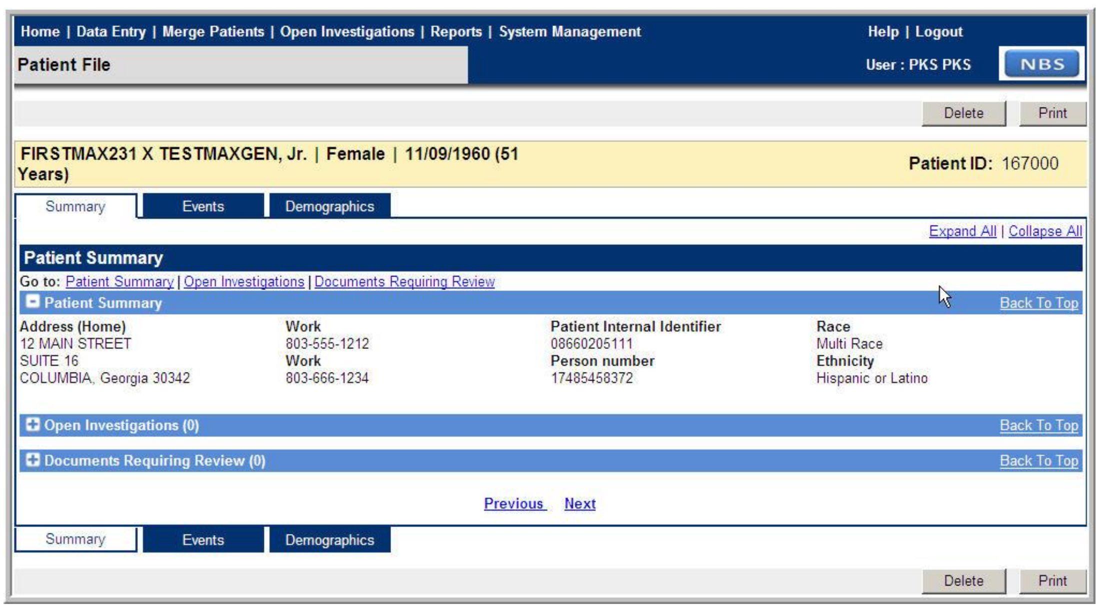
New Fields:

- **Additional Gender** – Free text field to capture additional information about Gender
- **Transgender Information** – Includes FTM, MTF, and Transgender, unspecified
- **State HIV Case ID** – Max length of 16. This field is secured by the new security permission **Global/Access to HIV fields**, which provides control over access to HIV-specific fields.
- **Speaks English** – Options are *Yes*, *No*, *Unknown*.
- **Census Tract** – Text entry. Values are entered manually and are determined by the geographical location in a county indicated by the street address and zip code. Format is numeric XXXX or XXXX.xx where XXXX is the basic tract and xx is the suffix. XXXX ranges from 0001 to 9999 (leading zeros are necessary, e.g., for a tract of 75, the user will enter “0075”). The suffix is limited to a range between .01 and .98.

To view a patient's file, perform the following procedure:

1. Search for a patient using the procedure described in Finding and Viewing Patients.
2. Select the **Patient ID** next to the patient **Name**.

   The NBS displays the **Summary** tab on the Patient File page.



The Patient File page is organized by a series of tabs you use to work with demographic and event information.

The following table lists the available tabs on the Patient File page and describes their function:

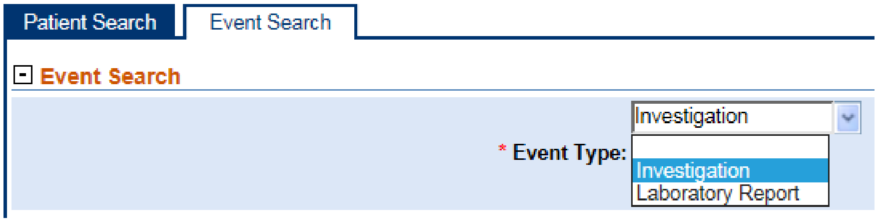
Tab	Description
Summary	Displays a summary of available public health information for the patient. It is organized by sections displaying the following information: • A summary of demographic information • A list of open investigations • A list of new laboratory reports for review • A list of new morbidity reports for review
Events	Displays the events associated with the patient. It is organized by sections displaying the following information: • Investigations – Displays a list of open and closed investigations • Lab Reports – Displays a list of laboratory reports • Morbidity Reports – Displays a list of morbidity reports • Treatments – Displays a list of treatments • Vaccinations – Displays a list of vaccinations • Case Reports – Displays a list of case reports • Contact Records – Displays a list of contacts
Demographics	Displays detailed demographic information for the patient. It is organized by sections displaying the following information: • Name and identification • Sex, birth, and mortality • Ethnicity and race • Address, telephone, and physical location • General and administrative

3. Do one or more of the following:

   - Click **Summary**. NBS displays the contents of the **Summary** tab. From the **Summary** tab, you can view new laboratory reports and morbidity reports for the patient.
   - Click **Events**. NBS displays the contents of the **Events** tab. From the **Events** tab, you can view and add events for the patient.
   - Click **Demographics**. NBS displays the contents of the **Demographics** tab. From the **Demographics** tab, you view detailed demographic information for the patient.

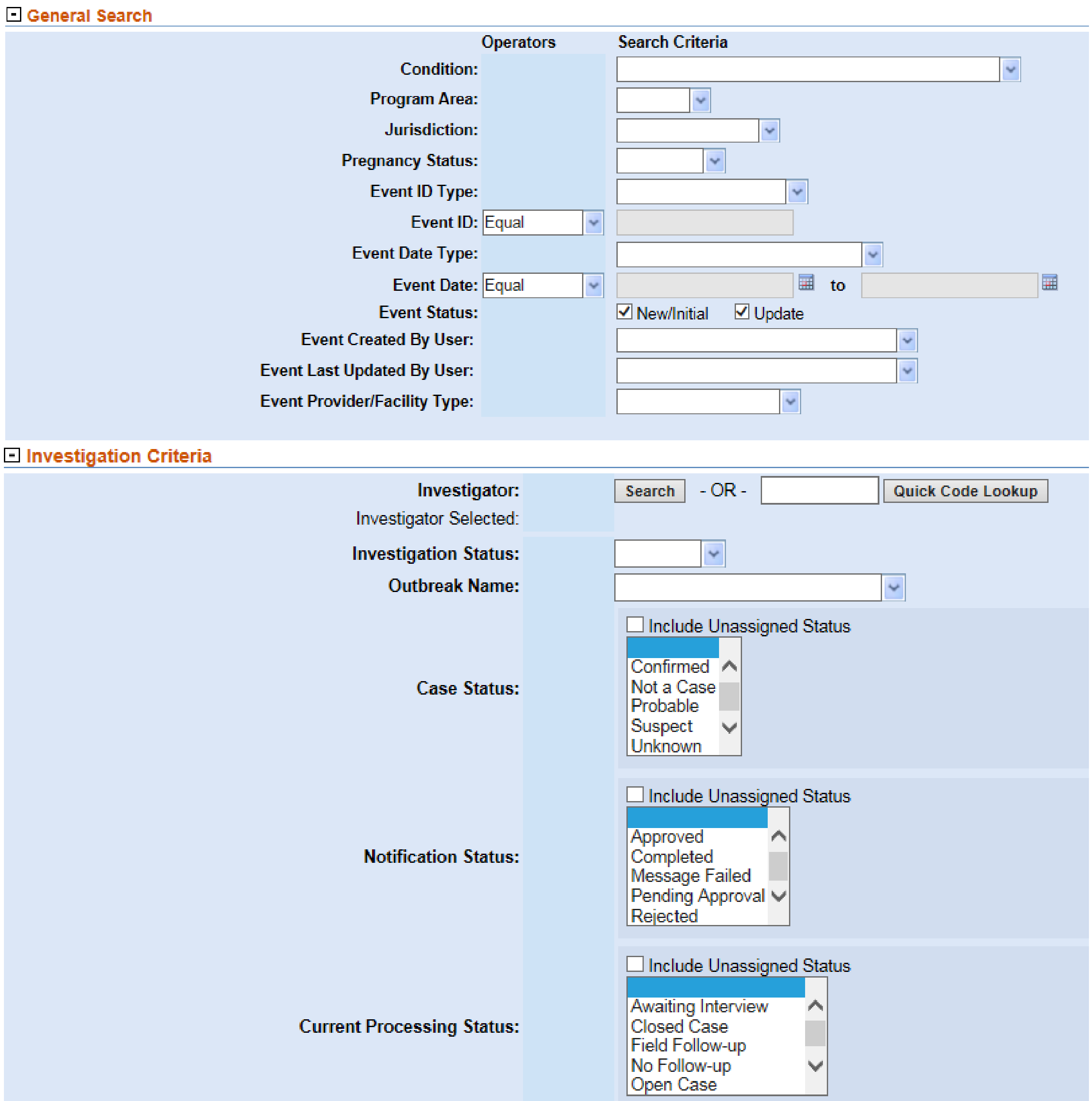
2.2.4. Finding Events

investigations or laboratory reports can be searched based on a number of criteria. Clicking on the Event Search tab from Find Patient (or through the Advanced Search link on the NBS dashboard), the user selects an Event Type to search on (investigations or laboratory reports:

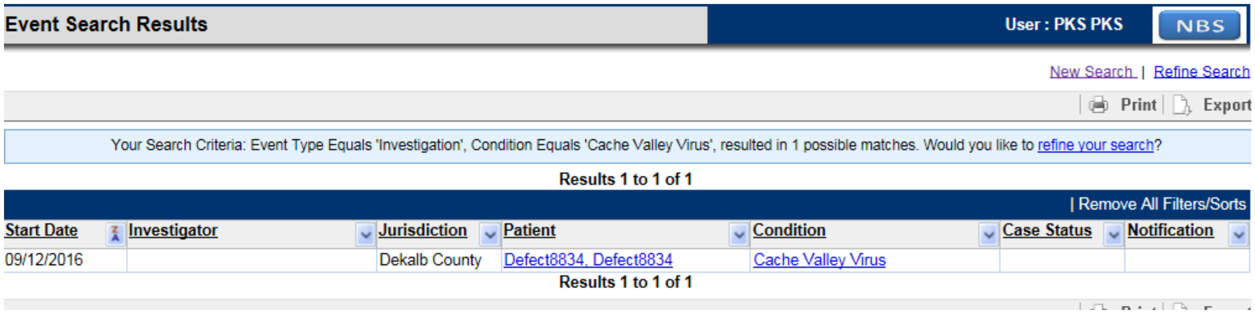


2.2.4.1. Event Search (Investigation selected)

If the user elects to search for an Investigation, the following General Search and Investigation criteria are activated for search:

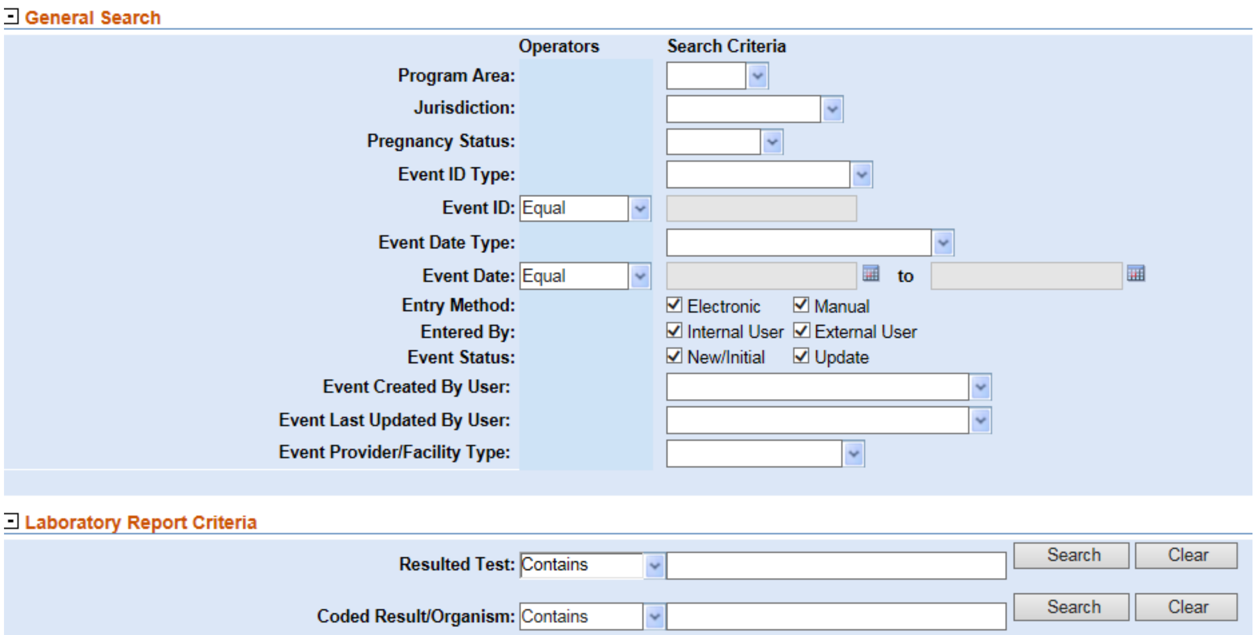


Entering criteria and submitting returns the Event Search Results. From the results table, users are able to enter the Patient File or Investigation for additional action.

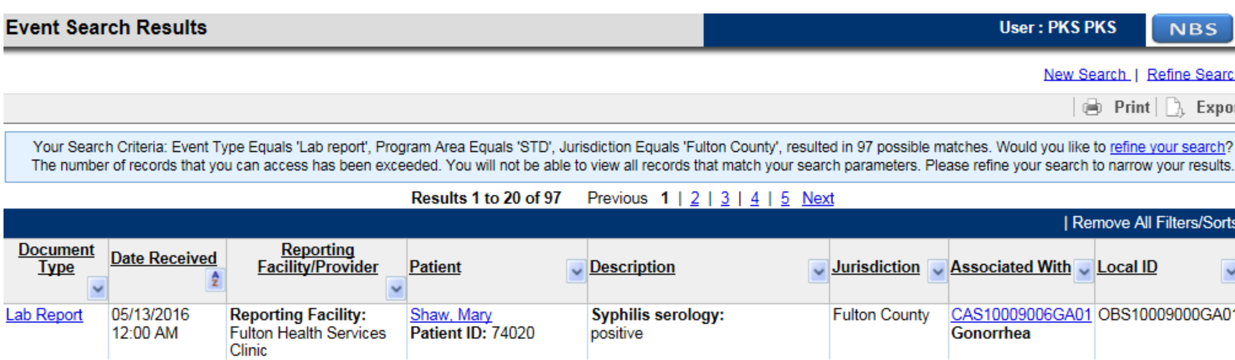


2.2.4.1. Event Search (Laboratory Result selected)

If the user elects to search for a Laboratory Report, the following General Search and Laboratory Report criteria are activated for search:



Entering criteria and submitting returns the Event Search Results. For example:



2.2.5. Finding and Viewing Providers

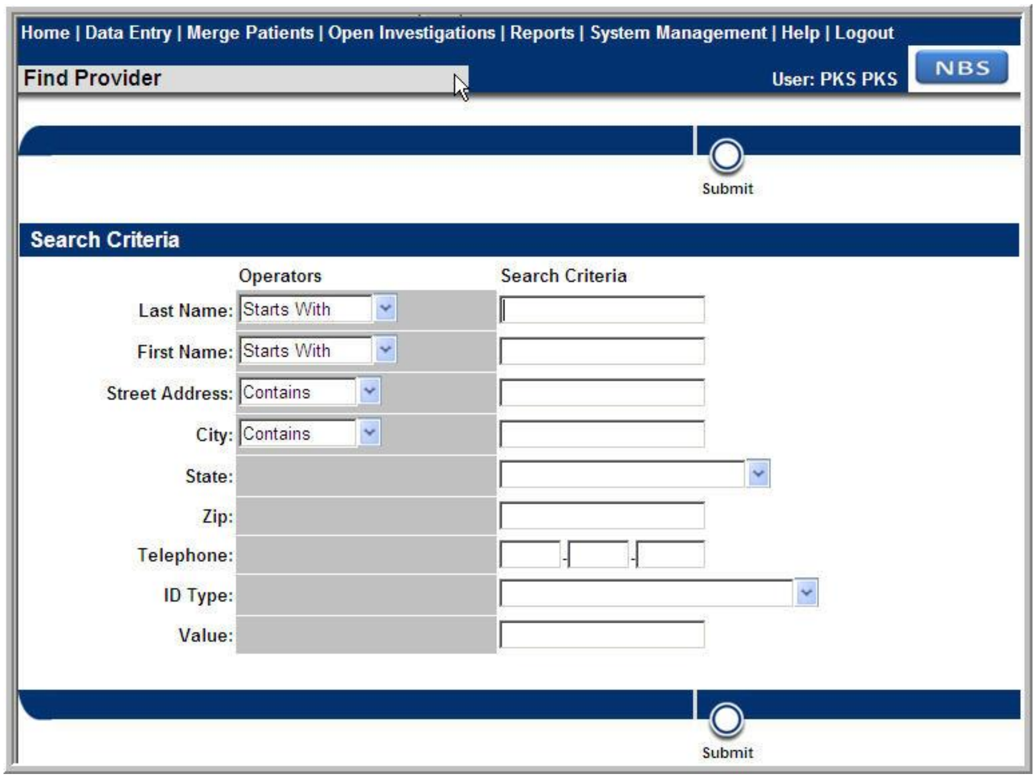
Along with patient information, you can also find a specific provider in the NBS. You find a provider using the Find Provider page.

Note: *Providers include physicians, nurses, and other non-patient entities.*

To find a provider, perform the following procedure:

1. Click **Data Entry**.
2. Click **Provider**.

NBS displays the Find Provider page.



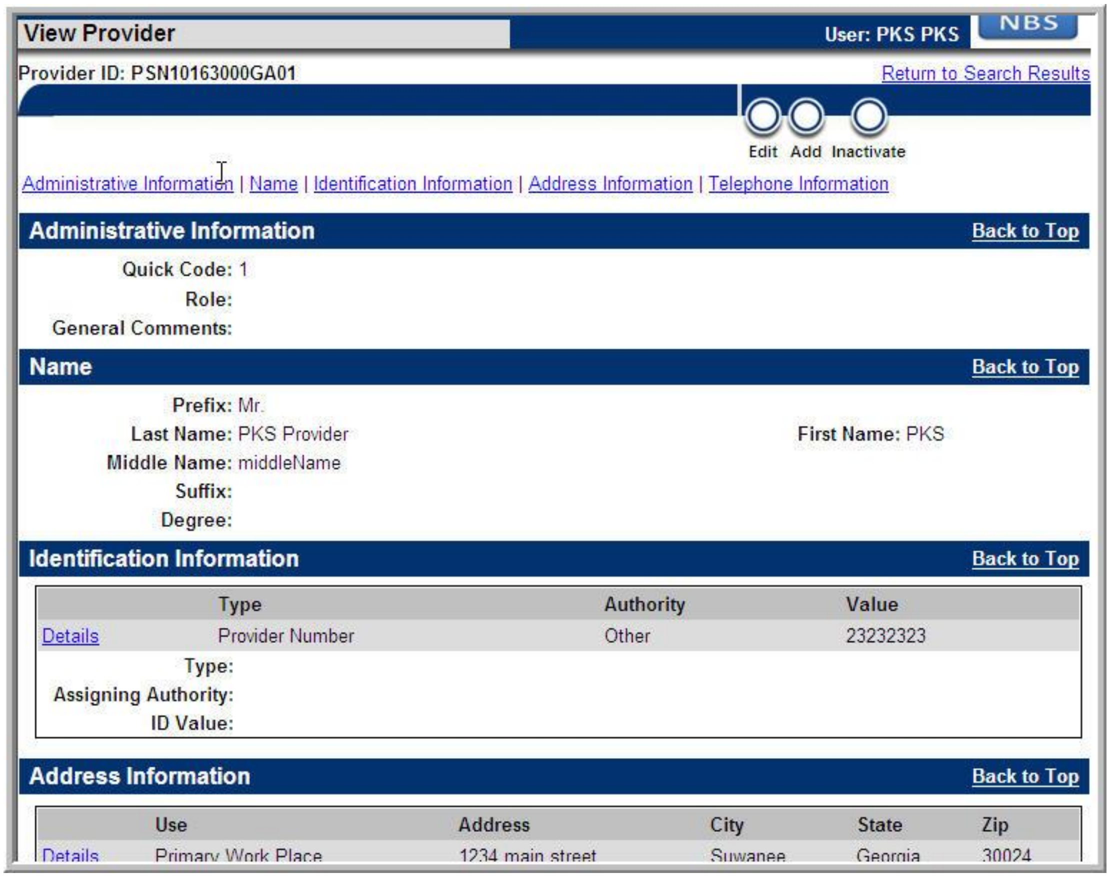
3. Enter the information for the provider you are looking for in the **Search Criteria** fields. Click the fields you want and type or choose the information you want.
4. Optionally, click the **Operators** list box for the field you want and choose the operator you want.
5. Click **Submit**.

NBS displays the Search Results page.

Note: *To perform a new search, click **New Search** and repeat steps 3–5 as described above. To refine your existing search, click **Refine Search** and repeat steps 3–5 as described above. To add a provider, click **Add** on the Search Results page.*

6. Click **View** for the provider you want.

NBS displays the View Provider page and the information for the selected provider.



You use the View Provider page to view provider administrative and demographic information and to edit, add, or activate/inactivate a provider.

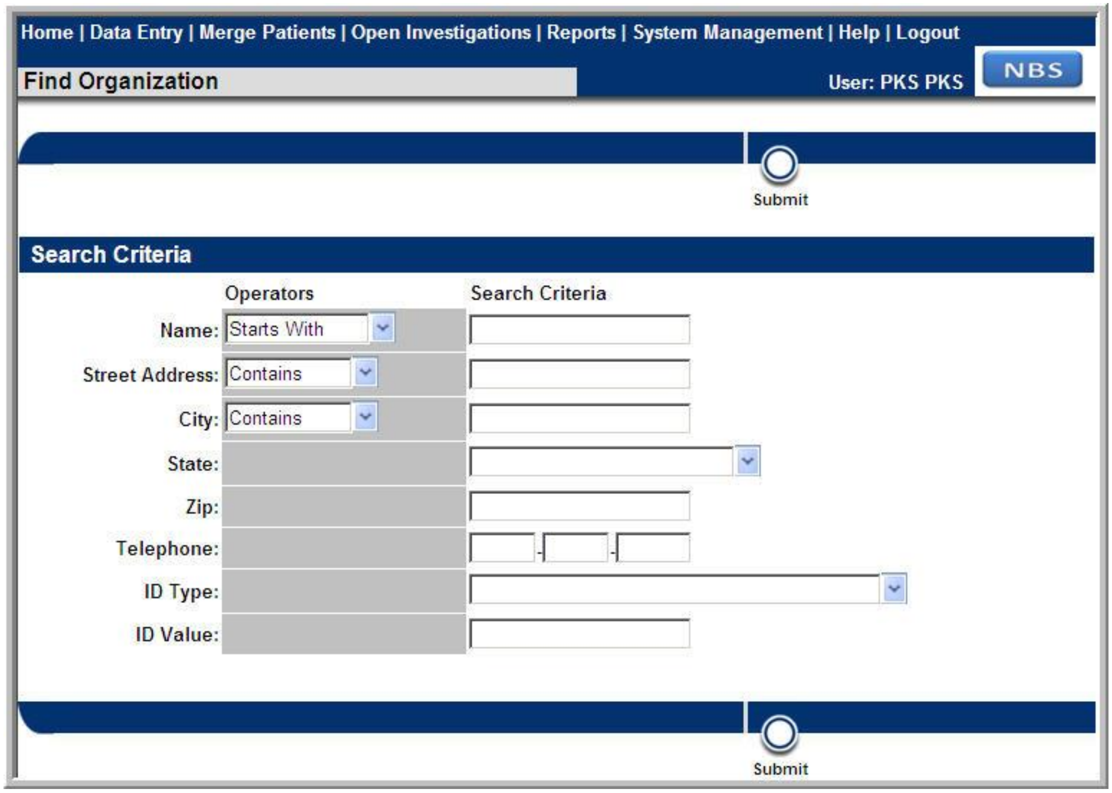
2.2.6. Finding and Viewing Organizations

Along with patient and provider information, you can search for a specific organization in the NBS. You find an organization using the Find Organization page.

To find an organization, perform the following procedure:

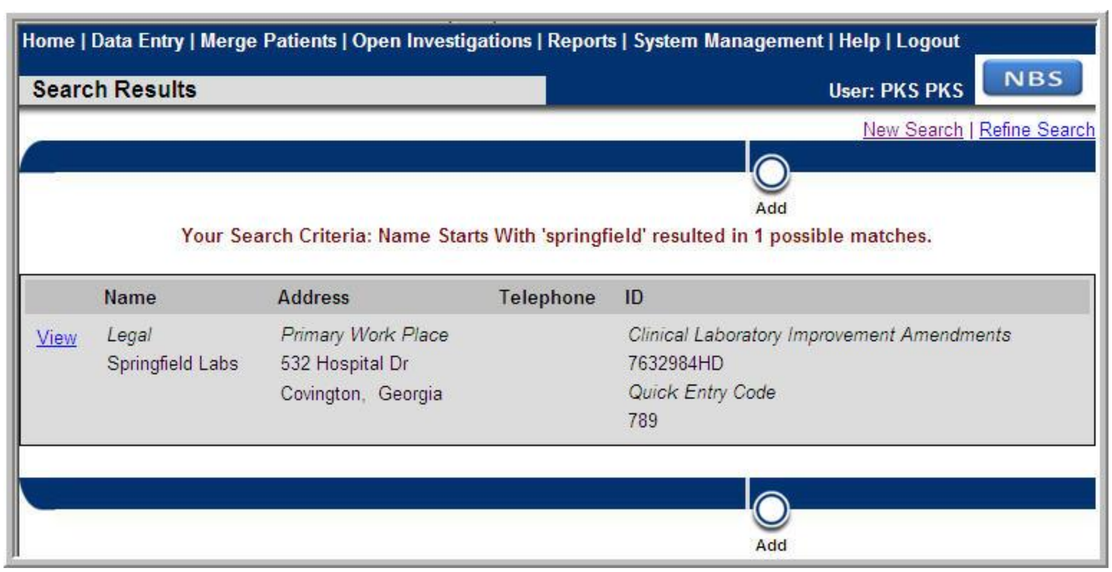
1. Click **Data Entry**.
2. Click **Organization**.

NBS displays the Find Organizations page.



3. Enter the information for the organization you are looking for in the **Search Criteria** fields. Click the fields you want and type or choose the information you want.
4. Optionally, click the **Operators** list box for the field you want and choose the operator you want.
5. Click **Submit**.

NBS displays the Search Results page.



Note: *To perform a new search, click **New Search** and repeat steps 3–5 as described above. To refine your existing search, click **Refine Search** and repeat steps 3–5 as described above. To add a provider, click **Add** on the Search Results page.*

6. Click **View** for the organization you want.

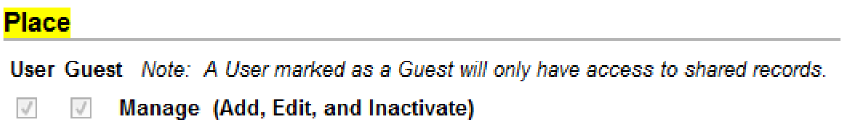
NBS displays the View Organization page with the information for the selected organization.

You use the View Organization page to view organization administrative and demographic information and to edit, add, or activate/inactivate an organization.

2.2.7. Finding and Viewing Places

In addition to providers and organizations, NBS offers a non-patient entity: Place. The creation of this type of entity provides a means of designating a location that does not fall into the category of organization or provider. This is the type of entity you would use, for example, to identify a Hangout or Meeting Place in an STD investigation. You find a place using the Find Place page.

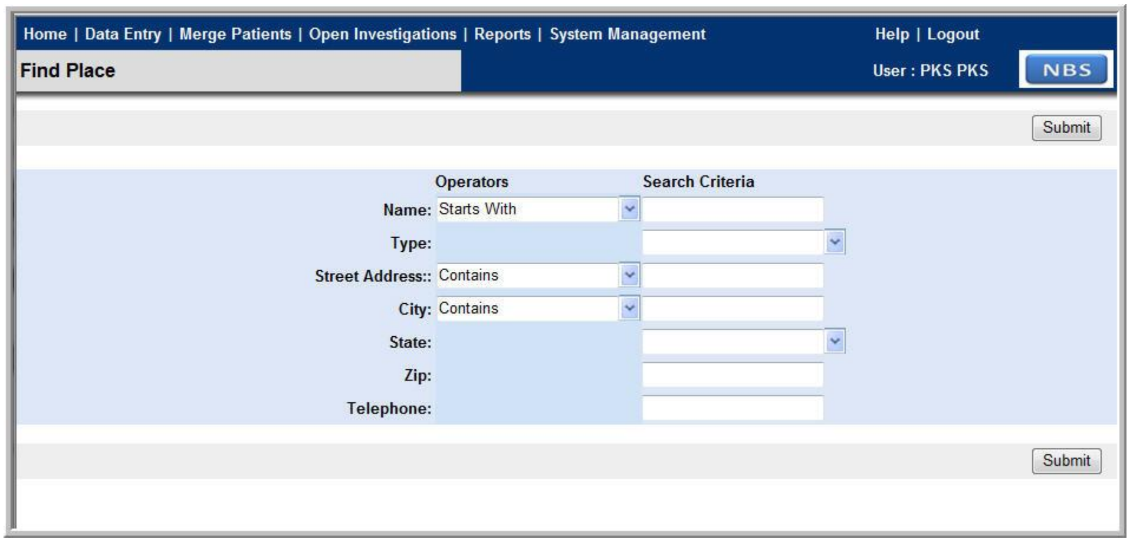
Note that you must have the appropriate Place permissions.



To find a place, use the following procedure.

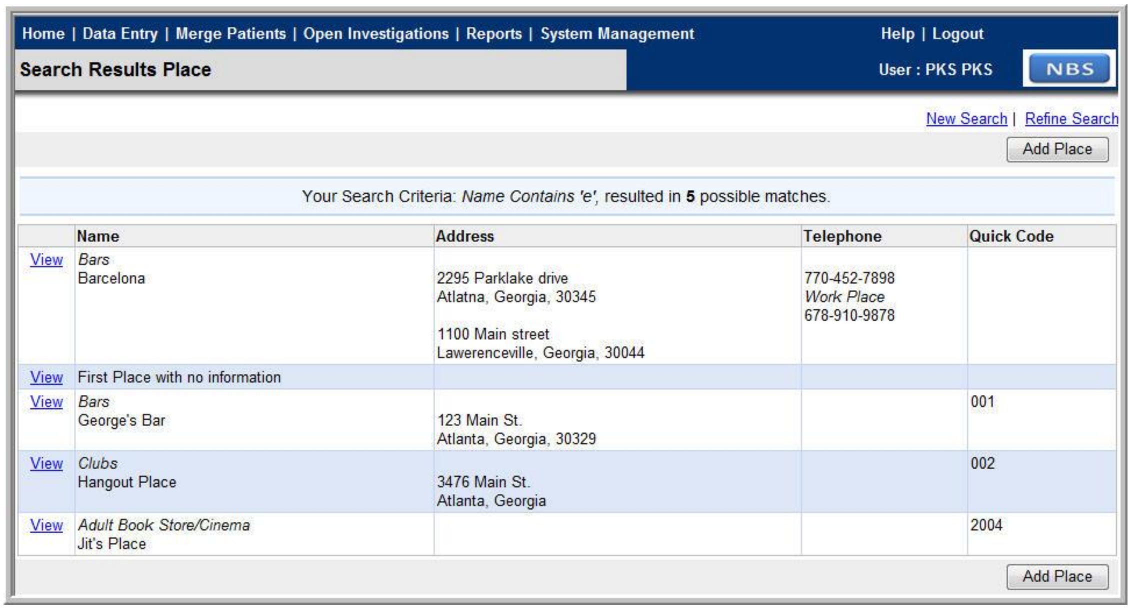
1. Click **Data Entry**.
2. Click **Place**.

NBS displays the Find Place page.



3. Enter the information for the place you are looking for in the **Search Criteria** fields. Click the fields you want and type or choose the information you want.
4. Optionally, click the **Operators** list box for the field you want and choose the operator you want.
5. Click **Submit**.

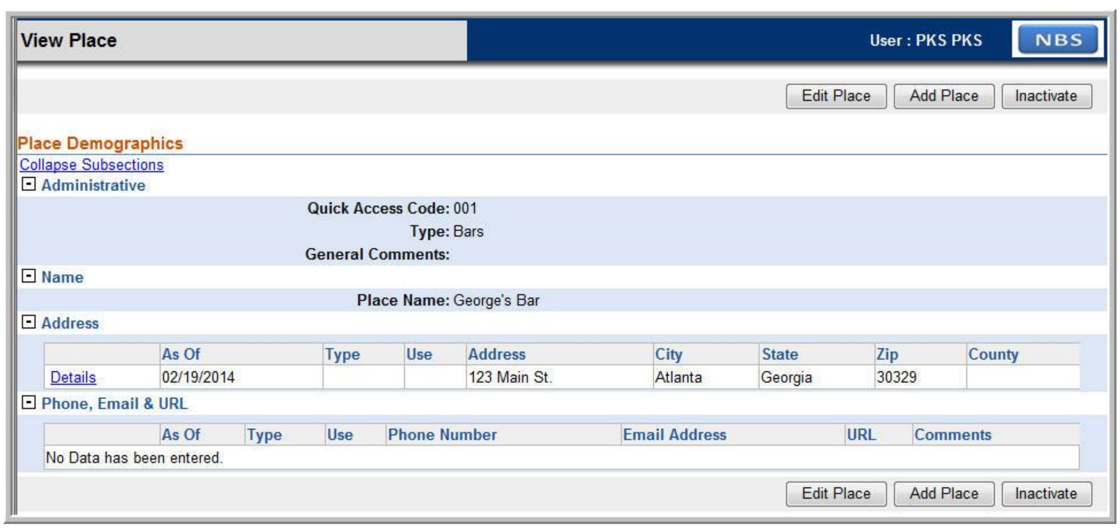
NBS displays the Search Results page.



Note: *To perform a new search, click **New Search** and repeat steps 3–5 as described above. To refine your existing search, click **Refine Search** and repeat steps 3–5 as described above. To add a provider, click **Add** on the Search Results page.*

6. Click **View** next to the place for which you would like to see information.

NBS displays the View Place page with the information for the selected place.



You use the View Place page to view place administrative and demographic information and to edit, add, or activate/inactivate the place.

2.3. ADDING AND EDITING PATIENT INFORMATION

2.3.1. Description

This section contains descriptive and procedural information about the following functions:

- Adding patients and providers
- Editing patient and provider information
- Deleting patients and inactivate providers

2.3.2. Adding Patients

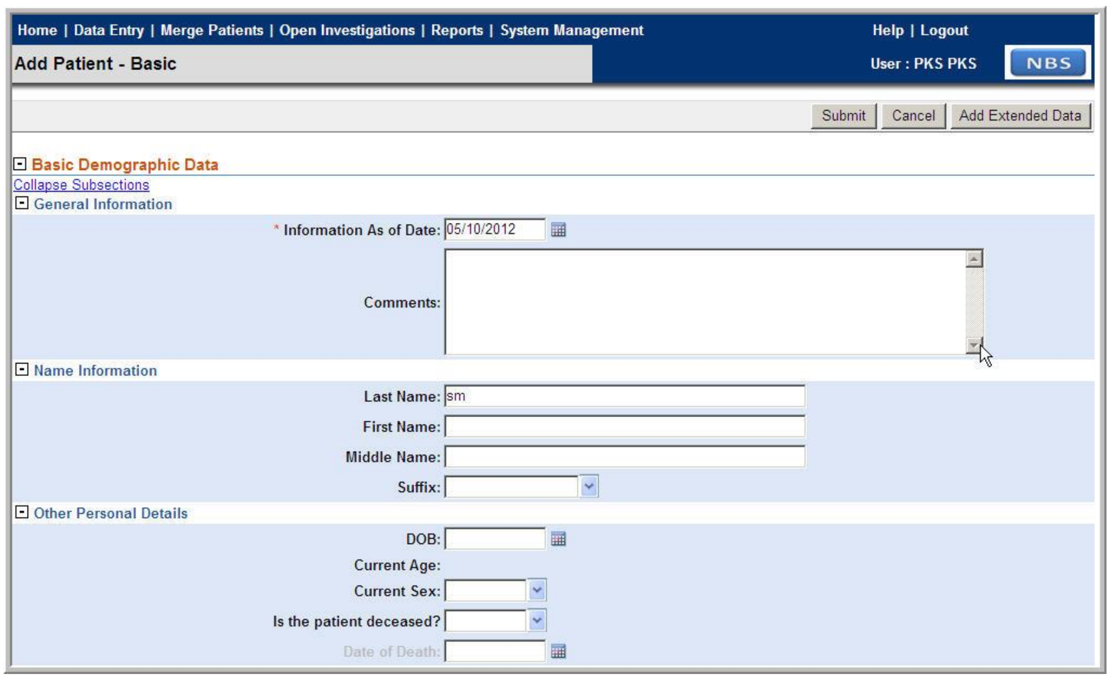
You can add a patient to the NBS records. You use the Add Patient – Basic page to add a patient. The Add Patient – Basic page displays a set of fields you use to enter basic demographic information, such as name, address, and sex.

Note: *The NBS also provides the Add Patient – Extended page to support entry of information not available in the basic page. Also note that you can also add a patient as part of adding a laboratory report or morbidity report. See Section 3 for more details about adding laboratory reports and morbidity reports.*

To add a patient, perform the following procedure:

1. Click **Add** in the Search Results page. (To display Search Results, use the procedure described in [Finding and Viewing Patients](#).)

   NBS displays the Add Patient – Basic page.



2. Enter the patient information you have available to you.

Note: *You can add a patient using as few or as many fields as you need.*

3. When you are finished, do one of the following:

- Click **Submit**. NBS saves your changes and displays the View File page and the patient information.
- Click **Add Extended Data**. NBS displays the Add Patient – Extended page. You use this page to add extended demographic data for the person.

Note: *Click* ***Cancel*** *to cancel your changes and display the previous page.*

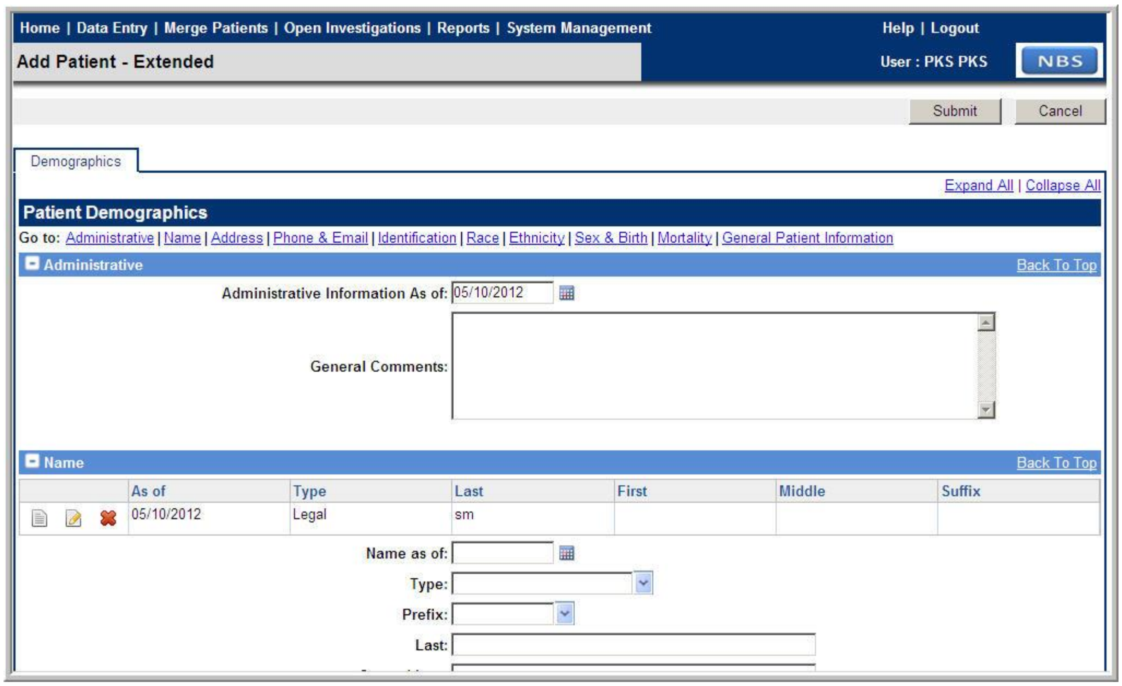
2.3.3. Adding Extended Patient Information

You can add extended demographic information for a patient. The Add Patient – Extended page displays a set of fields containing extended demographic information.

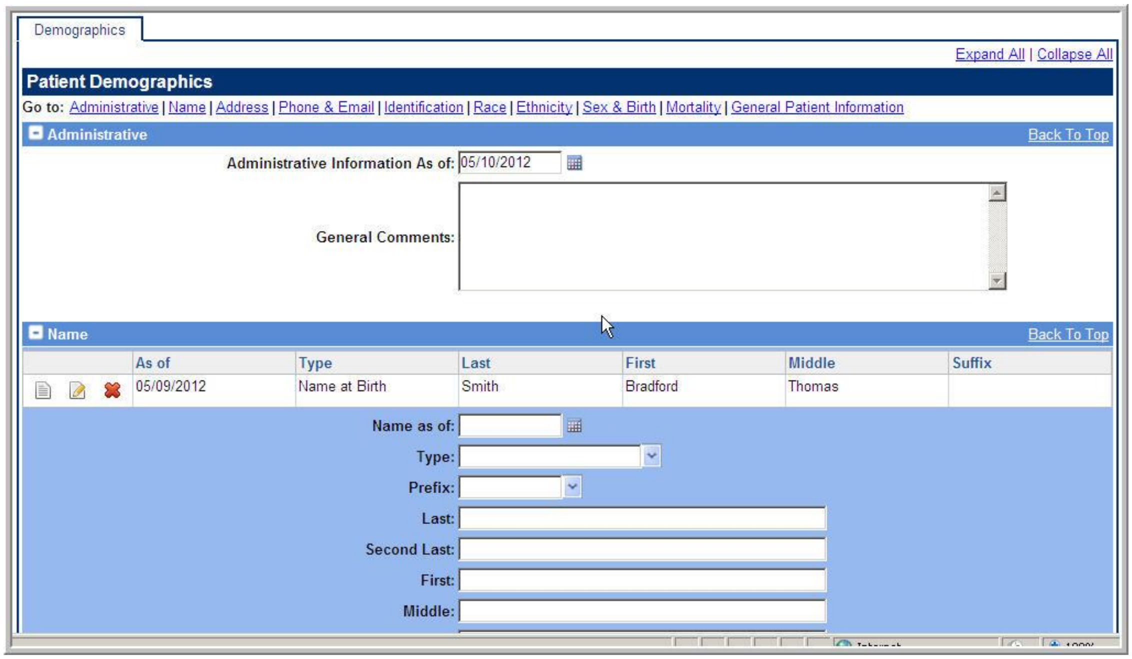
To add person information, perform the following procedure:

1. Click **Add Extended Data** in the top right hand corner of the page.

   NBS displays the Add Patient – Extended page.



The information you entered in the Add Patient – Basic page is displayed in the appropriate fields on the Add Patient – Extended page. On the Extended page, you can enter multiple values of information. For example, the Name section enables you to enter multiple name types, such as a person's legal name, alias, maiden name, etc.



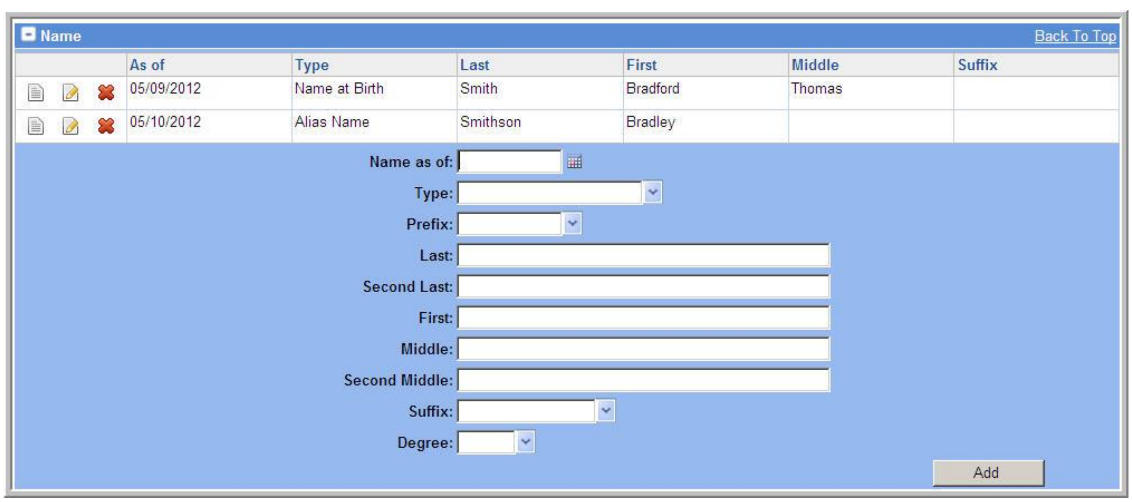
As you add names to the section, the names display in the gray table above the data entry fields. You can edit existing information, or enter new items of information.

Note: *Each section contains a field you use to indicate the "As Of" date for the information you enter. You can either accept the default date, or change the date.*

2. Optionally, edit the existing information. To edit information, click the **Edit** icon for the value you want to edit. When you are finished, click **Update**. Click the **Delete** icon to remove the information in the section.

3. Optionally, add new information.

To add information, enter the information you want to add and click **Add**. NBS updates the information. The new information displays in the gray table at the top of the section.



Note: *You must select the* ***Type*** *option in sections supporting multiple values. If you attempt to add an item in these sections without selecting the* ***Type*** *option, the NBS displays a message indicating that one or more fields are in error and prompts you to select the* ***Type*** *field and try again. These procedures apply to any section that supports the entry of multiple values, such as the Name, Identification, Address, and Telephone Information sections.*

Also note that the ***Address*** *and* ***Phone and Email*** *sections require you to indicate the use of the address and telephone number (such Home, Primary Work Place, etc.) by choosing an option in the* ***Use*** *field. If you do not select a use, the NBS displays a message indicating that one or more fields are in error and prompts you to select the* ***Use*** *field and try again.*

4. Continue adding information to the sections you want. When you are finished, click **Submit**.

NBS saves your changes and displays the Demographics tab on the View File page.

Note: *When adding or editing information in sections supporting multiple values, you must click the* ***Add [Section Name]*** *or* ***Update [Section Name]*** *button to complete your data entry. If you attempt to save your information by clicking the* ***Submit*** *button and you have not added or updated a value in a section supporting multiple values, NBS displays an error indicating that you have entered or edited information and have not clicked* ***Add*** *or* ***Update*** *in the multiple entry table.*

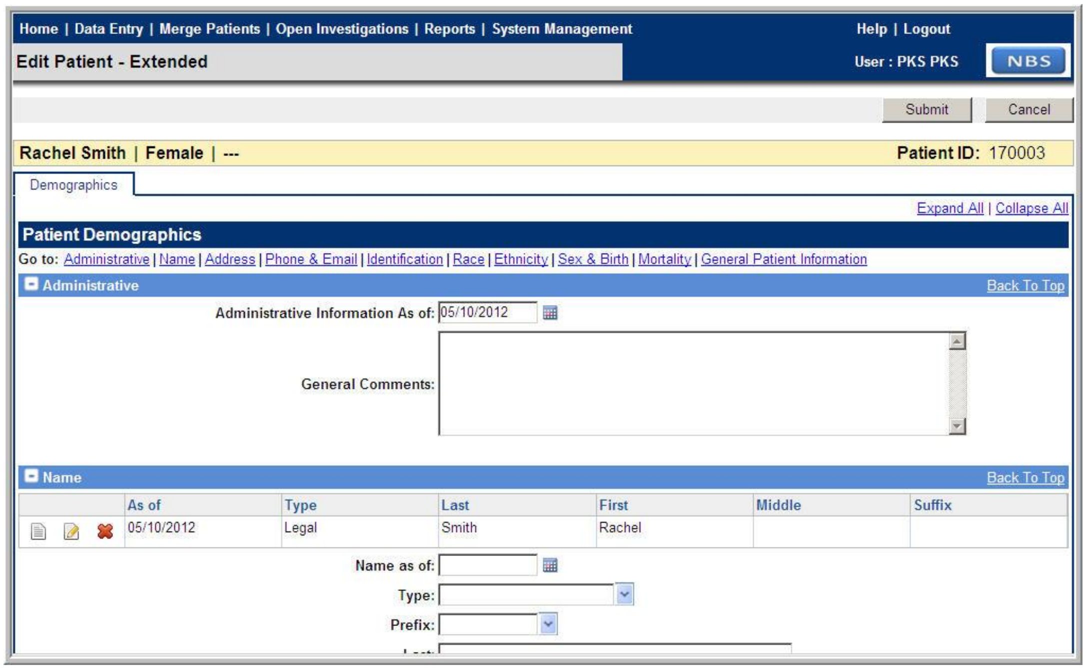
2.3.4. Editing Patient Information

You can change information about a patient, such as updating an address or correcting a misspelled name.

To edit patient information, perform the following procedure:

1. Find and view the patient file.
2. Choose the **Demographics** tab for the patient.
3. Click **Edit**.

NBS displays the Edit Patient page.



4. Click the **Edit** icon for the values you want to edit.
5. Add any necessary new information.
6. Click **Submit**.

NBS saves your changes and displays the Patient File page.

Note: *When adding or editing information in sections supporting multiple values, you must click the **Add** or **Update** button to complete your data entry. If you attempt to save your information by clicking the **Submit** button and you have not added or updated a value in a section supporting multiple values, NBS displays an error indicating that you have entered or edited information and have not clicked **Add** or **Update** in the multiple entry table.*

2.3.5. Deleting Patients

You can delete a patient from the set of active NBS records. Once you delete a patient, the patient's record becomes inactive. You can perform searches on deleted patients by choosing **Deleted** in the Find Person page.

Note: *You must have the appropriate security permissions to delete patients or work with deleted records.*

To delete a patient, perform the following procedure:

1. Display the Patient File page using the procedure described in Finding and Viewing Patients.
2. Click **Delete** in the Patient File page.

NBS displays a message prompting you to confirm that you want to delete the patient.

3. Click **OK**.

NBS deletes the patient and displays the NBS Home page. If your attempt to delete a person is not successful, NBS displays the Person Delete Denied page indicating that you cannot delete the patient.

2.4. ADDING AND EDITING PROVIDER INFORMATION

2.4.1. Description

This section contains descriptive and procedural information about the following functions:

- Adding providers
- Editing provider information
- Inactivating providers

2.4.2. Adding Providers

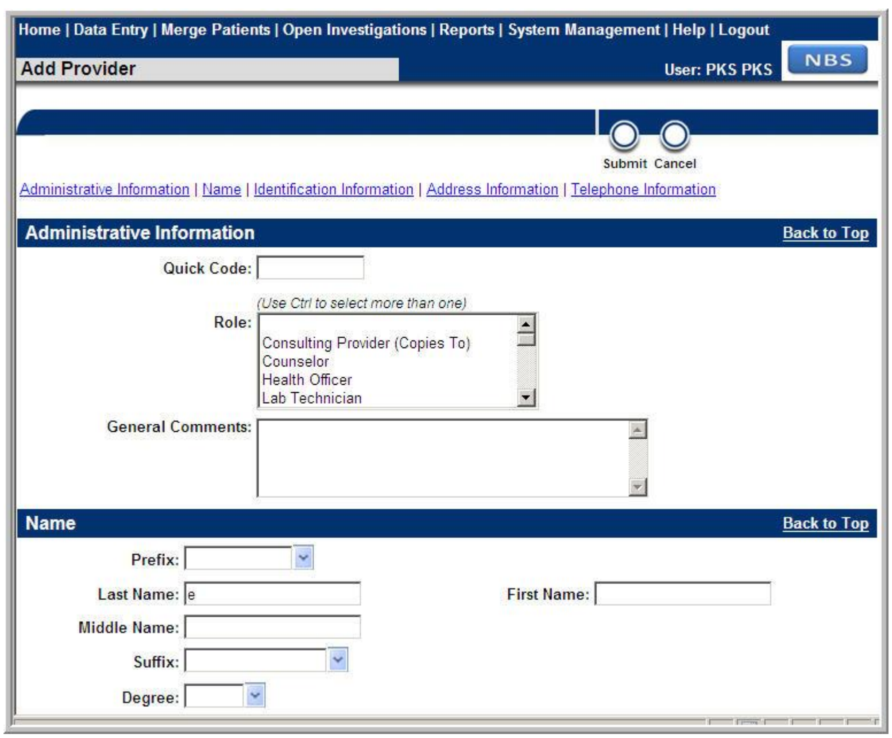
You can add a provider to the NBS records. You use the Add Provider page to add a provider. The Add Provider page displays a set of fields you use to enter administrative and demographic information, such as role, name, address, etc.

Note: *In most cases, provider information is pre-populated into the NBS as part of the initial system configuration.*

To add a provider, use the following procedure.

1. Click **Add** in the Search Results page. To display the Search Result page, refer to "Finding and Viewing Providers" in this section.

   NBS displays the Add Provider page.



2. Enter the provider information.

Note: *You can add a provider using as few or as many fields as you need.*

You should consider entering a quick code for the provider in the **Quick Code** field. The quick code serves as an alias for the provider, enabling you to quickly enter information for a provider in the relevant sections of an investigation or document data entry page. Rather than searching for a provider by name, you can type a short quick code and instantly display the information for a provider.

In sections supporting single values, click the field you want and type the information you want. In sections supporting multiple values (generally indicated by a gray table atop a set of fields), click the **Type** list box and choose the type you want. Continue selecting fields and entering the information you want. When you are finished, click **Add**. NBS updates the information. The new information displays in the gray table at the top of the section.

Also note that the **Address** and **Phone and Email** sections require you to indicate the use of the address and telephone number (such Home, Primary Work Place, etc.) by choosing an option in the **Use** field. If you do not select a use, the NBS displays a message indicating that one or more fields are in error and prompts you to select the **Use** field and try again.

3. When you are finished, click **Submit**. You can click **Cancel** to cancel your changes and display the previous page.

NBS displays the View Provider page and the provider information you entered.

Note: *When adding or editing information in sections supporting multiple values, you must click the **Add** or **Update** button to complete your data entry. If you attempt to save your information by clicking the **Submit** button and you have not added or updated a value in a section supporting multiple values, NBS displays an error indicating that you have entered or edited information and have not clicked **Add** or **Update** in the multiple entry table.*

2.4.3. Editing Provider Information

You can change information about a provider, such as updating an address or correcting a misspelled name.

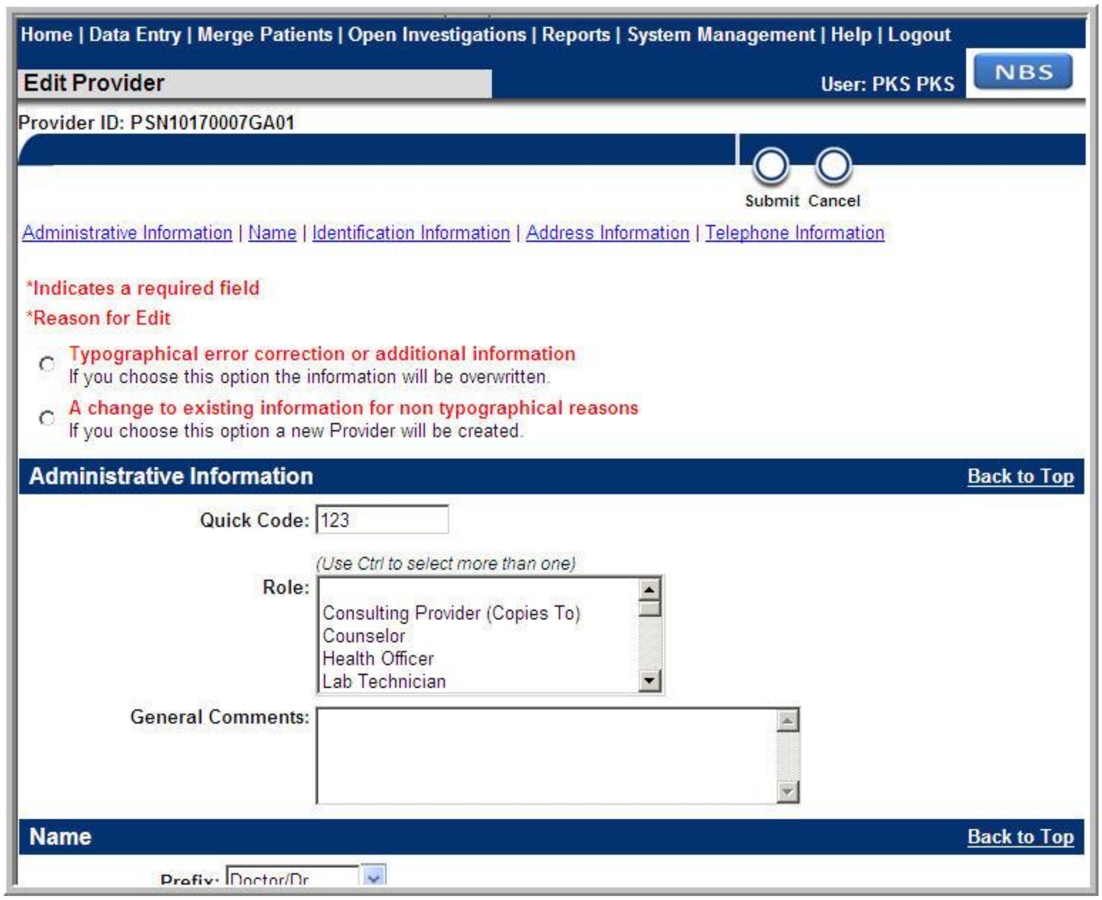
To edit provider information, perform the following procedure:

1. Find and view the provider you want to edit.


Home | Data Entry | Merge Patients | Open Investigations | Reports | System Management | Help | Logout
View Provider
User: PKS PKS
NBS
Provider ID: PSN10170007GA01
Edit Add Inactivate
Administrative Information | Name | Identification Information | Address Information | Telephone Information
Administrative Information
Back to Top
Quick Code: 123
Role: Physician
General Comments:
Name
Back to Top
Prefix: Doctor/Dr.
Last Name: Franklin
First Name: Beth
Middle Name:
Suffix:
Degree: MD
Identification Information
Back to Top
Type
Authority
Value
Details
Provider Number
CMS Provider
12543
Type:
Assigning Authority:
ID Value:
Address Information
Back to Top
Use
Address
City
State
Zip

2. Click **Edit**.

NBS displays the Edit Provider page.



3. Indicate the reason for the edit. To indicate a reason for edit, do one of the following:
   - Click **Typographical error correction or additional information** to indicate a change due to error correction or additional information. Choosing this option overwrites the existing information.
   - Click **A change to existing information for non typographical reasons** to indicate a change to something that was not a typographical error. Choosing this option creates a new provider.
4. Make the changes to the information in the Provider File. When you are finished, click **Submit**.

NBS saves your changes and displays the View Provider page.

Note: *When adding or editing information in sections supporting multiple values, you must click the* ***Add*** *or* ***Update*** *button to complete your data entry. If you attempt to save your information by clicking the* ***Submit*** *button and you have not added or updated a value in a section supporting multiple values, NBS displays an error indicating that you have entered or edited information and have not clicked* ***Add*** *or* ***Update*** *in the multiple entry table.*

2.4.4. Inactivating Providers

You can inactivate a provider from the set of active NBS records. Once you inactivate a provider, the patient's record becomes inactive.

Note: *You must have the appropriate security permissions inactivate providers.*

To inactivate a provider, perform the following procedure:

1. View the provider using the procedure described in Finding and Viewing Providers.
2. Click **Inactivate** in the View Provider page.

   NBS displays a message prompting you to confirm that you want to inactivate the provider.
3. Click **OK**.

   NBS inactivates the provider and displays the NBS Home page.

   Note: *You cannot search for inactive providers, or re-activate providers whom you have inactivated.*

2.5. ADDING AND EDITING ORGANIZATION INFORMATION

2.5.1. Description

This section contains descriptive and procedural information about the following functions:

- Adding an organization
- Editing organization information
- Inactivating an organization

2.5.2. Adding Organizations

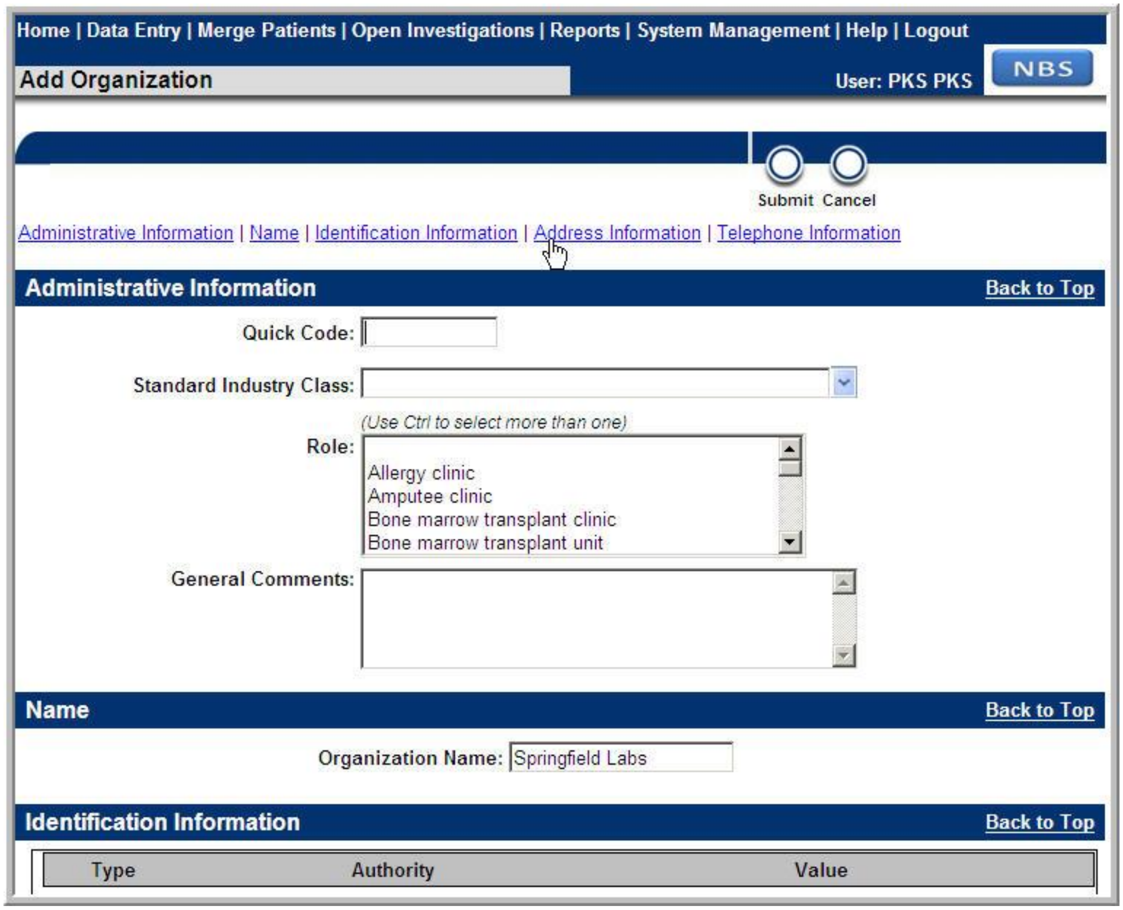
You can add an organization to the NBS records. Organizations include such things as hospitals, labs, and doctors' offices.

Note: *In most cases, organization information is pre-populated into the NBS as part of the initial system configuration.*

You add an organization from the Organizations Search Results page. To add an organization, use the following procedure:

1. Access the Organizations Search Results page using the procedure described in Finding and Viewing Organizations.
2. Click **Add** in the Search Results page.

NBS displays the Add Organization page.



3. Enter all the available information for the organization in the fields provided on the page.

In sections supporting single values, enter the information or make a selection from the drop down list in the fields provided. In sections supporting multiple values, click the **Type** list box and select a type from the drop down list. Enter the relevant information in the fields provided and click **Add**. NBS updates the information. The new information displays in the gray table at the top of the section.

Also note that the **Address** and **Telephone** sections require an indication of the **Use** of the address and telephone number (such *Home*, *Primary Work Place*, etc.) by choosing an option in the **Use** field. If you do not select a use, the NBS displays a message indicating that one or more fields are in error and prompts you to select the **Use** field and try again.

4. When you are finished, click **Submit**.

NBS saves your changes and displays the View Organization page.

Once you add the organization information, you can do the following:

- Add another organization
- Edit the existing organization information

- Inactivate the organization

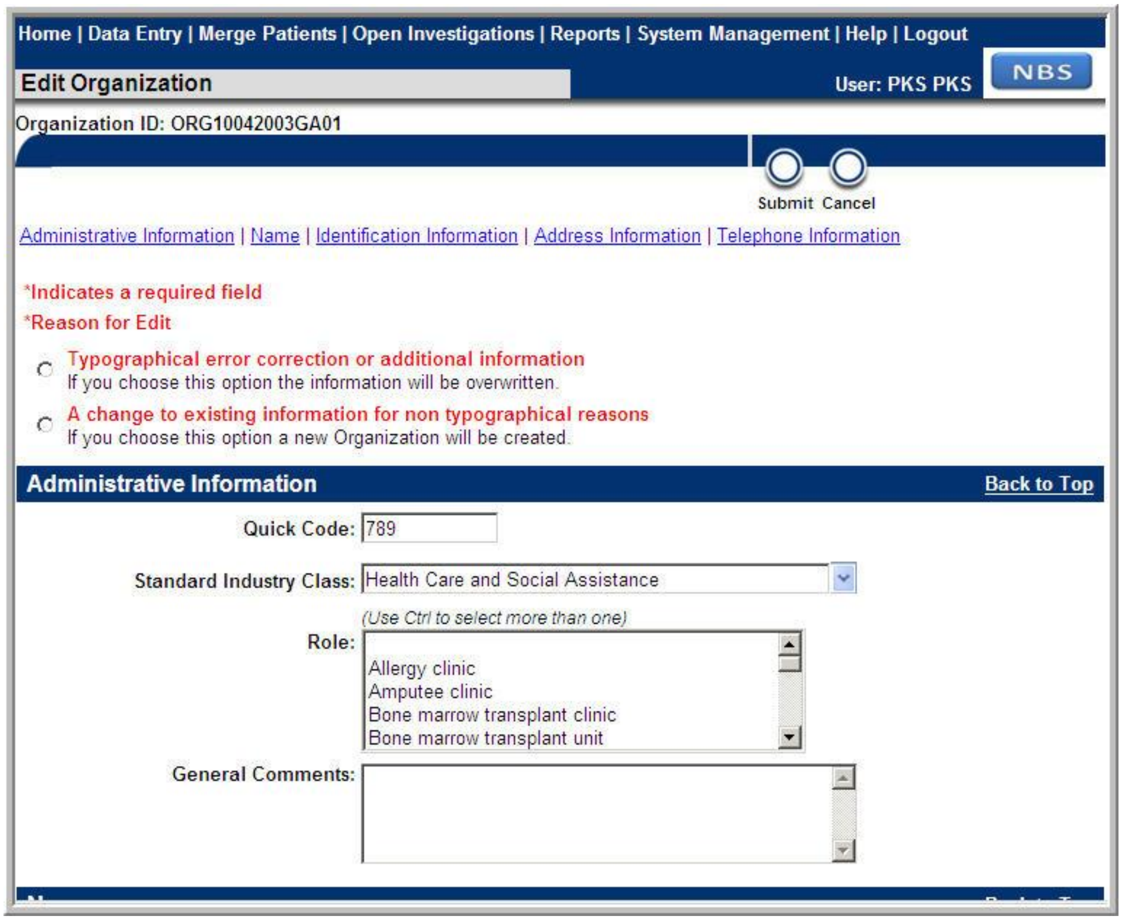
2.5.3. Editing Organization Information

You can change information about an organization, such as updating an organization's address or correcting a misspelled name.

To edit organization information, perform the following procedure:

1. Find and view the organization you want to change using the procedure described in [Finding and Viewing Organizations](#).
2. Click **Edit** in the View Organization page.

   NBS displays the Edit Organization page.



3. Indicate the reason for the edit. To indicate a reason for edit, do one of the following:

   - Select **Typographical error correction or additional information** to indicate a change due to error correction or additional information. Choosing this option overwrites the existing information.

- Click **A change to existing information for non typographical reasons** to indicate a change to something that was not a typographical error. Choosing this option creates a new organization.

4. Make the necessary changes to the record.

Note: *In sections where multiple values display, click **Edit** for the value you need to change. NBS displays the detailed information for the selected information type. Continue making changes. When you are finished making changes, click **Update** to update an existing value in a section where multiple values display. If you attempt to save your information by clicking the **Submit** button and you have not added or updated a value in a section supporting multiple values, NBS displays an error indicating that you have entered or edited information and have not clicked **Add** or **Update** in the multiple entry table.*

5. Click **Submit** to save your changes.

NBS saves your changes and displays the View Organization page.

2.5.4. Inactivate Organizations

You can inactivate an organization from the set of active NBS records. Once you inactivate an organization, the organization's record can no longer be searched, viewed, or edited.

Note: *You must have the appropriate security permissions to inactive organizations.*

To inactivate an organization, perform the following procedure:

1. Access the View Organization page using the procedure described in Finding and Viewing Organizations.

2. Click **Inactivate** in the View Organization page.

NBS displays a message prompting you to confirm that you want to inactivate the organization.

3. Click **OK**.

NBS inactivates the organization and displays the NBS Home page.

2.6. ADDING AND EDITING PLACE INFORMATION

2.6.1. Description

This section contains descriptive and procedural information about the following functions:

- Adding a place
- Editing place information
- Inactivating a place

2.6.2. Adding Places

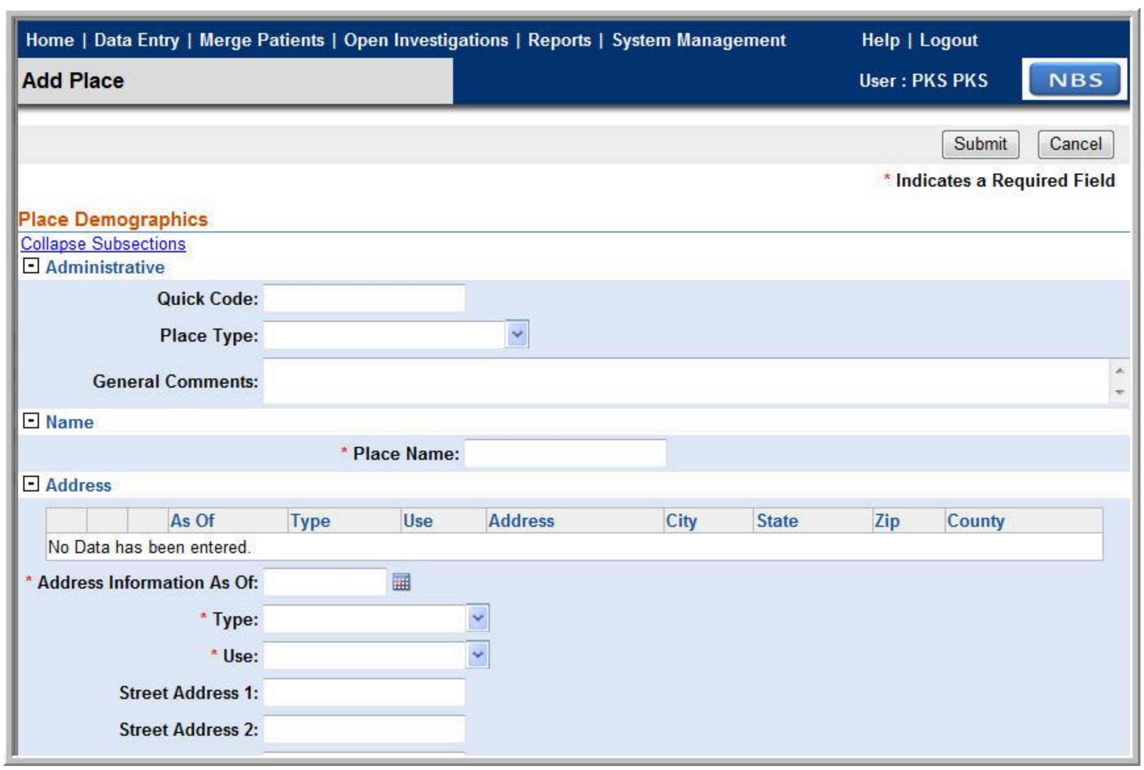
A a non-patient entity location is available to support STD surveillance requirements. This new non-patient entity is necessary to permit the entry in NBS of locations that do not fall into the category of organizations or providers (e.g., bars, stores, parks, etc.). A *Place* is intended to provide a means of designating such a location.

You add a place from the Place Search Results page. To add place, use the following procedure.

1. Access the Place Search Results page using the procedure described in Finding and Viewing Places.

2. Choose **Add Place** from the Search Results page.

   NBS displays the Add Place page.



3. Enter all the available information for the place in the fields provided on the page.

The following table details the fields found on the Add Place page.

Field Name	Description of Control
Quick Code	Quick Entry Code is a state assigned code for a place that is used as a short cut for representing a place and the details associated with a place. Enter up to 7 alphanumeric characters.
Place Type	**Required**. Indicates the entity's record type. Defaults to blank. Choose from the drop down list.
General Comments	Text entry box that permits users to enter additional descriptive information about the place. Enter up to 2000 alphanumeric characters.
Place Name	**Required**. Indicates the name of the place. The text entry box will accept any characters as part of the place name.
Address Information As Of	**Required**. Indicates the date upon which the information was acquired. Enter a date in MM/DD/YYYY format or use the calendar control to choose a date.
Type	**Required**. Indicates the type of address of the place. Defaults to blank. The only option in NBS 4.5 is *Place*. Choose from the drop down list.
Use	**Required**. Indicates the location's use. Defaults to blank. The only option in NBS 4.5 is *Work Place*. Choose from the drop down list.
Street Address 1	Text entry box that permits the user to enter a street address. Enter alphanumeric characters.
Street Address 2	Text entry box that permits the user to expand the street address. Enter alphanumeric characters.
City	City where the place is located. Enter text.
State	State where the place is located. Choose from the drop down list.
Zip	Zip code where the place is located. Enter numeric characters.
Census Tract	Census Tract where the address is located is a unique identifier associated with a small statistical subdivision of a county. A single community may be composed of several census tracts. Enter a number as *XXXX* or *XXXX.xx* where *XXXX* is the basic tract and *xx* is the suffix. *XXXX* ranges from *0001* to *9999* (leading zeros are necessary, e.g., for a tract of 75, the user will enter "*0075*"). The suffix is limited to a range between *.01* and *.98*.

Field Name	Description of Control
County	County where the place is located. Choose from the drop down list.
Address Comments	Text box that permits entry of additional address information. Enter up to 2000 alphanumeric characters.
Add Address button	This button adds an address entry to the Address table on the Place page. The user must use this button to add the address to the **Address** table before submitting the Place record.
Contact Information As Of	**Required**. Indicates the date upon which the information was acquired. Enter a date in MM/DD/YYYY format or use the calendar control to choose a date.
Type	**Required**. Indicates the type of phone number of the place. Defaults to blank. Choose from the drop down list.
Use	**Required**. Indicates the location's use. Defaults to blank. The only option in NBS 4.5 is *Work Place*. Choose from the drop down list.
Country Code	Indicates the numeric code necessary for access to a country's phone system. Enter numeric characters.
Telephone	Indicates the place's telephone number. Enter numeric characters.
Ext	Indicates the extension that further specifies the phone number of the place.
Email	Indicates the email of the place. The entry should be in proper email format (e.g., name@name.com or name@name.net).
URL	Indicates the website associated with a place. Enter the URL address.
Comments	Text box that permits entry of additional information. Enter up to 2000 alphanumeric characters.
Add Telephone button	This button adds an address entry to the **Phone, Email, & URL** table on the Place page. The user must use this button to add the address to the **Phone, Email, & URL** table before submitting the Place record.

4. When you are finished, choose **Submit**.

NBS saves your changes and displays the View Place page.

Once you add the place information, you can do the following:

- Add another place.
- Edit the existing place information.
- Inactivate the place.

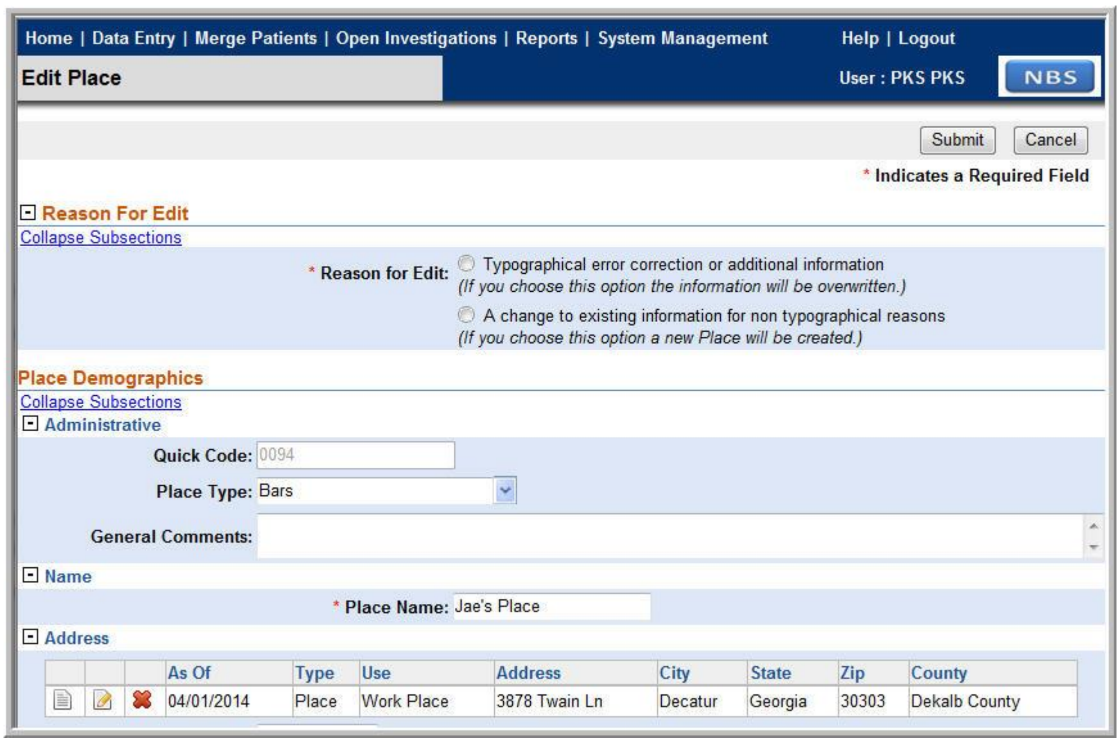
2.6.3. Editing Place Information

You can change information about a place, such changing the place's telephone number or correcting a misspelled name.

To edit place information, use the following procedure.

1. Find and view the place you want to change using the procedure described in Finding and Viewing Places.
2. Click **Edit Place** in the View Place page.

NBS displays the Edit Place page.



3. Indicate the reason for the edit. To indicate a reason for edit, do one of the following:
   - Select **Typographical error correction or additional information** to indicate a change due to error correction or additional information. Choosing this option overwrites the existing information.
   - Click **A change to existing information for non typographical reasons** to indicate a change to something that was not a typographical error. Choosing this option creates a new place.
4. Make the necessary changes to the record.

Note: *In sections where multiple values display, click* ***Edit*** *for the value you need to change. NBS displays the detailed information for the selected information type. Continue making changes. When you are finished making changes, click* ***Update*** *to update an existing value in a section where multiple values display. If you attempt to save your information by clicking the* ***Submit*** *button and you have not added or updated a value in a section supporting multiple values, NBS displays an error indicating that you have entered or edited information and have not clicked* ***Add*** *or* ***Update*** *in the multiple entry table.*

5. Click **Submit** to save your changes.

NBS saves your changes and displays the View Place page.

2.6.4. Inactivate Places

You can inactivate a place from the set of active NBS records. Once you inactivate a place, the place's record can no longer be searched, viewed, or edited.

Note: *You must have the appropriate security permissions to inactive places.*

To inactivate an organization, perform the following procedure:

1. Access the View Place page using the procedure described in Finding and Viewing Places.
2. Choose **Inactivate** from the View Place page.

NBS displays a message prompting you to confirm that you want to inactivate the place.

3. Click **OK**.

NBS inactivates the place and displays the NBS Home page.

This document has been developed by CSRA under a contract with the U.S. Centers for Disease Control and Prevention – Department of Health and Human Services.

3. WORKING WITH DOCUMENTS, VACCINATIONS, AND TREATMENTS

3.1. SECTION DESCRIPTION

This section provides descriptive and procedural information about the following functionality:

- Reviewing documents, including laboratory reports, morbidity reports, and case reports (PHCRs)
- Assigning program areas and jurisdictions to documents
- Viewing, adding, and editing Lab Reports
- Viewing, adding, and editing Morbidity Reports
- Viewing Case Reports (PHCRs and PHDCs)
- Viewing, adding, and editing Vaccination records
- Viewing, adding, and editing Treatment records

3.2. UNDERSTANDING DOCUMENTS

3.2.1. Description

This section contains descriptive and procedural information about the following functions:

- Understanding documents
- Reviewing documents

3.2.2. Understanding Documents

In the NEDSS terminology, *documents* are reports that come into the health department from a reporting source, such as a laboratory or a doctor's office. In general, documents trigger the start of a public health case investigation. They can also complement an existing investigation.

In the NBS, documents refer specifically to *laboratory reports*, *morbidity reports* and *case reports*:

- A laboratory report contains lab order and results information and originates from a laboratory in either in a manual or electronic format.
- Morbidity reports contain basic information regarding a single instance of a disease and originate from a health care provider, such as a hospital or doctor's office by means of a manual method (such as a paper report).
- Case reports contain condition and case information and originate from a sending facility as an electronically delivered PHCR or PHDC (Public Health Document Container) which is an implementation of electronic Initial Case Reporting (eICR). eICR is an HL7 standards based CDA (Clinical Document Architecture) exchange format supported starting in Release 5.2. Case reports cannot be entered manually in NBS.

The NBS enables you to manually enter morbidity report and laboratory report information you receive from providers and clinical laboratories, respectively. Depending on your access rights to the NBS, you can enter morbidity and lab information by accessing the patient registry information or without accessing the registry. You will learn more about these options later in this section.

With manual laboratory report and morbidity report entry, you enter the information contained in the paper copy of the report into the NBS. If the report contains information about a patient and providers that are not in the NBS, you must first add the patient and provider information before you can add the report information.

Note: *External users can add patient information. However, they cannot search for patients since they do not have access to the patient registry. Similarly, remote users can search for provider information, but cannot add new providers to the system. Along with business process intended to review data entry by external users, the NBS provides a mean to deal with duplicate records resulting from external users. You will learn more about external users later in this section.*

3.2.2.1. Electronic Lab Reports and Case Reports

In addition to accepting laboratory reports you physically enter into the NBS, the system's messaging component can securely connect with organizations to accept electronic laboratory reports (ELRs) and Case Reports (PHCR or PHDC[eICR]). Upon receipt of an ELR or Case Report, the NBS examines the attributes of the report and either associates it with an existing patient in the system or creates a new patient if no information is present. It also associates the report with existing providers and facilities in the system. Again, if no information is present, the NBS creates new provider/facility information using the information contained in the report. The NBS also programmatically assigns the report a program area and jurisdiction based on the information contained in the report. Lastly, NBS routes it to the appropriate user and updates the user's work queue indicating that a new report requires review.

Functionality for ELRs is the same as that for manual laboratory reports, except for some important distinctions detailed below. For laboratory reports submitted electronically, the system displays a note at the top of the page indicating that the laboratory report was submitted electronically.

Note: *While you can click the* ***Edit*** *button on the View Lab Report page (depending on your security permissions) to display the Edit Lab Report page, you can change* only *the* ***Qualitative Results*** *field for an ELR.*

Once any report (laboratory report or case report) enters your work queue, you can perform the following functions:

- View the report.
- Mark the report as reviewed.
- Transfer ownership of the report.
- Create an investigation based on the report.

Note: *Your options vary depending on your security permissions. Not all options may be available to you.*

3.2.3. Reviewing Documents

As documents enter the NBS, the system automatically updates your work queues with those laboratory reports, morbidity reports, and case reports assigned to your program area and jurisdiction. You can view these observations and determine what action to take with them. You use the Documents Requiring Review queue to view new the new documents in your work queue.

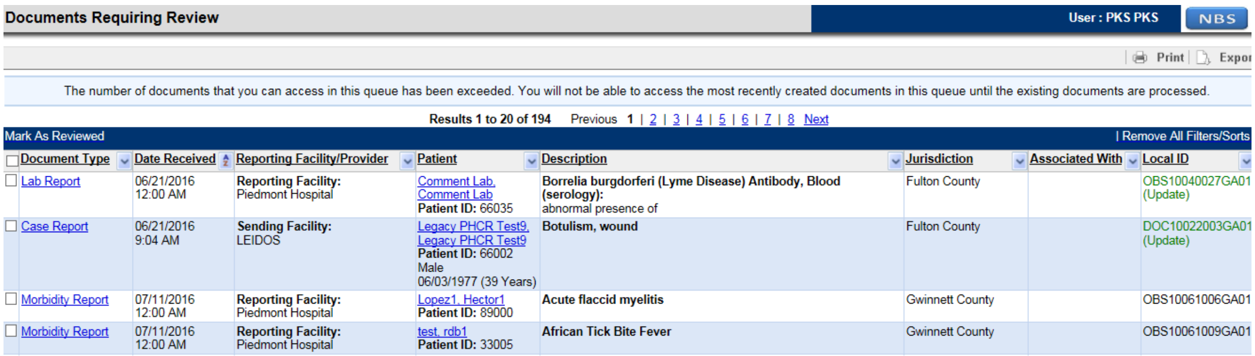
Once you view the documents, you can determine on your next course of action based on the available information. In some cases, you may find enough compelling information to initiate an investigation based on the laboratory report, morbidity report, or case report. In other cases, a document may not contain any information to warrant further investigation. In this event, you can simply mark the document as *Reviewed* and go on to the next item on the list. By marking the document as reviewed, you indicate to the system that it warrants no further action. The document moves out of your work queue and is stored as part of the patient's file. You can access the document from the **Events** tab in the View File page for the patient.

To review new documents, perform the following procedure:

1. Choose **Documents Requiring Review** on the NBS home page.

Note: *Click* ***Home*** *to display the NBS Home page, if it is not already displayed.*

The NBS displays the Documents Requiring Review page.


Documents Requiring Review

User : PKS PKS NBS

Print | Expor

The number of documents that you can access in this queue has been exceeded. You will not be able to access the most recently created documents in this queue until the existing documents are processed.

Results 1 to 20 of 194 Previous 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 Next

Mark As Reviewed | Remove All Filters/Sorts

Document Type	Date Received	Reporting Facility/Provider	Patient	Description	Jurisdiction	Associated With	Local ID
Lab Report	06/21/2016 12:00 AM	**Reporting Facility:** Piedmont Hospital	Comment Lab, Comment Lab **Patient ID:** 66035	**Borrelia burgdorferi (Lyme Disease) Antibody, Blood (serology):** abnormal presence of	Fulton County		OBS10040027GA01 (Update)
Case Report	06/21/2016 9:04 AM	**Sending Facility:** LEIDOS	Legacy PHCR Test9, Legacy PHCR Test9 **Patient ID:** 66002 Male 06/03/1977 (39 Years)	**Botulism, wound**	Fulton County		DOC10022003GA01 (Update)
Morbidity Report	07/11/2016 12:00 AM	**Reporting Facility:** Piedmont Hospital	Lopez1, Hector1 **Patient ID:** 89000	**Acute flaccid myelitis**	Gwinnett County		OBS10061006GA01
Morbidity Report	07/11/2016 12:00 AM	**Reporting Facility:** Piedmont Hospital	test, rdb1 **Patient ID:** 33005	**African Tick Bite Fever**	Gwinnett County		OBS10061009GA01

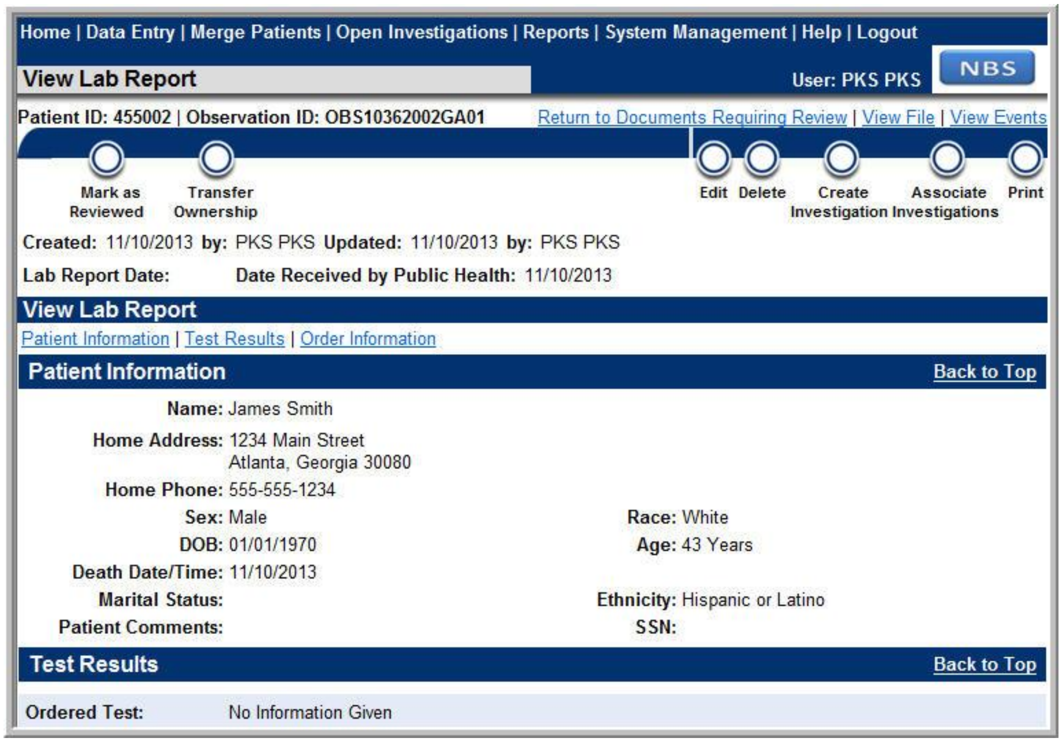
The Documents Requiring Review page displays a list of laboratory reports, morbidity reports, case reports associated with your program area and jurisdiction

Note*: Choose* ***Next*** *and* ***Previous*** *to move through the list of documents.*

Note: *In this queue, Case Reports that are new in NBS are marked with* (New) *after the Local ID. Case Reports that have come in as updates to existing case reports are marked in green with* (Update) *after the Local ID.*

2. Choose the **Document Type** link of the document you want to view. The NBS displays the View Morbidity Report page or View Lab Report page or View Document for a Case Report, depending on your selection.

Note: *Selecting the* ***Patient Name*** *link for a document displays the Patient File page for the patient.*



3. Review the contents of the document. At this point, you have a number of options:

Note: *Your options may vary depending on the security permissions assigned to your role. Not all options may be available to you.*

- You can click **Mark as Reviewed** if you determine that the document requires no further action. NBS marks the document as *Reviewed* and displays the View Lab Report page or View Morbidity Report page, depending on your initial selection. Once you mark the report as reviewed, the laboratory report drops off your Documents Requiring Review queue. The number associated with the **Documents Requiring Review** link on the Home page also decreases by one.
- You can choose to assign the document to a program area or jurisdiction (transfer ownership of the observation).
- You can edit or delete the document, depending on the type of document it is and your security permissions.
- You can create an investigation based on the documents.
- You can associate an investigation to an existing investigation or, in the case of Lab Reports, more than one investigation.

3.3. MARKING AS REVIEWED

3.3.1. Description

This section contains descriptive and procedural information about the following functions:

- Marking Documents as *Reviewed*

- Choosing Processing Decisions (STD/HIV conditions only)
- Clearing Mark as Reviewed status

3.3.2. Marking Documents as Reviewed

Marking a document as *Reviewed* is an indication that the report has been viewed and no additional processing is required. There are several common instances when a document would be marked as *Reviewed*, including but not limited to:

- A document has been received for the first time and there is no further action needed by public health (e.g., the document indicates a non-reportable condition, etc.).

  Note: If the user chooses to mark a lab or morbidity report as Reviewed and the program area is for STD or HIV, the system will launch a popup window, prompting the user for a Processing Decision. See Section 3.3.3 of this document for details about Processing Decisions.

- An updated document has been received and:
  - The first time the document was received, it triggered a new or was associated to an existing investigation
  - The first time the document was received, it was marked as *Reviewed* with no action

If the document does not require a Processing Decision (see previous note), upon selecting Mark as Reviewed

- The Mark as Reviewed button will become hidden.
- The record's status (state) will be updated in the system as processed.
- The document will be removed from the Documents Requiring Review Queue.

If the document is an STD or HIV document and requires a Processing Decision, upon selecting Mark as Reviewed

- The **Mark as Reviewed** option will be removed from the View Lab Report page and replaced with the **Clear Mark as Reviewed** option. See *Clearing Mark as Reviewed* for details about the Clear Mark as Reviewed functionality.
- The record's status (state) will be updated in the system as processed.
- The document will be removed from the Documents Requiring Review Queue.
- The Processing Decision chosen will be displayed on the View Lab Report page.

3.3.3. Choosing Processing Decisions for Mark as Reviewed

(STD/HIV only)

The Processing Decision is the particular type of follow-up (surveillance follow-up or field follow-up) required for an STD/HIV investigation or, in the case of marking a document as reviewed, the reason for not performing any type investigative follow-up on an STD/HIV document (e.g., insufficient information, records search closure, administrative closure, etc.). If the document is for an STD or HIV program area, and you choose **Mark as Reviewed**, the system shows the Select Processing Decision pop-up. Be aware, the message content and options offered in the Select Processing Decision pop-up window varies based on report type and condition. Choosing **Mark as Reviewed** indicates that no follow up on this report is necessary. Assigning for new follow up (e.g., surveillance follow up or field follow up) is not relevant when you mark a report as reviewed. The option you choose from the dropdown in the Processing Decision pop up indicates the specific reason that no follow up is necessary.

NOTE: A Processing Decision is applicable ONLY if the program area in the document is STD or HIV.

Relevant Processing Decision lists differ by type of document and condition. The table below shows the known values applicable to STD/HIV documents.

Decision/Action	Lab Test	Morbidity Report
Administrative Closure	All Conditions	All Conditions
Record Search Closure	All Conditions	All Conditions
BFP - No Follow-up	**Syphilis Only**	**N/A**
Not Program Priority	**All Except Syphilis**	**All Except Syphilis**
Insufficient Info	All Conditions	All Conditions
Send OOJ	All Conditions	All Conditions
Physician Closure	All Conditions	All Conditions

3.3.4. Clearing Mark as Reviewed

(STD/HIV only)

After a document has been marked as *Reviewed*, the system provides an option on the View Document page to **Clear Mark as Reviewed** for STD/HIV documents.

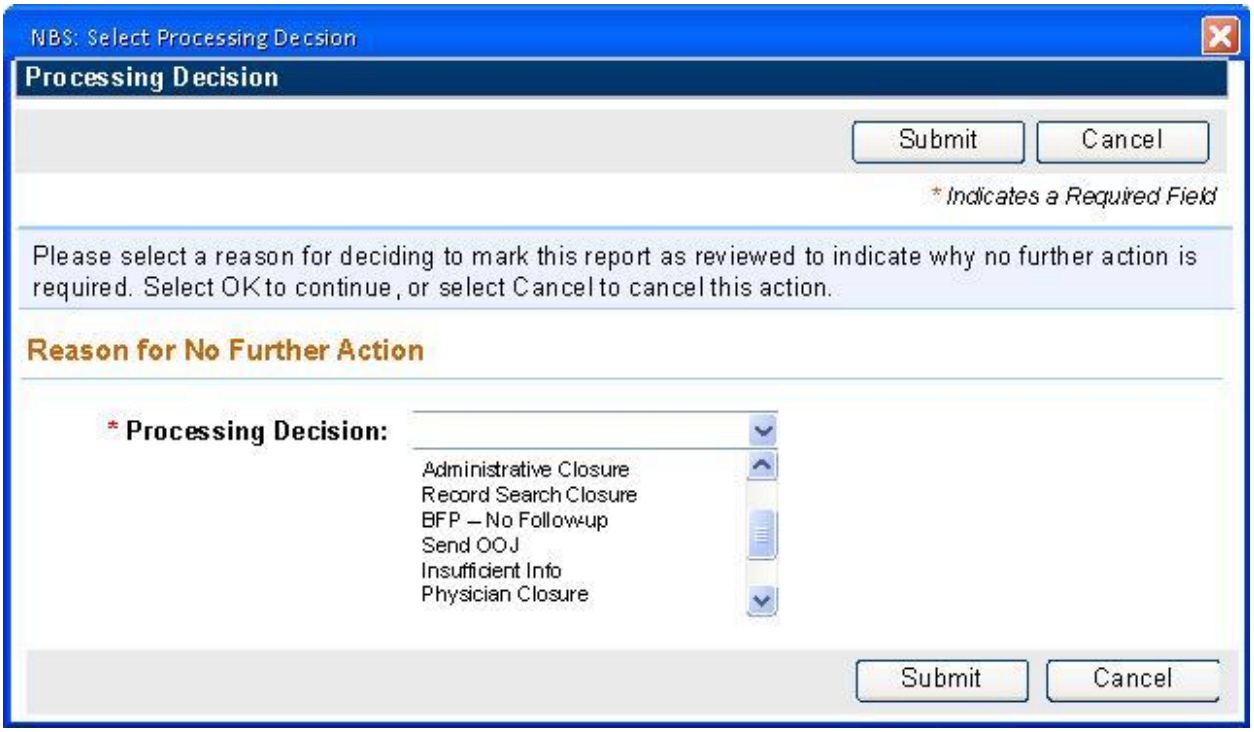
Note: *Clearing* ***Mark as Reviewed*** *is not an option for other surveillance conditions.*

This option will clear the processed status of *Reviewed*, as well as any associated Processing Decision assigned when the document was marked as *Reviewed*. The document will then be considered UNPROCESSED by the system if you do not opt to perform a new action (**Mark as Reviewed**, **Create Investigation**, or **Associate Investigation(s)**) after clearing Mark as Reviewed.

3.3.4.1. Clear Mark as Reviewed UI Screens

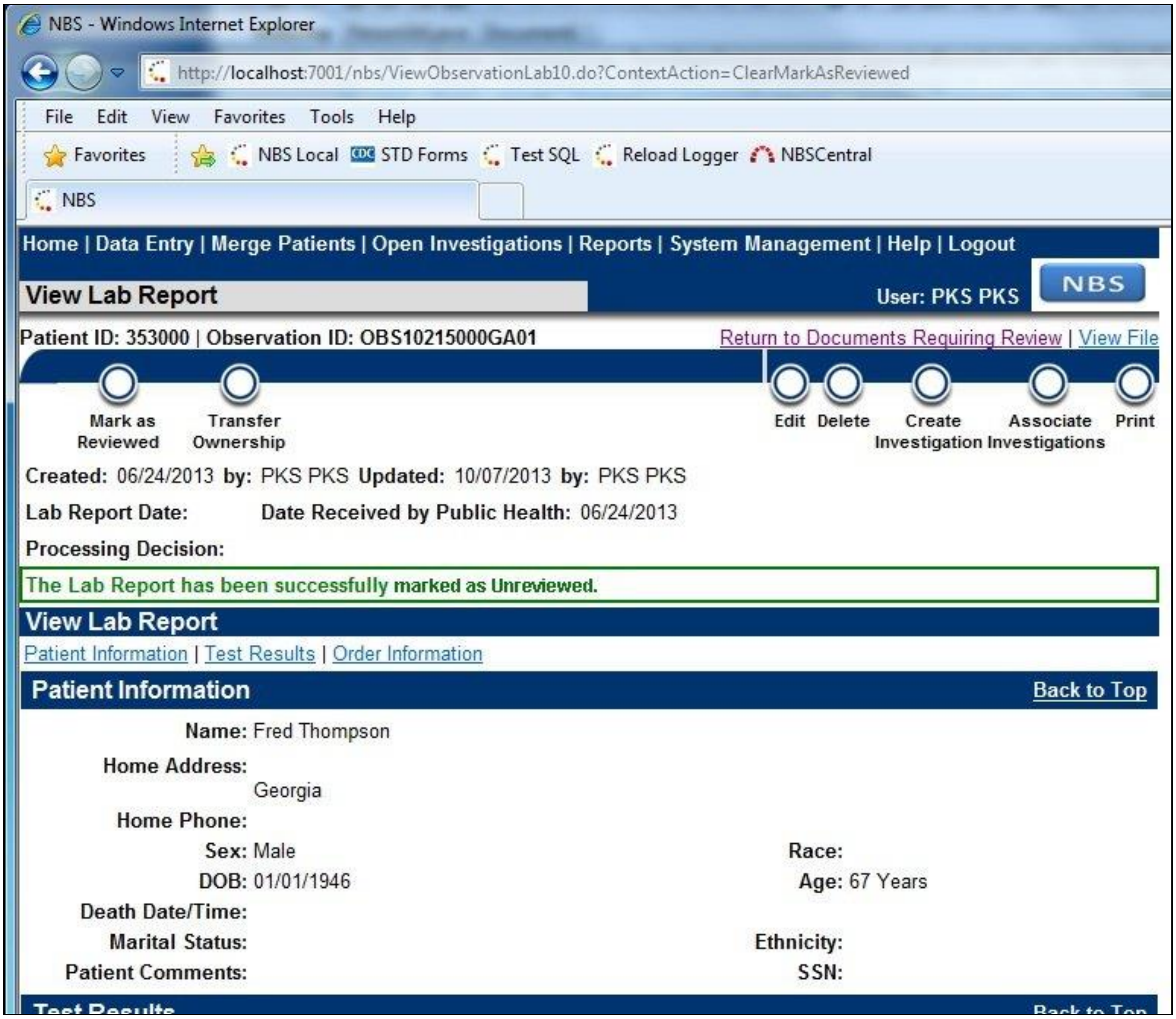
The following example uses a Lab Report for a program area (STD or HIV) that requires a Processing Decision to explain the UI changes you will see when clearing Mark as Reviewed. This first graphic depicts an unprocessed Lab Report that has been accessed from the Lab Reports section of the Patient File Events page.

The user chooses **Mark as Reviewed**. This report is an STD document and, therefore, requires a Processing Decision to be successfully marked as *Reviewed*.



The user chooses *Administrative Closure*. The system displays the View Lab Report page with the success message, the Processing Decision shown, and with the **Clear Mark as Reviewed** option available.

The user chooses **Clear Mark as Reviewed**. The system displays the View Lab Report page with the **Mark as Reviewed** option once again available.

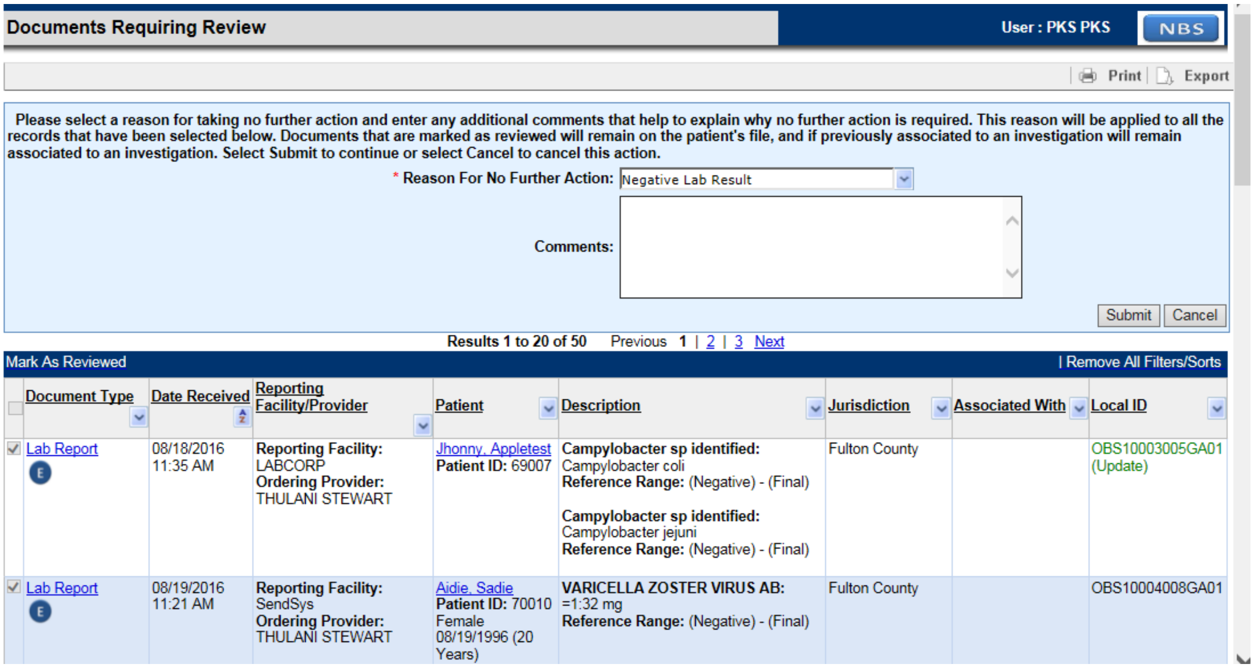


If the user elects to leave the View Lab Report page without choosing another processing action (**Mark as Reviewed**, **Create Investigation**, **Associate Investigation(s)**), the system will display the UNPROCESSED report on the **Patient File Summary** tab (in the **Documents Requiring Review** section), on the **Patient File Events** tab (in the **Lab Reports** section), and in the DRRQ.

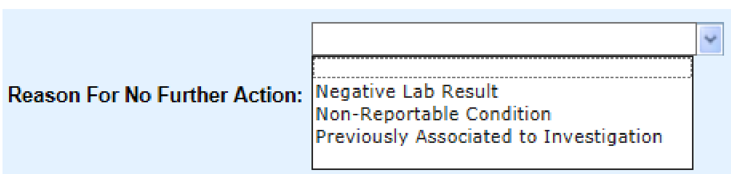
On the **Events** tab, the document will no longer include a Processing Decision in the **Date Received** column the **Lab Reports** section.

3.3.5. Bulk Processing Mark as Reviewed

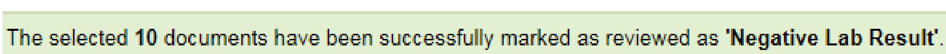
Users can choose a number of documents to be Mark As Reviewed directly from the Documents Requiring Review Queue. For example, a number of negative laboratory reports are selected using the checkbox on the leftmost column and then selecting the Mark as Reviewed button Mark As Reviewed above the Document Type column.



Reason for No Further Action is required for documents falling into non-STD/HIV Program Area. Documents that are in the STD or HIV program area will require a Processing Decision be selected instead of a Reason for No Further Action.



On Submit a confirmation message is returned:



3.4. ASSIGNING DOCUMENTS TO PROGRAM AREAS AND JURISDICTIONS

3.4.1. Description

This section contains descriptive and procedural information about the following function:

- Assigning documents to program areas and jurisdictions

3.4.2. Assigning Documents to Program Areas and Jurisdictions

While the NBS programmatically assigns documents to a specific program area and jurisdiction based on the information contained within the report, some documents may not contain enough information for the system to make a determination. This might be due to incomplete data entry on the part of a provider or caseworker, or may be due to insufficient mappings between the conditions and jurisdictions in the NBS.

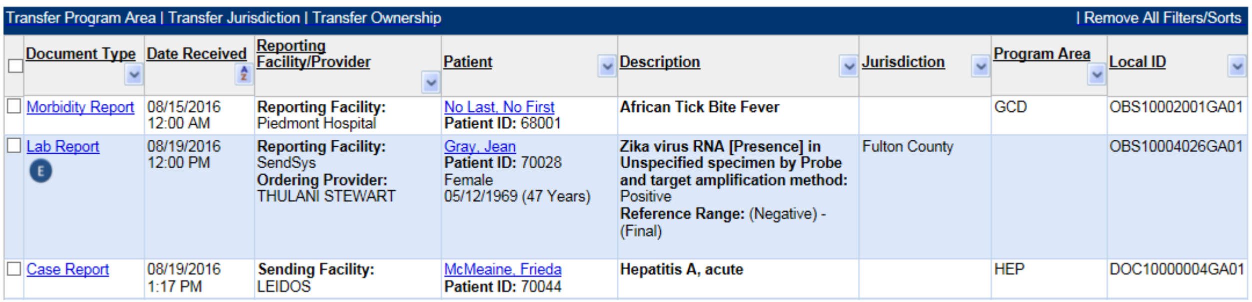
In either case, you may be required to manually assign a program area and/or jurisdiction for the document. By assigning a program area or jurisdiction, you transfer the document's ownership to one of the various program areas and jurisdictions supported by the NBS. You use the Transfer Ownership page to transfer responsibility for a document to another program area and/or jurisdiction.

To assign a program area and/or jurisdiction to a document, use the following procedure:

1. Choose **Documents Requiring Security Assignment** on the NBS Dashboard page.

   Note: *Click* ***Home*** *to display the NBS Dashboard, if it is not already displayed.*

   The NBS displays the Documents Requiring Security Assignment page.



Transfer Program Area | Transfer Jurisdiction | Transfer Ownership | Remove All Filters/Sorts

	Document Type	Date Received	Reporting Facility/Provider	Patient	Description	Jurisdiction	Program Area	Local ID
☐	Morbidity Report	08/15/2016 12:00 AM	**Reporting Facility:** Piedmont Hospital	No Last, No First **Patient ID:** 68001	**African Tick Bite Fever**		GCD	OBS10002001GA01
☐	Lab Report E	08/19/2016 12:00 PM	**Reporting Facility:** SendSys **Ordering Provider:** THULANI STEWART	Gray, Jean **Patient ID:** 70028 Female 05/12/1969 (47 Years)	**Zika virus RNA [Presence] in Unspecified specimen by Probe and target amplification method:** Positive **Reference Range:** (Negative) - (Final)	Fulton County		OBS10004026GA01
☐	Case Report	08/19/2016 1:17 PM	**Sending Facility:** LEIDOS	McMeaine, Frieda **Patient ID:** 70044	**Hepatitis A, acute**		HEP	DOC10000004GA01

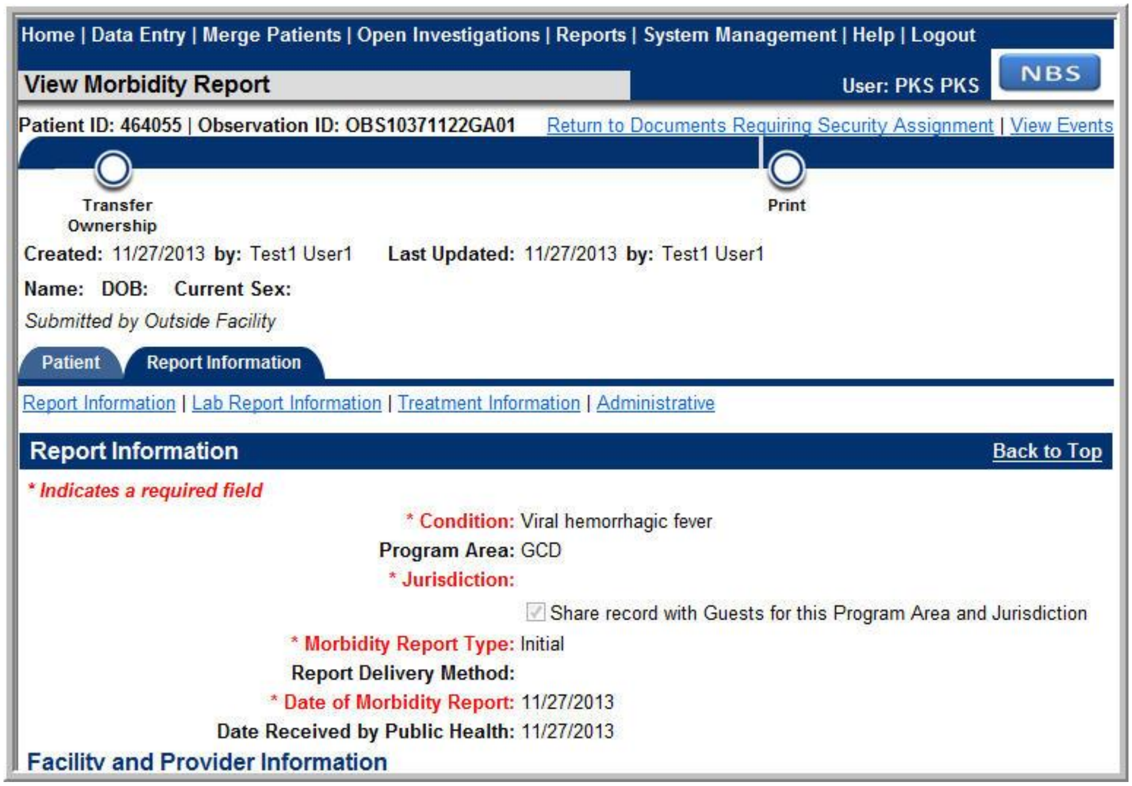
   The Documents Requiring Security Assignment page displays a list of laboratory reports, morbidity reports, and case reports requiring program area and/or jurisdiction assignment.

   Note*:* *Click* ***Next*** *and* ***Previous*** *to move through the list of documents. Note that if you reach the maximum limit of 500 items in your work queue, you cannot receive new documents without processing existing ones.*

   Note*:* *In this queue, Case Reports that are new in NBS are marked with* (New) *after the Local ID. Case Reports that have come in as updates to existing case reports are marked in green with* (Update) *after the Local ID.*

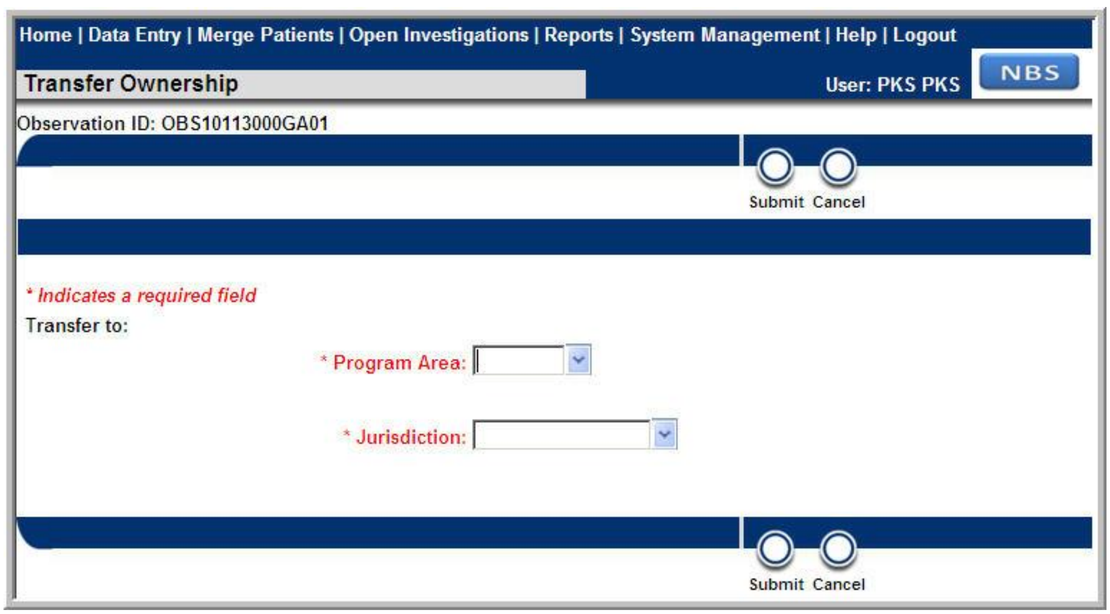
2. Select the **Document Type** link for the document you want to view.

   NBS displays the View Report page.



3. Choose **Transfer Ownership**.

   The NBS displays the Transfer Ownership page.



4. To choose a program area, select an option from the **Program Area** drop down list.
5. To choose a jurisdiction, select an option from the **Jurisdiction** drop down list.

6. Choose **Submit** 

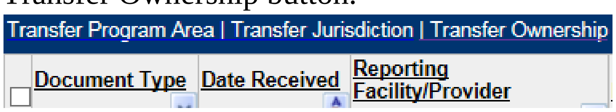
.

The NBS transfers ownership of the document and displays the Transfer Confirmation page.

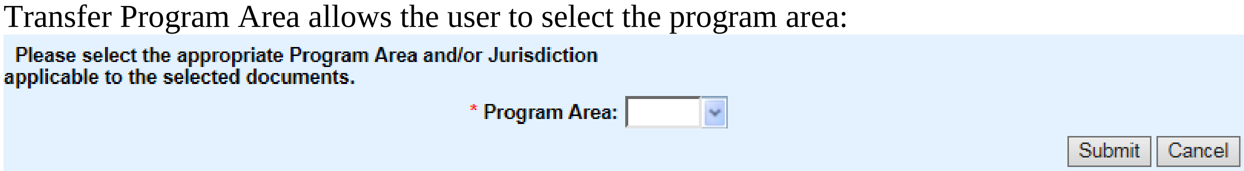
Note: *If you transfer ownership of the document to a program area and/or jurisdiction for which you do not have permission, you will no longer be able to work with the document.*

3.4.3. Bulk Selection and Assignment

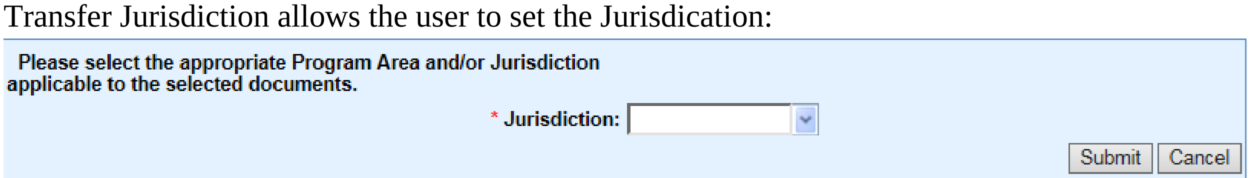
A user can select multiple documents to assign jurisdiction, program area or ownership (program area and jurisdiction) directly from the Documents Requiring Security Assignment Queue. This is accomplished by selecting the appropriate Transfer Program Area, Transfer Jurisdiction or Transfer Ownership button.



Transfer Program Area allows the user to select the program area:

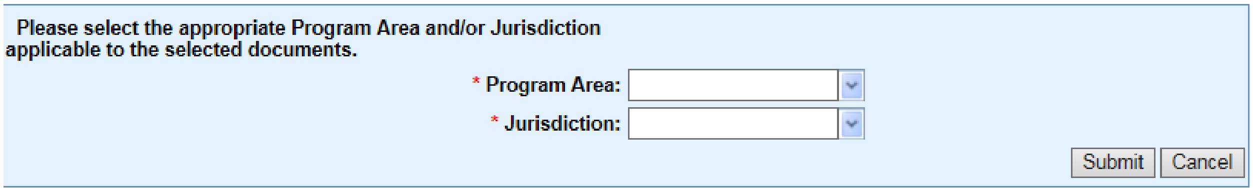


Transfer Jurisdiction allows the user to set the Jurisdication:



And Transfer Ownership allows the user to set both:

This document has been developed by CSRA under a contract with the U.S. Centers for Disease Control and Prevention – Department of Health and Human Services.


Please select the appropriate Program Area and/or Jurisdiction applicable to the selected documents.

* Program Area:

* Jurisdiction:

Submit Cancel

The confirmation message is returned:

The selected **2** documents have been successfully transfered to **GCD** program area and **Fulton County** jurisdiction

3.5. VIEWING, ADDING, AND EDITING LABORATORY REPORTS

3.5.1. Description

This section contains procedural and descriptive information about the following functions:

- Viewing a laboratory report
- Adding a laboratory report
- Editing a laboratory report
- Utilizing the Document Viewer

3.5.2. Viewing a Lab Report

You can view a laboratory report from your work queues (as described in Reviewing Documents or, after the report has been reviewed, from the **Events** tab on the Patient File page.

Note: *Once you perform an operation on a laboratory report, such as marking the laboratory report as reviewed or creating an investigation based on a laboratory report, the NBS removes the laboratory report from your Documents Requiring Review queue.*

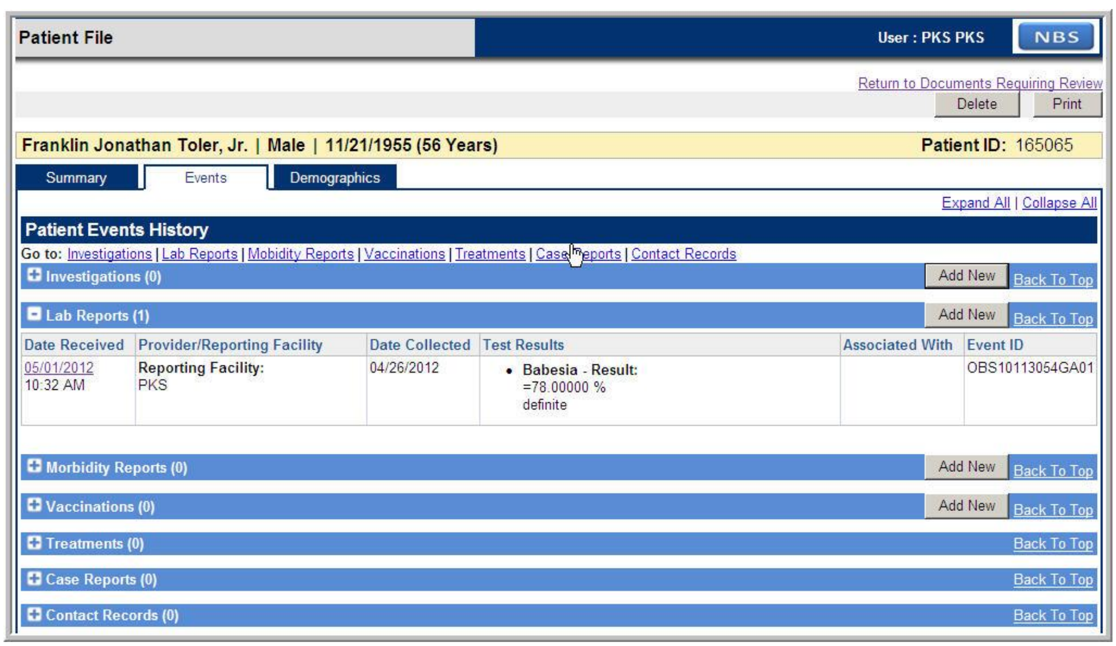
To view an existing laboratory report, use the following procedure:

1. Display the View Patient page for the patient. To find and view a person, refer to "Finding and Viewing Patient and Provider Information" in "Section 2 – Working with Patient, Provider, and Organization Information."

   The NBS displays the contents of the View Patient page for the selected patient.

2. Choose the **Events** tab.

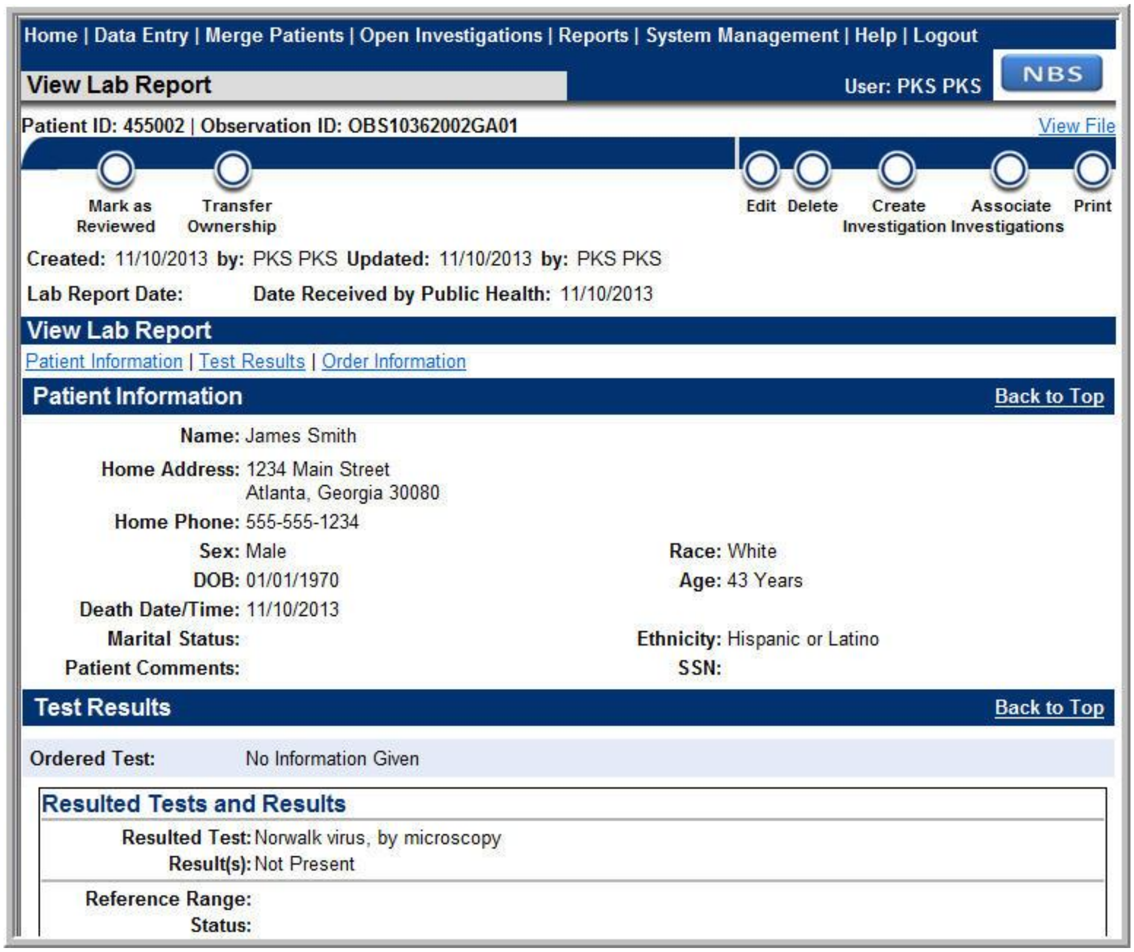
   The NBS displays the contents of the **Events** tab.



3. Select the **Date Received** link for the laboratory report you want in the Lab Reports section.

   Note: *You can scroll to the Lab Reports section, or click the* ***Lab Reports*** *navigation link at the top of the page.*

   The NBS displays the View Lab Report page and the details of the laboratory report.



From the View Lab Report page, you can do the following:

- Mark the laboratory report as reviewed.
- Transfer ownership of the laboratory report.
- Edit the laboratory report. You cannot edit electronic laboratory reports. Note that electronic laboratory reports display a notice at the top of the page indicating that the report has been electronically submitted. You can view the document that was used to generate the Lab Report using the Document Viewer.
- Delete the laboratory report. You cannot delete electronic laboratory reports.
- Create an investigation based on the laboratory report.
- Associate the laboratory report to existing investigations

- Print the laboratory report

Note: *Your options vary depending on your security permissions assigned. Not all options may be available to you.*

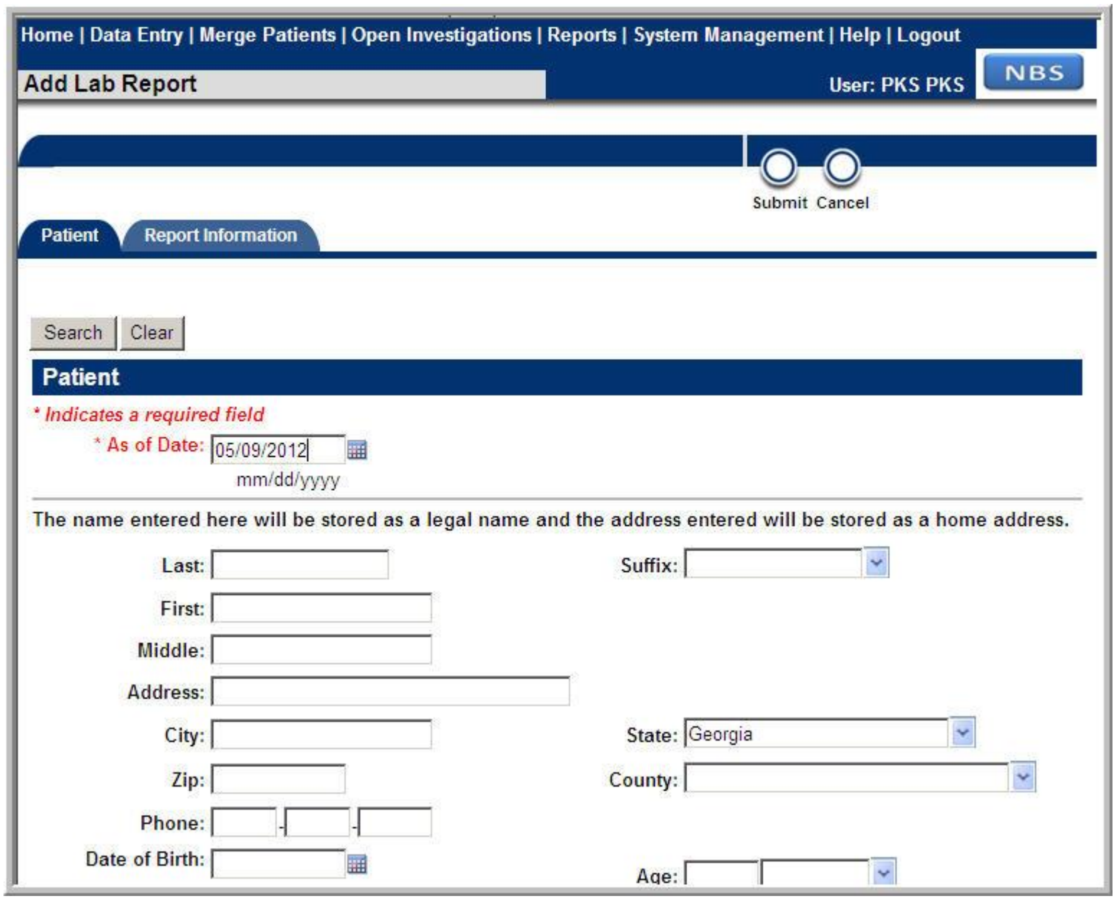
3.5.3. Adding a Lab Report

You can add a Lab Report from the Data Entry menu or from the Events tab in the Patient File page. The procedure below details the process for adding a Lab Report using the Data Entry page.

To add a laboratory report, perform the following procedure:

1. Choose the **Data Entry** link, and pick **Lab Reports** from the menu.

   The NBS displays the Add Lab Report page with the **Patient** tab active.



2. Do one of the following:

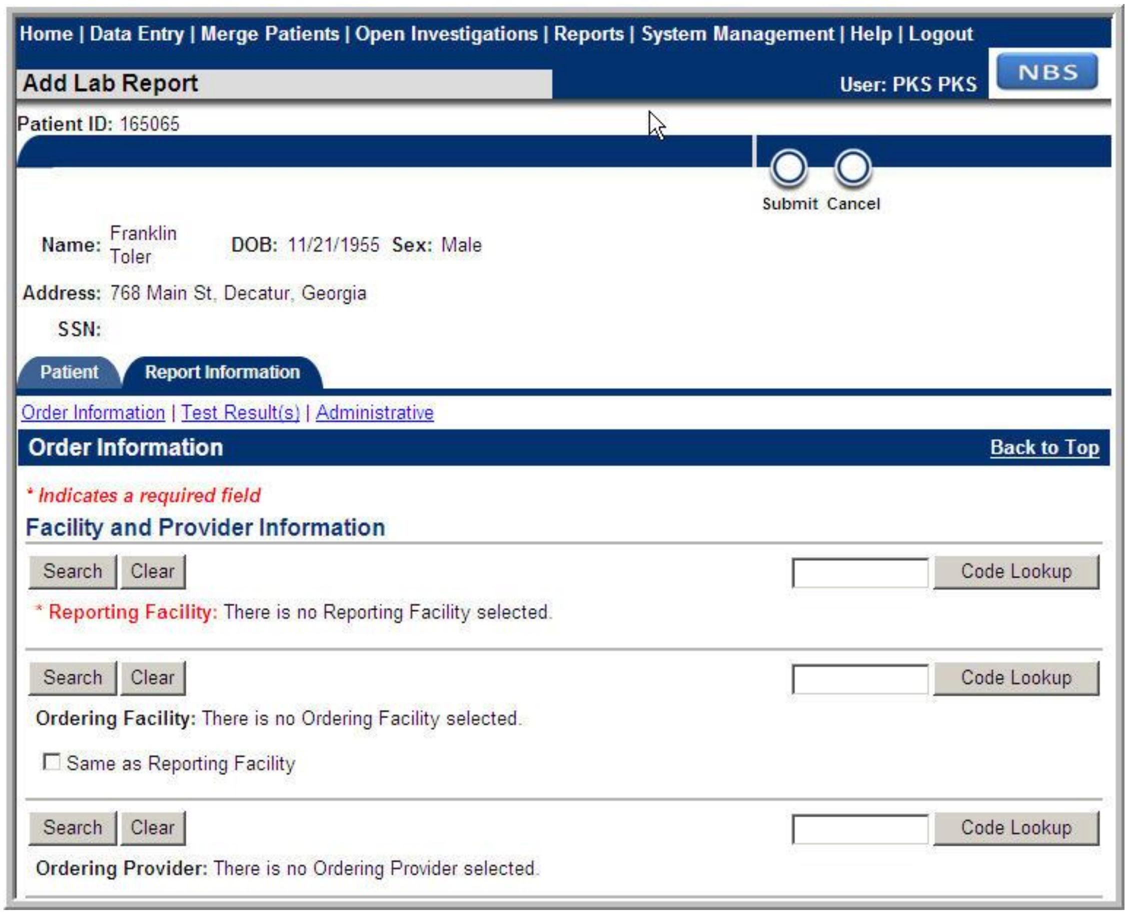
   - Search for the patient you want.

     To search for a patient, click **Search**. The NBS displays the Search Criteria pop-window. Type the information for the patient you want in the search criteria fields. To enter information, click the fields you want and type or choose the information you want. Click **Submit**. The NBS displays the results of your search. Click **Select** for the person you want. The patient demographic information displays in the available fields on the **Patient** tab.

- Manually enter the patient information using the fields provided.

3. Choose the **Report Information** tab.

   The NBS displays the contents of the **Report Information** tab.



Note: *Not all available fields display on the page. Some fields are hidden and display depending on the selections you make.*

4. Fill out the **Report Information** tab. The following table contains information about each field on the tab.

Field Name	Description of Control
Reporting Facility	**Required**. Enter a **Code** for lookup, or use the **Search** button and the search process described in Using Facility and Provider Search for Report Information.
Ordering Facility	Optional. Enter a **Code** for lookup, or use the **Search** button and the search process described in Using Facility and Provider Search for Report Information. If this facility is the same as the Reporting Facility, select the **Same as Reporting**

This document has been developed by CSRA under a contract with the U.S. Centers for Disease Control and Prevention – Department of Health and Human Services.

Field Name	Description of Control
	Facility checkbox.
Ordering Provider	Optional. Enter a **Code** for lookup, or use the **Search** button and the search process described in [Using Facility and Provider Search for Report Information].
Program Area	**Required**. Choose from the drop down list.
Jurisdiction	**Required**. If the Jurisdiction is not already displayed, or if you want to make a change, choose from the drop down list.
Share record with Guests for this Program Area and Jurisdiction	Optional. NBS shares records with guest users by default. Guest permissions enable users from other program areas and jurisdictions to access records in your program area and jurisdiction. The NBS system administrator controls Guest permissions. To disable guest access to this record, deselect the checkbox.
Lab Report Date	Optional. Enter a date or choose from the calendar control.
Date Received by Public Health	Optional. Enter a date or choose from the calendar control.
Ordered Test Name	Optional. Choose from the drop down list or search for a test by clicking **Select**. The NBS displays the search criteria pop-up window. Type the test name you want. (If you prefer, choose the **Long list, provides detailed names of tests** radio button to search based on a detailed test name list.) Click **Submit** to initiate the search. The NBS displays the results of your search. Click **Select** for the test you want. NBS closes the pop-up window and displays the selected test name in the **Ordered Test Name** field.
Accession Number	Optional. Enter an Accession Number using alphanumeric characters.
Specimen Source	Optional. Choose a source from the drop down list.
Specimen Site	Optional. Choose a site from the drop down list.
Date Specimen Collected	Optional. Enter a date or choose from the calendar control.
Patient Status at Specimen Collection	Optional. Choose from the drop down list. (*Hospitalized*, *Outpatient*, *Unknown*)
Pregnant	**Required**. Choose from the drop down list (*Yes*, *No*, *Unknown*).
Weeks	**Required** if **Pregnant** = *Yes*. **Weeks** is displayed if **Pregnant** = *Yes*. Acceptable entry is between *0* and *45*

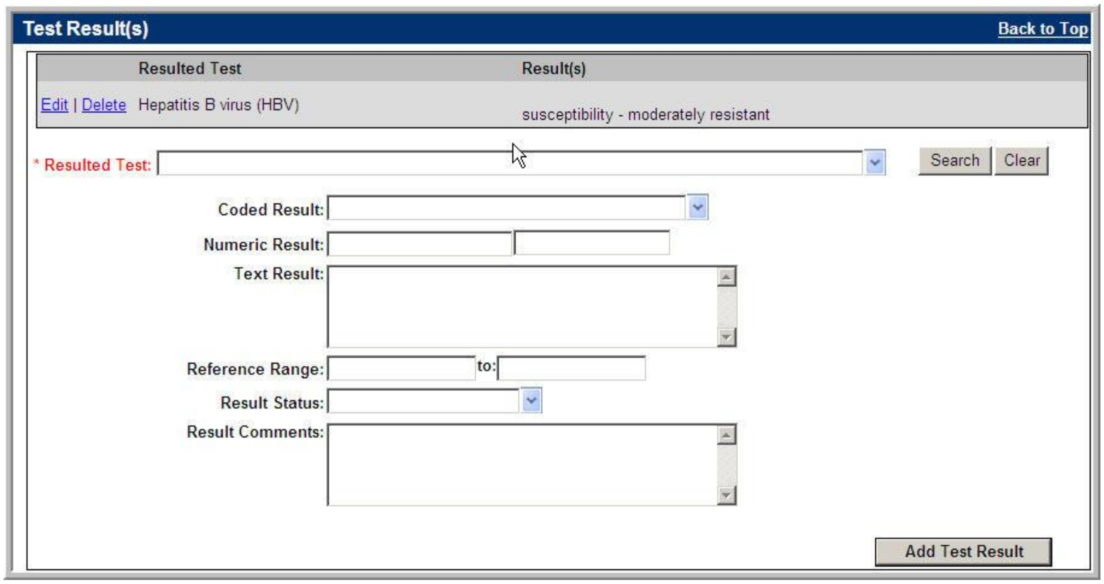
<table>
<tr><th>Field Name</th><th>Description of Control</th></tr>
<tr><td></td><td>weeks. To indicate that number of weeks is Unknown, enter 99.</td></tr>
<tr><td>Resulted Test Name</td><td>Required. Choose from the drop down list or search for a test. To search, click Select. The NBS displays the search criteria pop-up window. Type the test name you want. (If you prefer, choose the Long list, provides detailed names of tests radio button to search based on a detailed test name list.) Click Submit to initiate the search. The NBS displays the results of your search. Click Select for the test you want. NBS closes the pop-up window and displays the selected test name in the Resulted Test Name field.</td></tr>
<tr><td>Organism Name</td><td>Sometimes required. The Organism Name field is displayed when you choose a relevant test in the Resulted Test Name field. If it is displayed, it is required. Choose from the drop down list.</td></tr>
<tr><td>Coded Result Value</td><td>Optional. The Coded Result Value field is displayed when you choose a relevant test in the Resulted Test Name field. Choose from the drop down list.</td></tr>
<tr><td>Numeric Result Value</td><td>Optional. Enter a value and choose the associated unit or measurement.</td></tr>
<tr><td>Text Result Value</td><td>Optional. Enter a value using alphanumeric characters.</td></tr>
<tr><td>Result Status</td><td>Optional. Choose from the drop down list.</td></tr>
<tr><td>Result Comments</td><td>Optional. Enter comments in alphanumeric characters.</td></tr>
<tr><td>Susceptibility Test</td><td>Optional. Choose Yes or No. If you choose Yes, choose the appropriate information and choose Add Susceptibility. The following fields are displayed when you choose Yes:
<table>
<tr><td>Resulted Method</td><td>Optional. Choose from the drop down list.</td></tr>
<tr><td>Drug Name</td><td>Required. Choose from the drop down list or search. To search for a drug, click Select. The NBS displays the search criteria pop-up window. Click Drug Name and type the test name you want. (If you prefer, choose the Long list, provides detailed names of tests radio button to search based</td></tr>
</table>
</td></tr>
</table>

Field Name	Description of Control	
		on a detailed test name list.) Click **Submit** to initiate the search. The NBS displays the results of your search. Click **Select** for the drug you want. NBS closes the pop-up window and displays the selected test name in the **Drug Name** field.
	Numeric Result	Optional. Enter a value and choose a unit of measurement from the drop down list.
	Coded Result	Optional. Choose from the drop down list.
	Interpretive Flag	Optional. Choose from the drop down list.
Track Isolate?	Optional. Choose **Yes** or **No**. If you choose **Yes**, make choices from the drop down lists for the isolate questions that are displayed. All fields are optional.	

5. Choose **Add Test Result**.

The NBS displays the resulted name and result value information in the gray table at the top of the **Test Results** section.

Note: *Click **Edit** for the test information you want to edit. When you are finished making changes, click **Update Test Result**. The NBS displays the updated test information in the gray table at the top of the section. Click **Delete** to delete the selected test information.*



6. Enter **Comments**, if any, in the **Administrative** section.

7. Choose **Submit** 

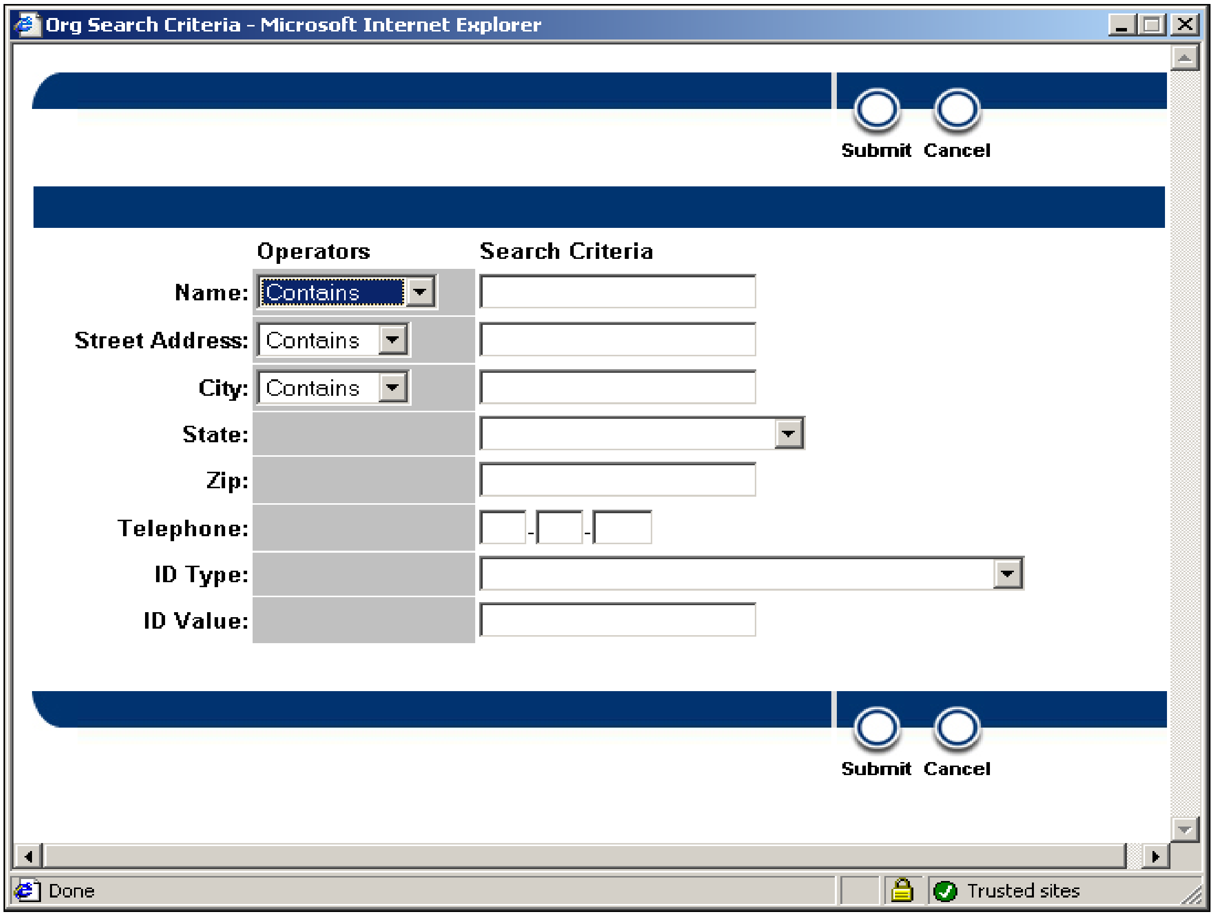
.

   NBS saves the lab information and displays the View File page. The new laboratory report displays as a line item in the Lab Reports section.

   Note: *You can also click **Submit and Create Investigation** to submit the laboratory report and create an investigation.*

3.5.3.1. Using Facility and Provider Search for Report Information

When you choose **Search** in the **Reporting Facility** section of the **Report Information** tab, NBS displays the search criteria pop-up window for the selected section.



To choose a facility or a provider from the **Report Information** tab, use the following procedure:

1. Enter the information you want in the **Search Criteria** fields.

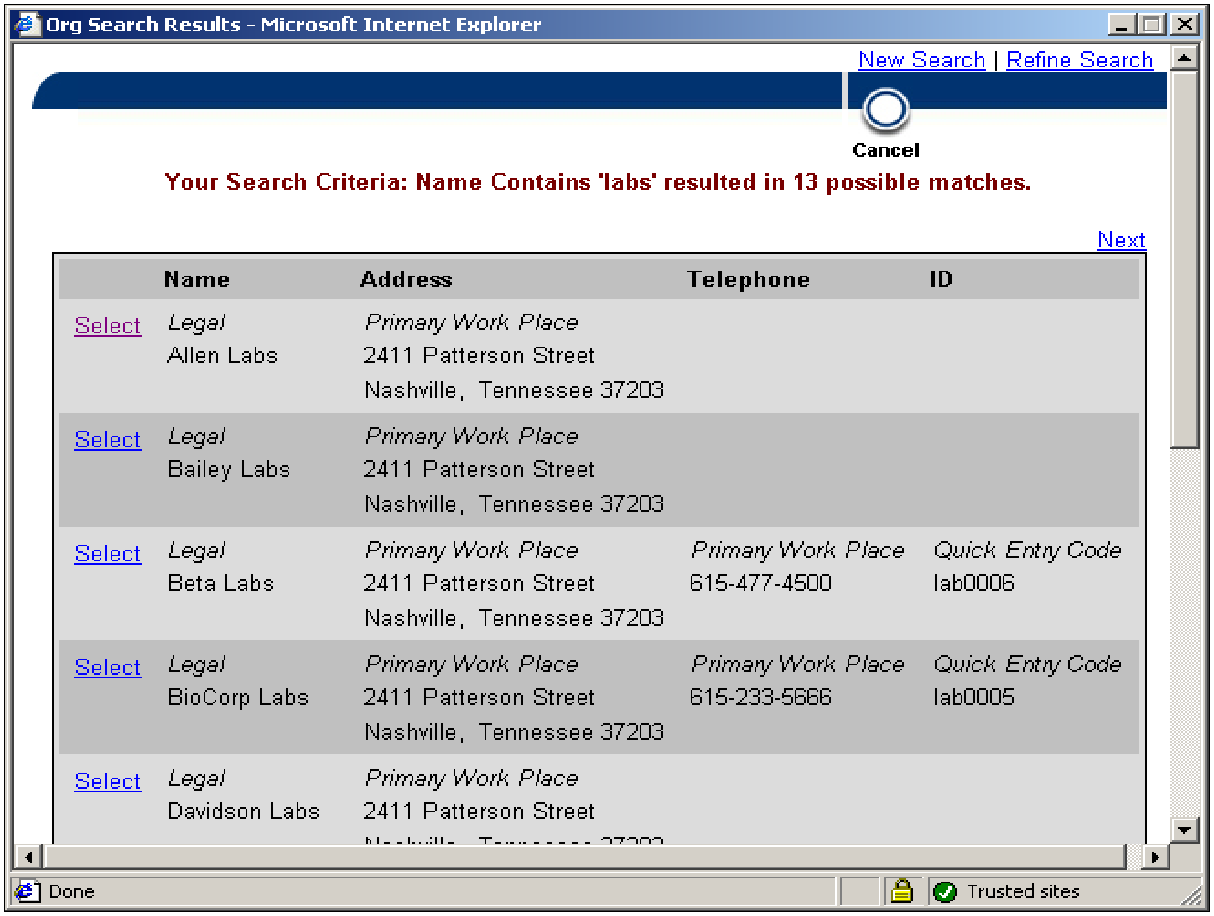
   Note: *You can search for records using as few or many fields as you need. You must enter at least one item.*

2. Optionally, indicate an operator in the **Operators** list box next to **Search Criteria** field(s) you are using.

   Note: *You use the **Operators** list box to add conditions to your search. Conditions help you refine the parameters of your search. For example, the Equal operator displays records that exactly match the text you entered. The Contains operator displays records containing any of the text you entered. The NBS displays the Contains operator by default.*

3. Choose **Submit** 
.

   The NBS displays the results of your search.



> ***Note:*** *If no match exists, the NBS displays a message indicating that your search has no matches. Click **New Search** to perform a new search, or click **Refine Search** to refine your existing search criteria.*

4. Click **Select** next to the Provider or Facility Name you want to use.

   The NBS displays the parent page with the selected reporting facility information.

> ***Note:*** *You can also choose a reporting facility by typing the quick code you want in the Code Lookup text box and clicking **Code Lookup**. If the quick code for the information you want is available, the NBS displays the reporting facility information. If no quick code information is available, the NBS displays an error, indicating that the code you entered does not match any found in the system and prompts you to modify your entry and try again, or use the **Search** function to find the data you need.*

3.5.4. Adding a Lab Report from the Patient File page

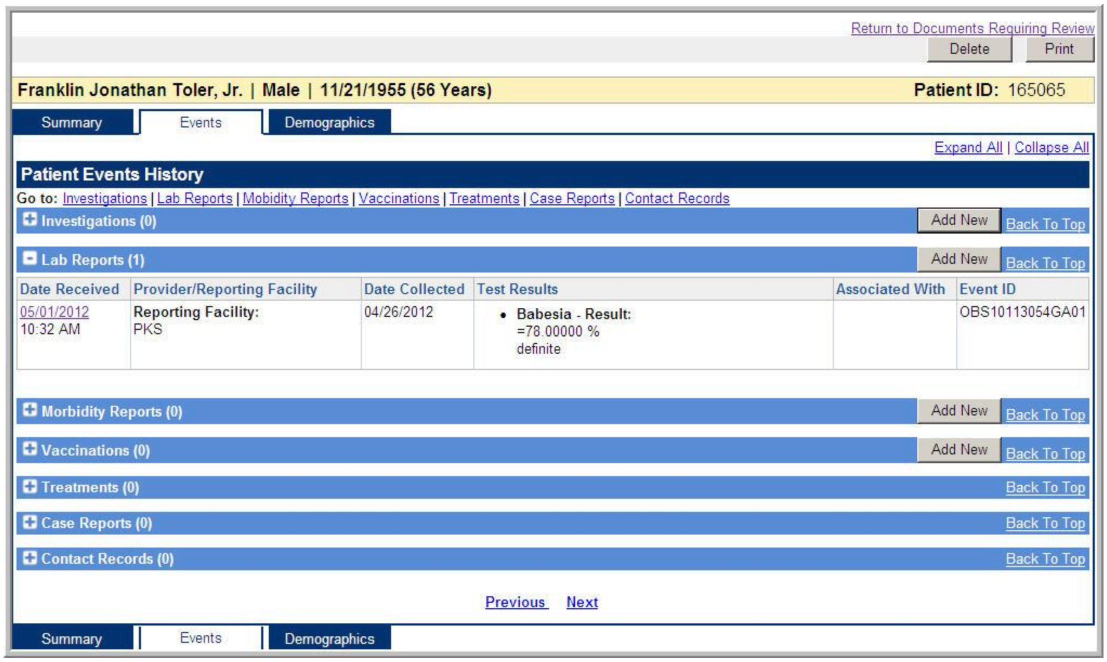
You can add a laboratory report from the **Events** tab on the Patient File page. Use the following procedure to add a laboratory report from the Patient File page.

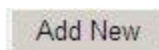
1. Access the Patient File page as described in Finding and Viewing Patient and Provider Information.

This document has been developed by CSRA under a contract with the U.S. Centers for Disease Control and Prevention – Department of Health and Human Services.

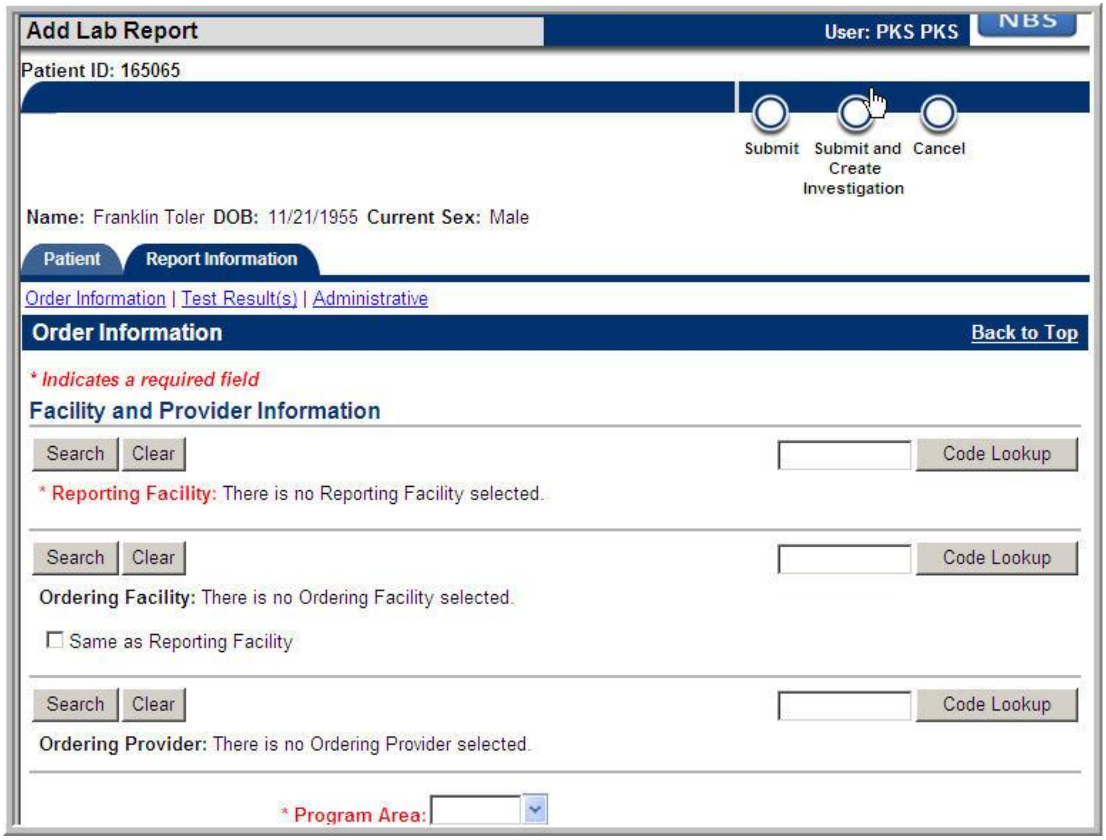
2. Choose the **Events** tab.

The system displays the events associated with the patient.



3. In the **Lab Reports** section, choose **Add New** .

The Add Lab Report page is displayed with the **Report Information** tab active.



4. Enter the details of the laboratory report as described in the *Add Lab Report* procedure.
5. If you choose to edit the patient information, choose the **Patient** tab.

   The patient demographic information form is displayed in the available fields on the **Patient** tab. You can add new demographic information, edit existing demographic information, or remove all pre-populated information. The changes you make to the information are assigned the "as of" date indicated in the **Basic Demographic Data As Of** field and is reflected in the master patient record.

   Note: *The master patient record (MPR) is the historical record of all demographic and event information for the patient. All changes you make to the patient's information are recorded in the Master Patient Record. An "as of" date is assigned to each change recorded in the MPR.*

6. Choose **Submit** 

.

   NBS saves the lab information and displays the View File page. The new laboratory report displays as a line item in the Lab Reports section.

   Note: *You can also click **Submit and Create Investigation** to submit the laboratory report and create an investigation. If the laboratory report is for an STD program area, upon choosing **Submit and Create Investigation**, you will be required to choose a Processing Decision from the options described in*

Choosing Processing Decisions *before the system takes you to the Add Investigation page.*

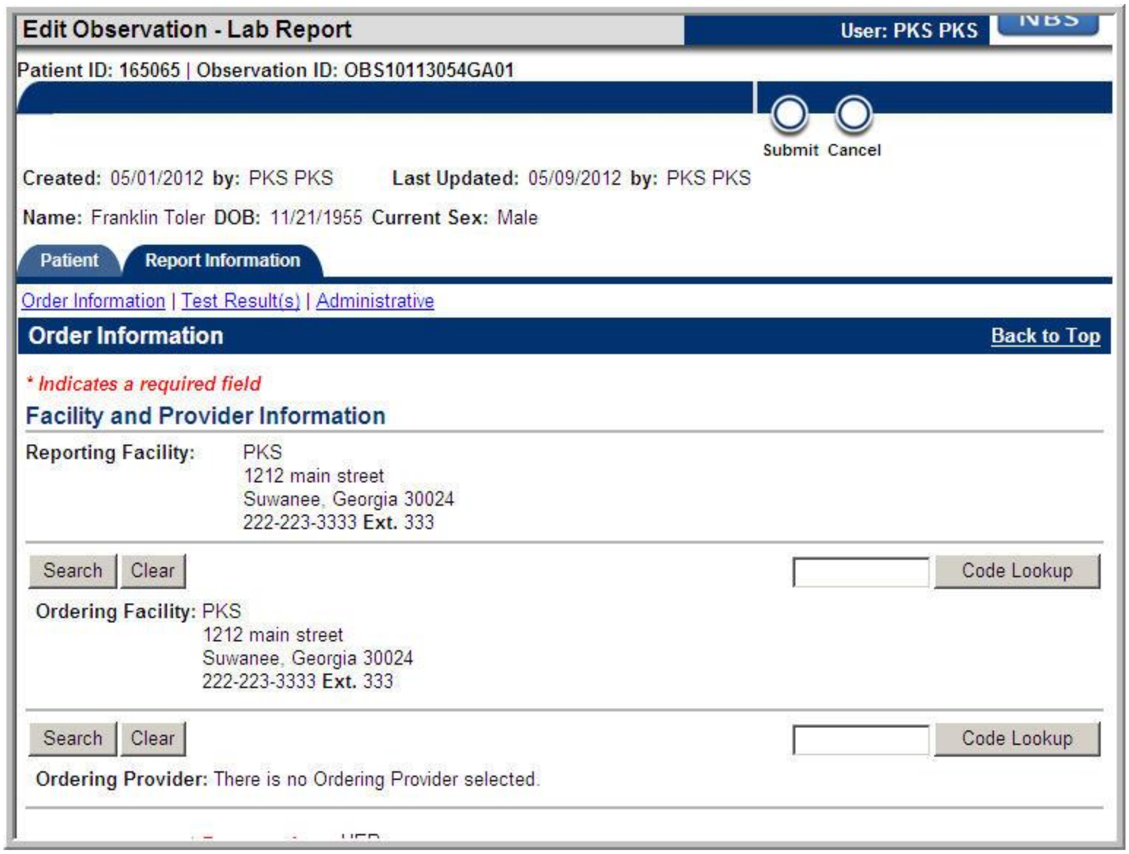
3.5.5. Editing a Lab Report

You can edit an existing laboratory report. You edit a laboratory report using the Edit Lab Report page.

To edit a laboratory report, use the following procedure:

1. View the laboratory report for the patient using the procedure described in Viewing a Lab Report.
2. Choose **Edit**.

   The NBS displays the Edit Lab Report page with the **Report Information** tab active.



3. Make the necessary changes to the report, and choose **Submit** 
.

   The changes are saved to the system.

3.5.6. Utilizing the Document Viewer

NBS is designed to consume Health Leven Seven (HL7) v2.5.1 ELR messages via the NBS Schema. The schema is a neutral XML mapping that allows multiple types of ELR messages to be received (e.g., electronic case reports, electronic laboratory reports).

***Note**: NBS was designed for the direct consumption of HL7 v2.5.1 messages. A Rhapsody mapping to translate HL7 v2.3.1 messages to 2.5.1 is provided with the NBS.*

HL7 has defined protocols that govern the transmission of related reportable laboratory results to public health over time: *Snapshot* mode and *Action code/unique identifier* mode. The NEDSS Base System (NBS) supports *Snapshot* mode in which information contained in the incoming message replaces the corresponding information in the receiving application. This is equivalent to a deletion of the prior information followed by the addition of the newly supplied information. In this mode, everything (all repeating segments and segment groups) must be sent with every subsequent message in the series of messages. There is no other way to indicate which ones changed and which ones did not.[1]

To provide the snapshot of the data, NBS saves the ELR as an XML using the schema mapping. A batch job then processes the ELR data in the NBS to present the information as a Lab Report. If updated ELRs come in for existing Lab Reports, the information displayed in the NBS Lab Report view changes to show the latest information. In implementing *Snapshot* mode, the NBS uses the following rules when Result Status transition occurs through electronic receipt:

- If the reportable laboratory results are not currently in the repository, NBS creates a new Master Patient Record (MPR), a new Patient Revision (tied to the MPR), new non-patient entities (if they do not already exist), a new Lab Document, and a new Laboratory Report (tied to the Patient Revision, non-patient entities and Document).
- If the reportable laboratory result exists in the repository, NBS moves the existing result into history (Version), and moves the existing Laboratory Report into history. NBS then completely updates the existing Revision, creates a new Lab Document, and completely updates the Laboratory Report, which is tied to the Revision and prior and new Lab Documents).

As each ELR comes in, the XML is translated into a Lab Document that is appended to the Lab Report in the system. Though the information in the Lab Report shows only the latest information, you can see any Lab Documents that are associated with that Lab Report, allowing you to review the initial ELR document and any subsequent updating documents using the NBS 4.4 Document Viewer.

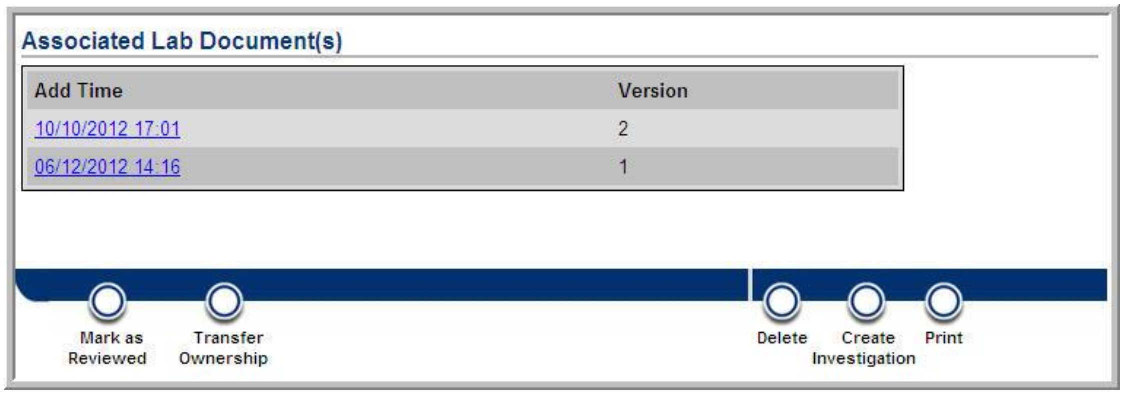
Use the following procedure to access a Lab Document using the Document Viewer:

1. From the View Lab Report page, scroll to the **Associated Lab Document(s)** section at the bottom of the page.

[1] Health Level Seven, Version 2.6, 2007, Chapter 2 Control

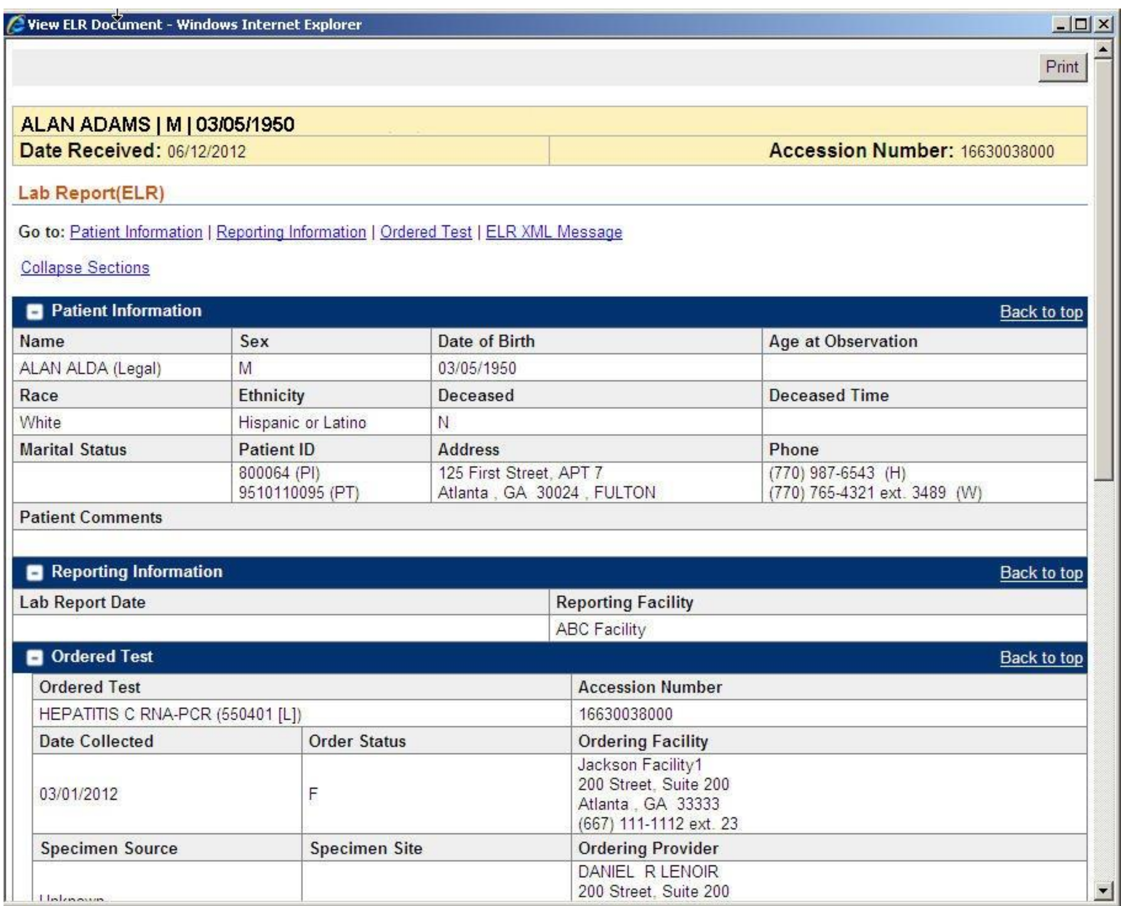
***While not defined by HL7, this is a possible transition from a NBS application perspective.
+++While not defined by HL7, this is a possible transition given the timing of reportable laboratory results to a public health department

A list of the Lab Documents associated with the Lab Report appears in the **Associated Lab Document(s)** table.



2. Choose the link in the **Add Time** column that corresponds to the version of the report you want to see.

   The Document Viewer displays the contents of that Lab Document.



3. To print the Lab Document, choose **Print** Print in the upper right corner of the page.

Note: To include Lab Document links as a column selection in Custom Reports, the Document_link data source must be added to the Reports module. For detailed *instructions for adding data sources to the Reports module, see "Section 3 – Working with Data Sources" in the* Report Administration User Guide.

3.6. VIEWING, ADDING, AND EDITING MORBIDITY REPORTS

3.6.1. Description

This section contains descriptive and procedural information about the following functions:

- Viewing a morbidity report
- Adding a morbidity report
- Editing a morbidity report

3.6.2. Viewing a Morbidity Report

You can view a morbidity report from your work queues (as described in Understanding Documents: Reviewing Documents) or, after the report has been reviewed, from the **Events** tab on the Patient File page.

Note: *Once you perform an operation on a morbidity report, such as marking the morbidity report as reviewed or creating an investigation based on a morbidity report, the NBS removes the morbidity report from your Documents Requiring Review queue.*

To view an existing morbidity report from the **Events** tab of the Patient File page, use the following procedure:

1. Access the Patient File page as described in Finding and Viewing Patient and Provider Information.
2. Choose the **Events** tab.

   The system displays the events associated with the patient.
3. In the **Morbidity Reports** section, choose the **Date Received** link for the report you want to view.

   Note: *You can scroll to the Morbidity Reports section, or click the **Morbidity Reports** navigation link at the top of the page.*

   The NBS displays the View Morbidity Report page with the **Report Information** tab active.

From the View Morbidity Report page, you can do the following:

- Edit the morbidity report
- Delete the morbidity report
- Mark the morbidity report as reviewed
- Transfer ownership of the morbidity report
- Create an investigation based on the morbidity report

Note: *Your options vary depending on your security permissions assigned. Not all options may be available to you.*

3.6.3. Adding a Morbidity Report from Data Entry

You can add a morbidity report from the **Data Entry** menu or from the **Events** tab on the Patient File page. The following procedure is very lengthy because it contains all the optional choices as well as required entry information. It is strongly recommended that you review the entire procedure prior to executing it.

To add a morbidity report from the **Data Entry** menu, use the following procedure:

1. On the Home page, choose **Morbidity Report** from the **Data Entry** menu.

   The NBS displays the Add Morbidity Report page and the contents of the Patient tab.

2. Do one of the following:

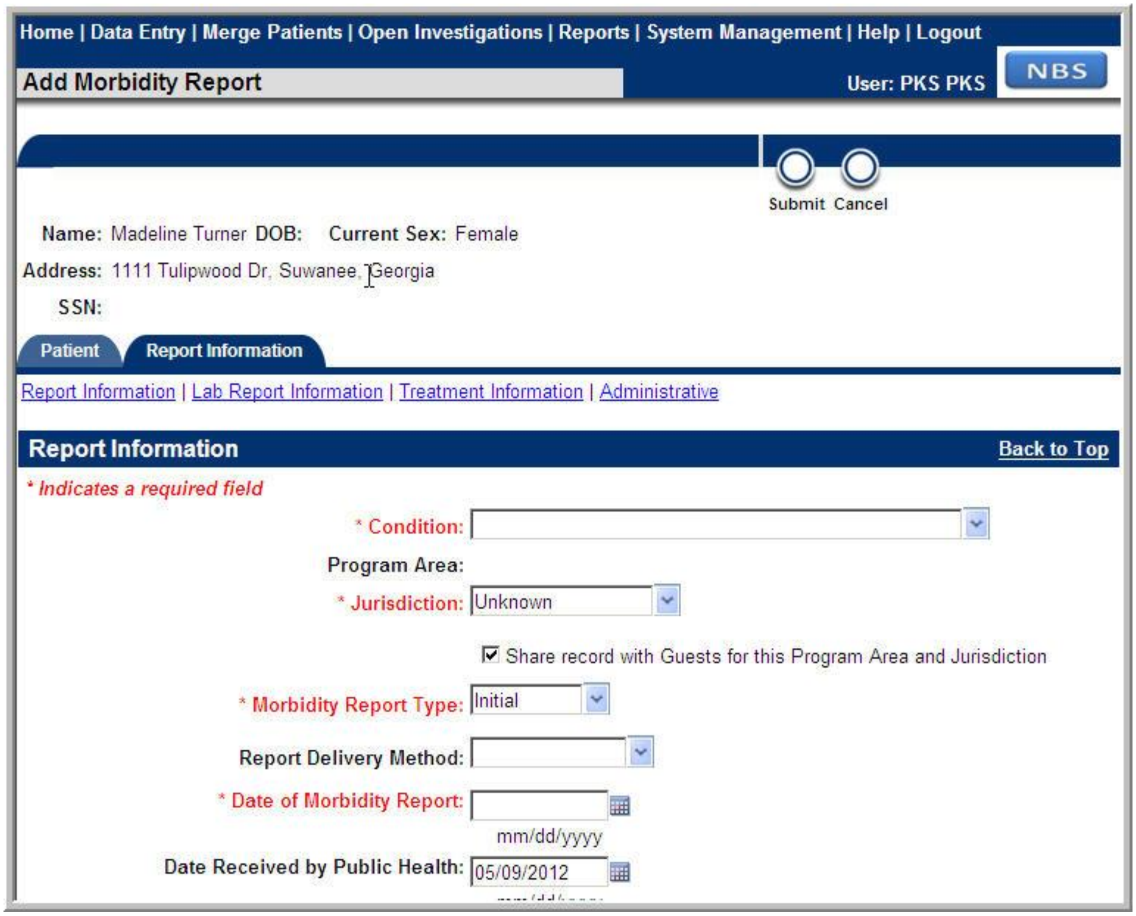
   - Search for the patient you want.

     To search for a patient, click **Search**. The NBS displays the Search Criteria pop-up window. Type the information for the patient you want in the search criteria fields. To enter information, click the fields you want and type or choose the information you want. Click **Submit**. The NBS displays the results of your search. Click **Select** for the person you want. The patient demographic information displays in the available fields on the Patient tab.

   - Manually enter the patient information. To manually enter patient information, click the fields you want and type or choose the information you want.

3. Choose the **Report Information** tab.

   The NBS displays the contents of the Report Information tab.



4. Fill out the **Report Information** tab. The following table contains information about each field on the tab.

Field Name	Description of Control
Condition	**Required**. Choose from the drop down list.
Jurisdiction	**Required**. Choose from the drop down list.
Share record with Guests for this Program Area and Jurisdiction	Optional. NBS shares records with guest users by default. Guest permissions enable users from other program areas and jurisdictions to access records in your program area and jurisdiction. The NBS system administrator controls Guest permissions. To disable guest access to this record, deselect the checkbox.
Morbidity Report Type	**Required**. Choose from the drop down list. NBS displays the **Initial** type by default.
Report Delivery Method	Optional. Choose from the drop down list.
Date of Morbidity Report	Optional. Enter a date or make a selection using the calendar control.

<table>
<tr><th>Field Name</th><th>Description of Control</th></tr>
<tr><td>Date Received by Public Health</td><td>Optional. Enter a date or make a selection using the calendar control. NBS displays the current date by default.</td></tr>
<tr><td>Reporting Facility</td><td>Required. Enter a Code for lookup or perform a search. To search for a facility or provider, use the Search button and the search process described in “Using Facility and Provider Search for Report Information.”</td></tr>
<tr><td>Provider</td><td>Optional. Enter a Code for lookup or perform a search. To search for a facility or provider, use the Search button and the search process described in “Using Facility and Provider Search for Report Information.”</td></tr>
<tr><td>Reporter</td><td>Optional. Enter a Code for lookup or perform a search. To search for a facility or provider, use the Search button and the search process described in “Using Facility and Provider Search for Report Information.”</td></tr>
<tr><td>Date of Onset</td><td>Optional. Enter a date or make a selection using the calendar control.</td></tr>
<tr><td>Date of Diagnosis</td><td>Optional. Enter a date or make a selection using the calendar control.</td></tr>
<tr><td>Did the Patient Die?</td><td>Optional. Choose from the drop down list.</td></tr>
<tr><td>Patient Hospitalized</td><td>Optional. Choose from the drop down list. If you choose Yes, the following fields are displayed:
<table>
<tr><td>Admission Date</td><td>Optional. Enter a date or make a selection using the calendar control.</td></tr>
<tr><td>Discharge Date</td><td>Optional. Enter a date or make a selection using the calendar control.</td></tr>
<tr><td>Hospital</td><td>Optional. Enter a Code for lookup or perform a search. To search for a hospital, use the Search button and the search process described in “Using Facility and Provider Search for Report Information.”</td></tr>
</table></td></tr>
<tr><td>Pregnant</td><td>Required. Choose from the drop down list (Yes, No, Unknown).</td></tr>
<tr><td>Weeks</td><td>Required if Pregnant = Yes. Weeks is displayed if Pregnant = Yes. Acceptable entry is between 0 and 45 weeks. To indicate that number of weeks is Unknown, enter 99.</td></tr>
</table>

<table>
<tr><th>Field Name</th><th>Description of Control</th></tr>
<tr><td>Food Handler</td><td>Optional. Choose from the drop down list.</td></tr>
<tr><td>Associated with Day Care Facility</td><td>Optional. Choose from the drop down list.</td></tr>
<tr><td>Affiliated with Nursing Home</td><td>Optional. Choose from the drop down list.</td></tr>
<tr><td>Affiliated with Health Care Organization</td><td>Optional. Choose from the drop down list.</td></tr>
<tr><td>Suspected Food or Waterborne Illness</td><td>Optional. Choose from the drop down list.</td></tr>
<tr><td>Other, Specify</td><td>Optional. Choose from the drop down list and enter the specific information.</td></tr>
<tr><td>Lab Report</td><td>Optional. You can enter Lab Report information by entering the information in fields described in the following table and clicking Add Lab Report.
<table>
<tr><td>Collection Date</td><td>Optional. Enter a date or make a selection using the calendar control.</td></tr>
<tr><td>Lab Report Date</td><td>Optional. Enter a date or make a selection using the calendar control.</td></tr>
<tr><td>Resulted Test</td><td>Required. Choose from the drop down list or search. To search for a test, click Select. The NBS displays the search criteria pop-up window. Type the test name you want. (If you prefer, choose the Long list, provides detailed names of tests radio button to search based on a detailed test name list.) Click Submit to initiate the search. The NBS displays the results of your search. Click Select for the test you want. NBS closes the pop-up window and displays the selected test name in the Resulted Test Name field.</td></tr>
<tr><td>Specimen Information</td><td>Optional. Enter alphanumeric characters.</td></tr>
<tr><td>Organism Name</td><td>Sometimes Required. The Organism Name field remains hidden until you choose a relevant test in the Resulted Test Name field. If it is displayed, it is</td></tr>
</table></td></tr>
</table>

<table>
<tr><th>Field Name</th><th>Description of Control</th></tr>
<tr><td></td><td>
<table>
<tr><td></td><td>required. Choose from the drop down list or search. To search for an organism, click Select. The NBS displays the search criteria pop-up window. Click Organism Name and type the name you want. Click Submit to initiate the search. The NBS displays the results of your search. Click Select for the organism you want. NBS closes the pop-up window and displays the selected organism name in the Organism Name field.</td></tr>
<tr><td>Coded Result Value</td><td>Optional. The Coded Result Value field remains hidden until you choose a relevant test in the Resulted Test Name field. Choose from the drop down list.</td></tr>
<tr><td>Numeric Result Value</td><td>Optional. Enter a value and choose a unit of measure from the drop down list.</td></tr>
<tr><td>Text Result Value</td><td>Optional. Enter alphanumeric characters.</td></tr>
<tr><td>Result Comments</td><td>Optional. Include any relevant comments using alphanumeric characters.</td></tr>
</table>
After you choose Add Lab Report, The NBS displays the laboratory report information in the gray table at the top of the Lab Report Information section.

Note: Click Edit for the test information you want to edit. When you are finished making changes, click Update Lab Report. The NBS displays the updated test information in the gray table at the top of the section. Click Delete to delete the selected test information.
</td></tr>
<tr><td>Treatment</td><td>Optional. Enter treatment information (see table below for field information) and choose Add Treatment.
<table>
<tr><td>Treatment Date</td><td>Optional. Enter a date or make a selection using the calendar control.</td></tr>
<tr><td>Treatment</td><td>Optional. Choose from the drop down list.</td></tr>
<tr><td>Treatment Comments</td><td>Optional. Enter relevant comments using alphanumeric characters.</td></tr>
</table>
</td></tr>
</table>

<table>
<thead>
<tr><th>Field Name</th><th>Description of Control</th></tr>
</thead>
<tbody>
<tr><td></td><td>The NBS displays the treatment information in the gray table at the top of the Treatment Information section.

Note: Click Edit for the treatment information you want to edit. When you are finished making changes, click Update Treatment. The NBS displays the updated treatment information in the gray table at the top of the section. Click Delete to delete the selected treatment information.</td></tr>
<tr><td>Attachment Information</td><td>Optional. Select file to attach and choose Add Attachment. One or more files may be attached.
<table>
<tr><td>Choose File:</td><td>Required. Select file to attach to Morbidity Report.</td></tr>
<tr><td>Name</td><td>Required. Prepopulated with the file name. Can be changed to be more descriptive.</td></tr>
<tr><td>Description</td><td>Optional. Enter relevant comments using alphanumeric characters.</td></tr>
</table>
After adding the file NBS displays the file information in the gray table at the top of the Add Attachment section. A Delete button appears on the left side of the table allowing the user to delete an attachment.

Note: For security reasons, not all files may be attached. For example, trying to attach a file with extension .exe will display: 'You are trying to upload a file with an extension that is not allowed. Please upload a different file.' The extensions that are allowed are configurable by the NBS administrator [ALLOWABLE_ATTACHMENT_EXT_TYPE]. Typical allowable extensions are: .doc, .docx, .xls, .xlsx, .ppt, .pptx, .vsd, .jpeg, .jpg, .jfif, .bmp, .png, .pdf, .tiff, .tif, .xps, .html, .zip, .txt, .csv

Note: Files that exceed the configured size limitation for attachments may not be attached and receive a message: 'You are trying to upload a file that is greater than 2MB. This file is too large and cannot be uploaded. Please upload a different file that conforms to the size above.'</td></tr>
<tr><td>Administrative Comments</td><td>Optional. Enter relevant comments using alphanumeric characters.</td></tr>
</tbody>
</table>

5. Choose **Submit** 

.

The NBS saves the morbidity report information and displays the Patient File page. The new morbidity report displays as a line item in the **Morbidity Reports** section.

Note: *If you entered lab and treatment information, the Patient File page displays a line item for the lab and treatment you entered in the* ***Lab Reports*** *and* ***Treatments*** *sections.*

Note: *You can also click* ***Submit and Create Investigation*** *to submit the morbidity report and create an investigation.*

3.6.4. Adding a Morbidity Report from the Patient File Events Tab

You can add a morbidity report from the **Data Entry** menu or from the **Events** tab on the Patient File page.

To add a morbidity report from the **Events** tab, use the following procedure:

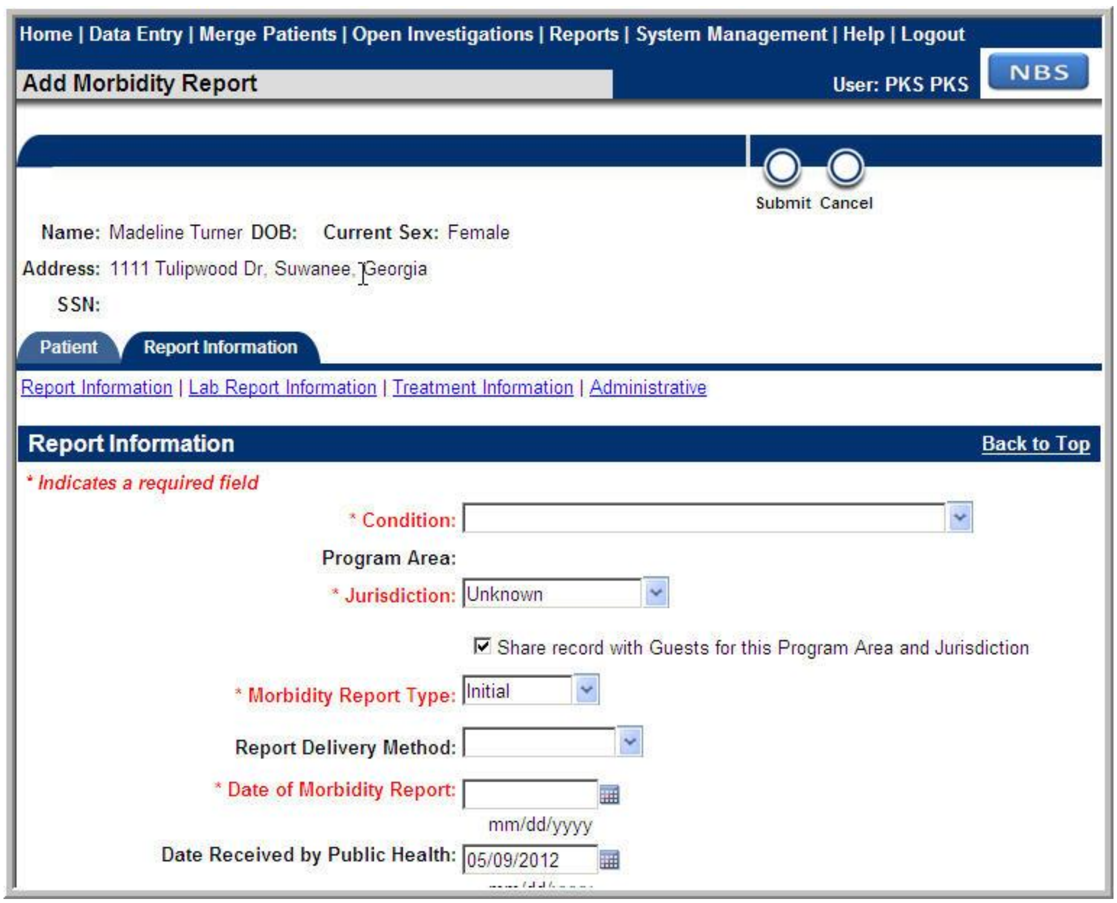
1. Display the Patient File page for the patient. To find and view a person, refer to "Finding and Viewing Patient and Provider Information" in "Section 2 – Working with Patient, Provider, and Organization Information."
2. Choose the **Events** tab.

   The NBS displays the events associated with the patient.
3. Click **Add New** 

 in the Morbidity Reports section.

   Note: *You can scroll to the Morbidity Reports section, or click the* ***Morbidity Reports*** *navigation link at the top of the page.*

   The NBS displays the Add Morbidity Report page with the **Report Information** tab active.



4. Follow steps 4 – 30 in "Adding a Morbidity Report from Data Entry" to enter the details of the morbidity report.

5. Choose **Submit** 
.

The NBS saves the morbidity report information and displays the Patient File page. The new morbidity report displays as a line item in the **Morbidity Reports** section.

Note: *If you entered lab and treatment information, the Patient File page displays a line item for the lab and treatment you entered in the **Lab Reports** and **Treatments** sections.*

Note: *You can also click **Submit and Create Investigation** to submit the morbidity report and create an investigation. If the morbidity report is for an STD/HIV program area, upon choosing **Submit and Create Investigation**, you will be required to choose a Processing Decision from the options described in* Choosing Processing Decisions *before the system takes you to the Add Investigation page.*

3.6.5. Editing a Morbidity Report

To edit a morbidity report, use the following procedure:

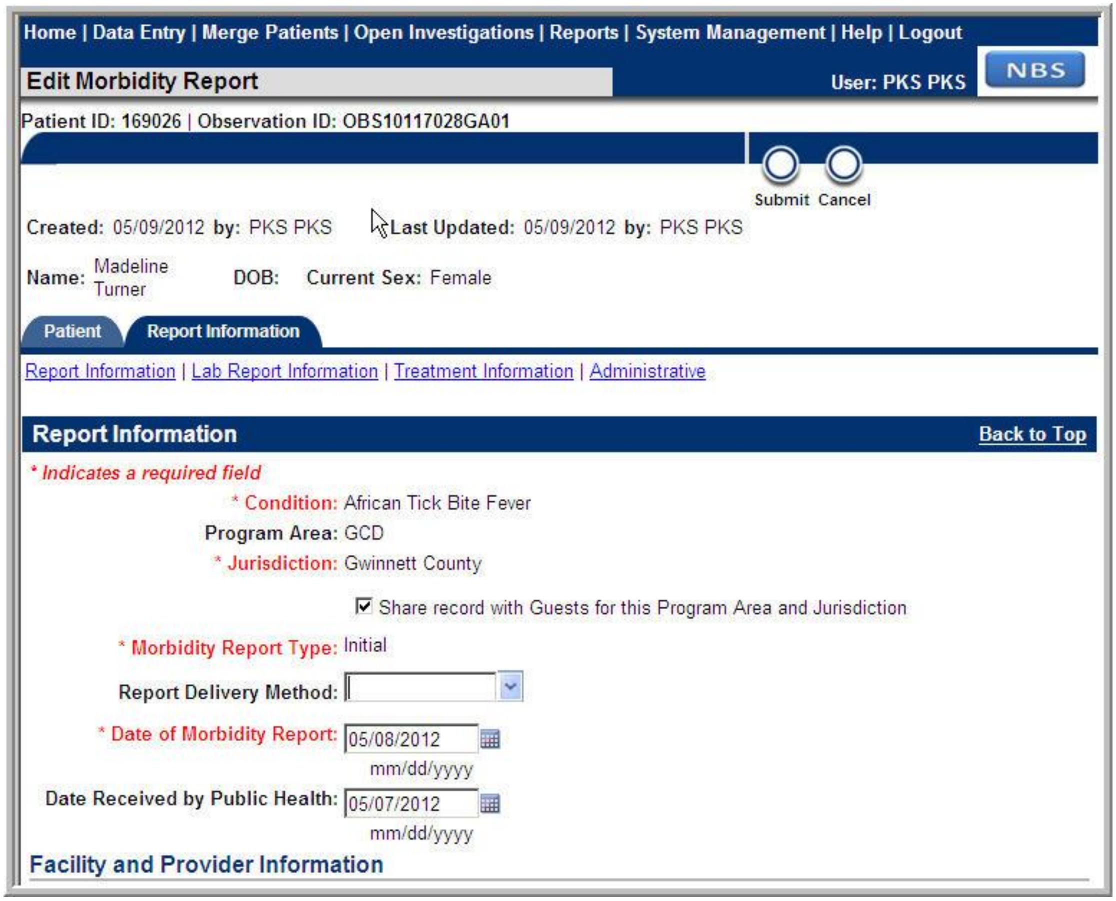
1. View the morbidity report for the patient using the procedure described in "Viewing a Morbidity Report."

2. Choose **Edit** 
.

   The NBS displays the Edit Morbidity Report page.

3. Choose the **Report Information** tab.

   The NBS displays the current contents of the **Report Information** tab.



Make the necessary changes to the Report Information.

4. Optionally, edit the patient's demographic information.

   Note: *Changes you make to the information are assigned the "as of" date indicated in the* ***Basic Demographic Data As Of*** *field and are reflected in the master patient record.*

3.7. ASSOCIATING DOCUMENTS TO INVESTIGATIONS

3.7.1. Description

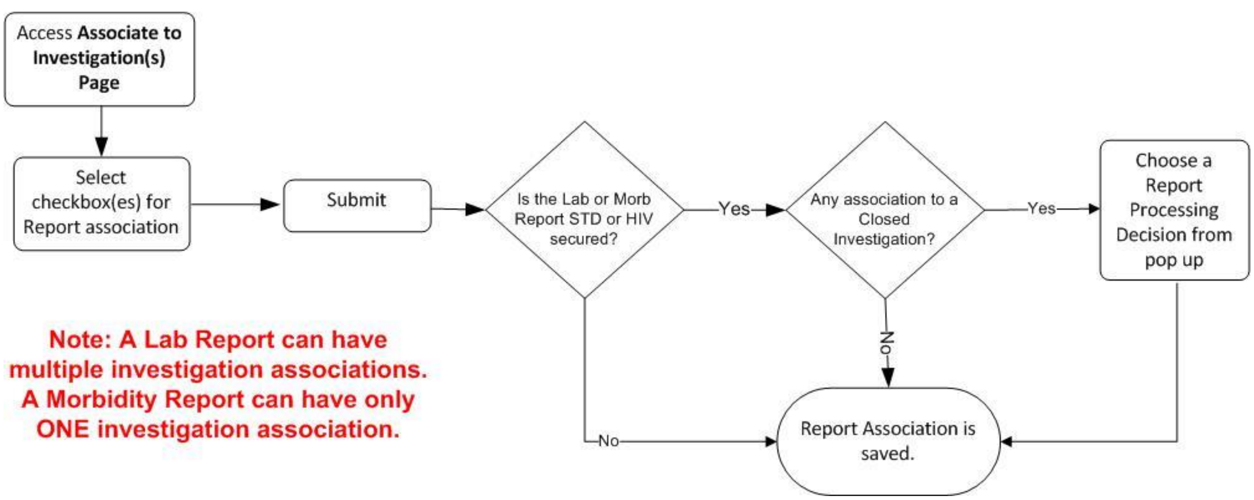
This section contains descriptive and procedural information about the following functions:

- Associating a document (Lab or Morbidity Report) to an existing investigation
- Choosing Processing Decisions as part of the association (STD/HIV conditions only)
- Removing associations to investigations

3.7.2. Associating a Document to an Investigation

Lab and Morbidity Reports include the option of processing a document by associating it to an existing investigation from the View Document page. The diagram below shows the basic flow for the process.

Associate Report to Investigation(s)



Though the functionality is similar for both types of documents (Lab Reports and Morbidity Reports), there are some differences. Lab Reports can be associated to more than one investigation, while Morbidity Reports can be associated to ONLY ONE investigation (as noted in the flow diagram).

Note: *If the Lab or Morbidity Report is for an STD/HIV condition and is being associated to a CLOSED investigation, a Processing Decision is required before saving the association.*

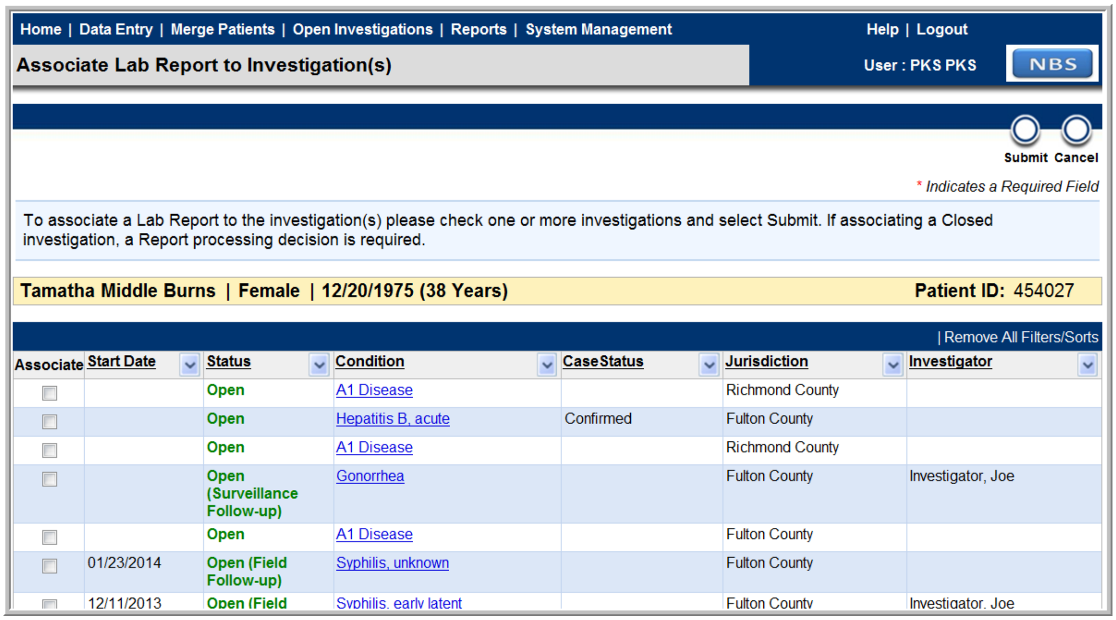
The following sections describe the procedures for associating Lab Reports and Morbidity Reports to Investigations.

3.7.2.1. Associate a Lab Report to an Investigation(s)

A Lab Report can be associated to more than one investigation. Use the following procedure to association a Lab Report to an investigation.

1. View the Lab Report for the patient using the procedure described in "Viewing a Lab Report."
2. Choose **Associate Investigations**.

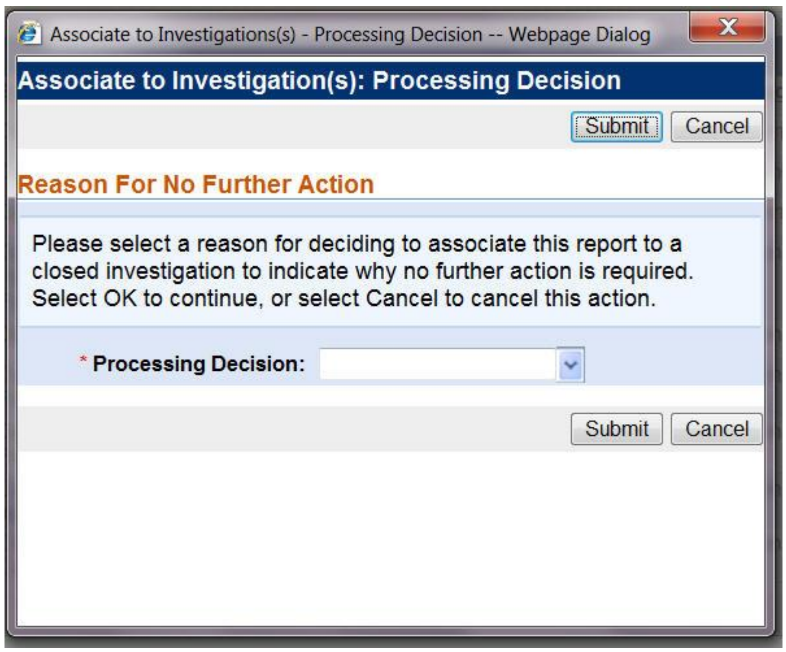
   The NBS displays the Associate Lab Report to Investigation(s) page.



3. Select the checkbox for each investigation to which you would like to associate the Lab Report.

4. Choose **Submit**. The View Lab Report page is displayed, indicating that the association has been successful.

Note: If you choose to associate an STD/HIV Lab Report to a CLOSED investigation, you will be prompted for a Processing Decision before the system saves the association.



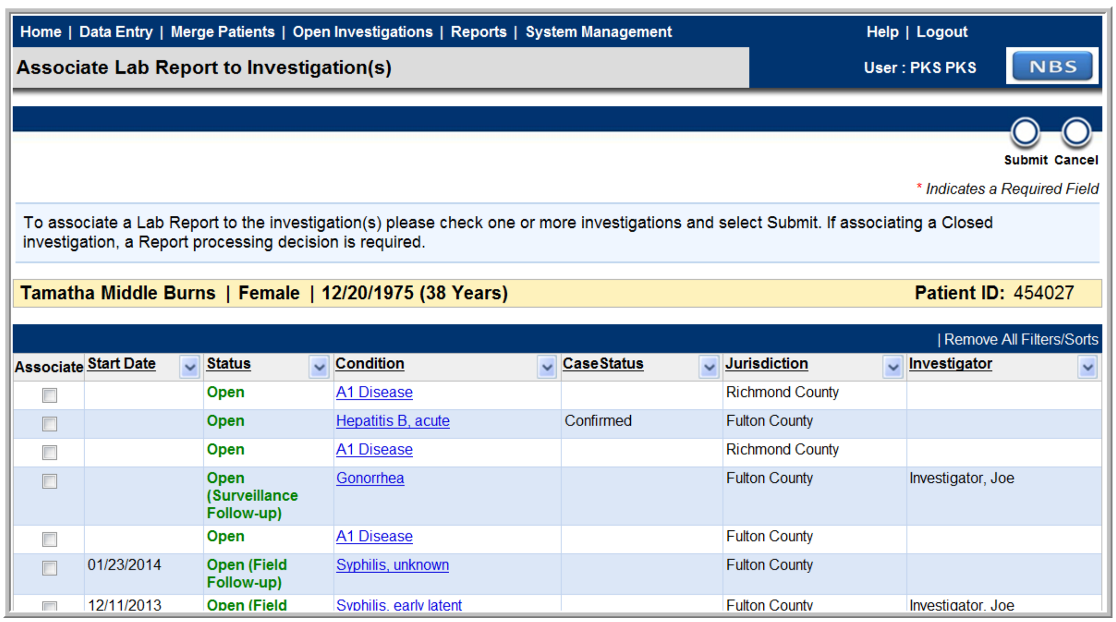
3.7.2.2. Remove a Lab Report Association from an Investigation

Should you need to remove a Lab Report's association from an investigation, use the following procedure.

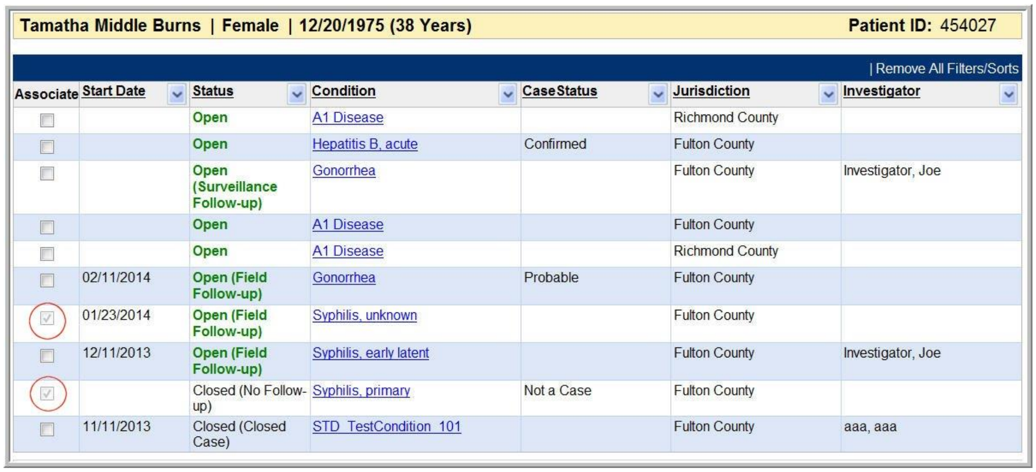
1. View the Lab Report for the patient using the procedure described in "Viewing a Lab Report."
2. Choose **Associate Investigations**.

   The NBS displays the Associate Lab Report to Investigation(s) page.

3. Deselect the checkbox for each investigation from which you would like to remove the association to the Lab Report.



Note: *If an STD/HIV Lab Report was used to create an investigation, the checkbox for that investigation is disabled and cannot be deselected.*

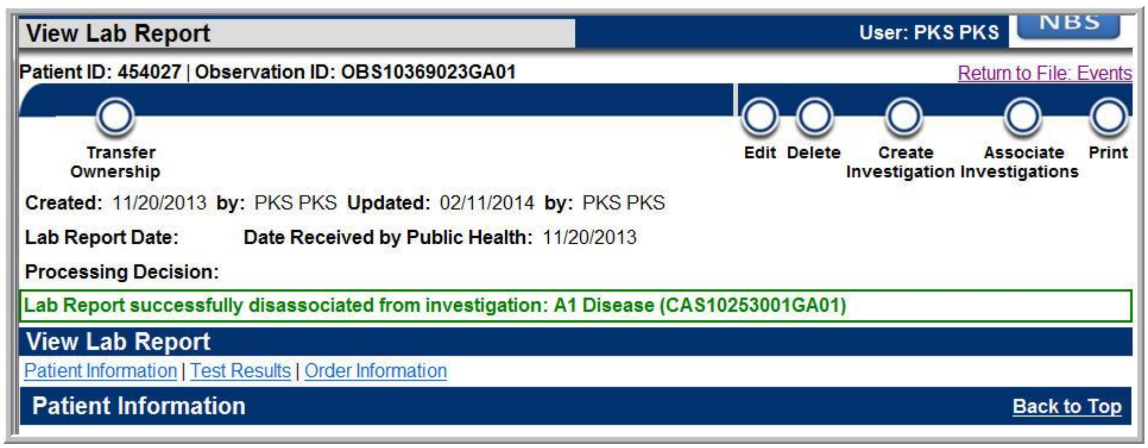


Tamatha Middle Burns | Female | 12/20/1975 (38 Years) Patient ID: 454027

| Remove All Filters/Sorts

Associate	Start Date	Status	Condition	Case Status	Jurisdiction	Investigator
		Open	A1 Disease		Richmond County	
		Open	Hepatitis B, acute	Confirmed	Fulton County	
		Open (Surveillance Follow-up)	Gonorrhea		Fulton County	Investigator, Joe
		Open	A1 Disease		Fulton County	
		Open	A1 Disease		Richmond County	
	02/11/2014	Open (Field Follow-up)	Gonorrhea	Probable	Fulton County	
✓	01/23/2014	Open (Field Follow-up)	Syphilis, unknown		Fulton County	
	12/11/2013	Open (Field Follow-up)	Syphilis, early latent		Fulton County	Investigator, Joe
✓		Closed (No Follow-up)	Syphilis, primary	Not a Case	Fulton County	
	11/11/2013	Closed (Closed Case)	STD_TestCondition_101		Fulton County	aaa, aaa

4. Choose **Submit**. The View Lab Report page is displayed, indicating that the disassociation has been successful.



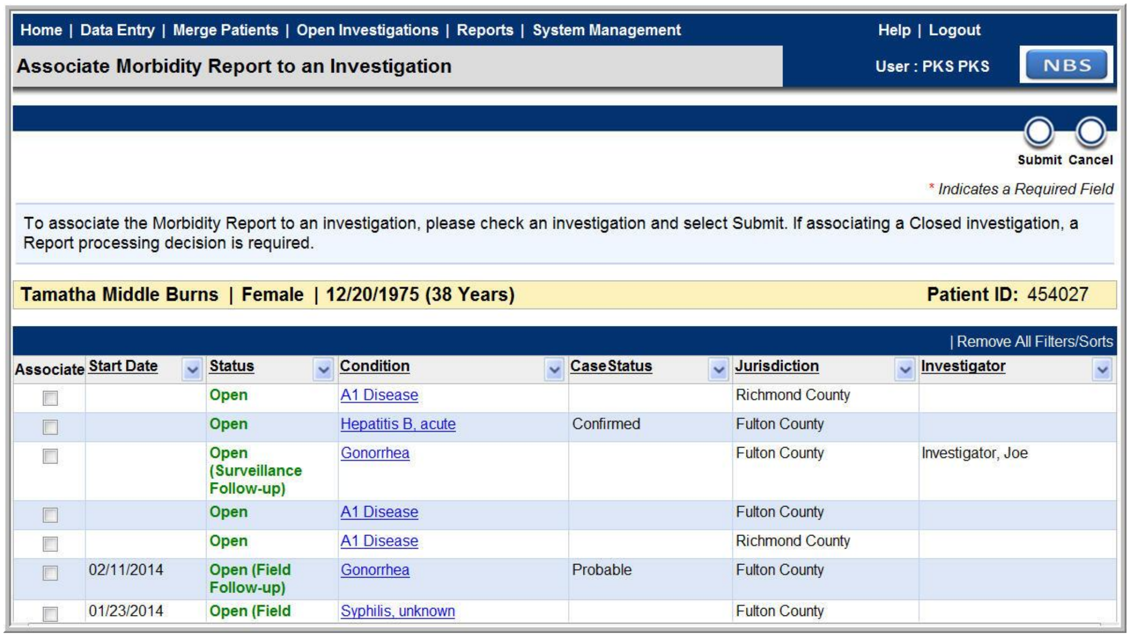
Note: If you choose to associate an STD/HIV Lab Report to a CLOSED investigation, you will be prompted for a Processing Decision before the system saves the association.

3.7.2.3. Associate a Morbidity Report to an Investigation

A Morbidity Report can be associated to ONLY ONE investigation. Use the following procedure to association a Morbidity Report to an investigation.

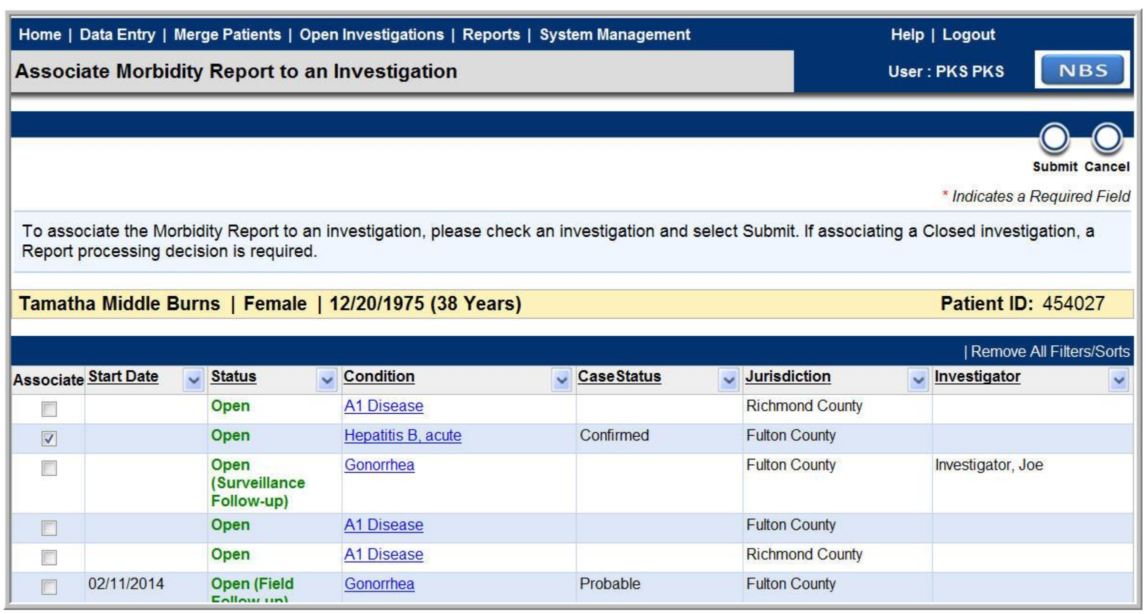
1. View the Morbidity Report for the patient using the procedure described in "Viewing a Morbidity Report."
2. Choose **Associate Investigation**.

   The NBS displays the Associate Morbidity Report to an Investigation page.



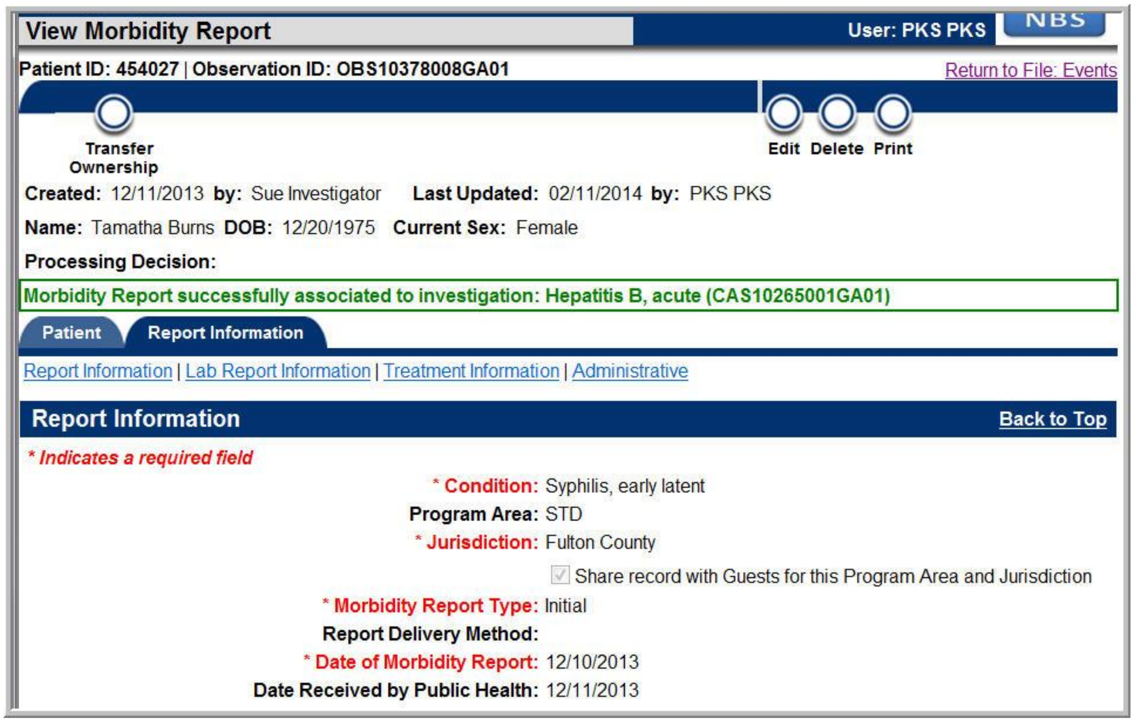
3. Select the checkbox for the investigation to which you would like to associate the Morbidity Report.

   Note: Morbidity Reports can be associated to ONLY ONE investigation. Therefore, you can make only one selection on the Associate Morbidity Report to an Investigation page. If you make a selection and then attempt to make a subsequent selection, the initial selection will be cleared.

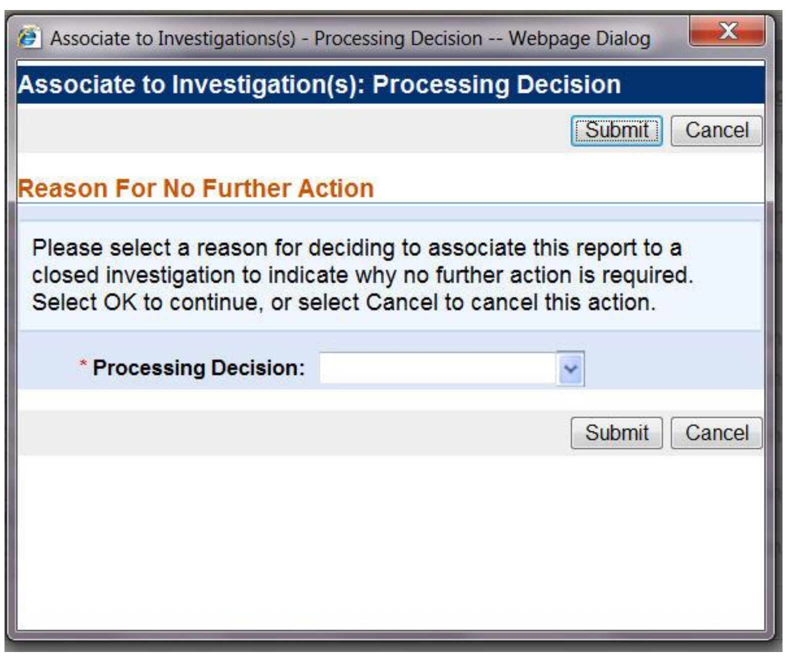


4. Choose **Submit**. The View Morbidity Report page is displayed, indicating that the association has been successful.

   Note: Unlike the View Lab Report page, once a Morbidity Report is associated to an investigation, the Associate Investigation button is no longer available. To *remove the association, you must use the procedure described in Manage Associations.*



Note: If you choose to associate an STD/HIV Morbidity Report to a CLOSED investigation, you will be prompted for a Processing Decision before the system saves the association.



3.8. VIEWING CASE REPORTS

3.8.1. Description

This section contains procedural and descriptive information about the following function:

- Viewing a case report

3.8.2. Viewing a Case Report

You can view a case report from your work queues (as described in "Understanding Documents: Reviewing Documents") or, after the report has been reviewed, from the **Events** tab on the Patient File page.

Note: *Once you perform an operation on a case report, such as marking the report as reviewed or creating an investigation based on the report, the NBS removes the report from your Documents Requiring Review queue.*

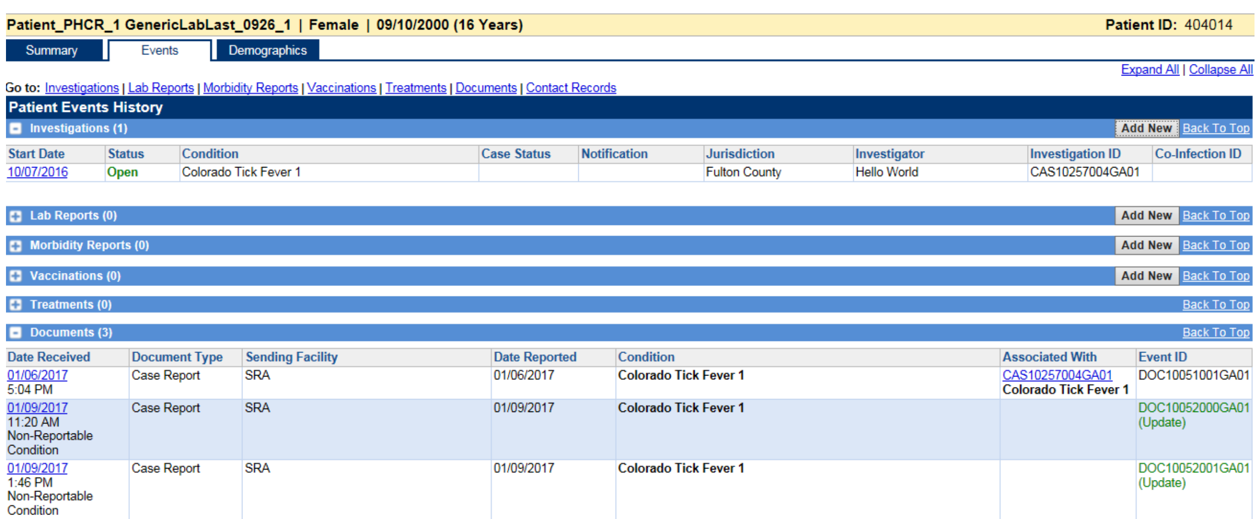
To view a case report, use the following procedure:

1. Display the View Patient page for the patient. To find and view a person, refer to "Finding and Viewing Patient and Provider Information" in "Section 2 – Working with Patient, Provider, and Organization Information."

   The NBS displays the contents of the View Patient page for the selected patient.

2. Choose the **Events** tab.

   The NBS displays the contents of the **Events** tab.



Note: *If a case report in the list is an update to a previous case report, the Event ID for the report will be marked in green with (Update) after the ID.*

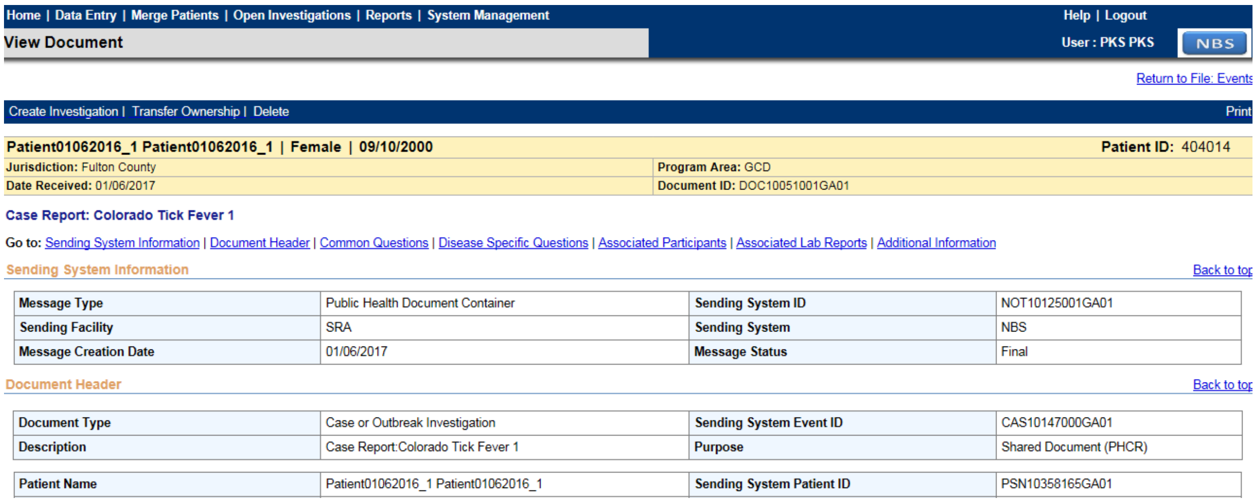
.

3. Select the **Date Received** link for the case report you want in the Case Reports section.

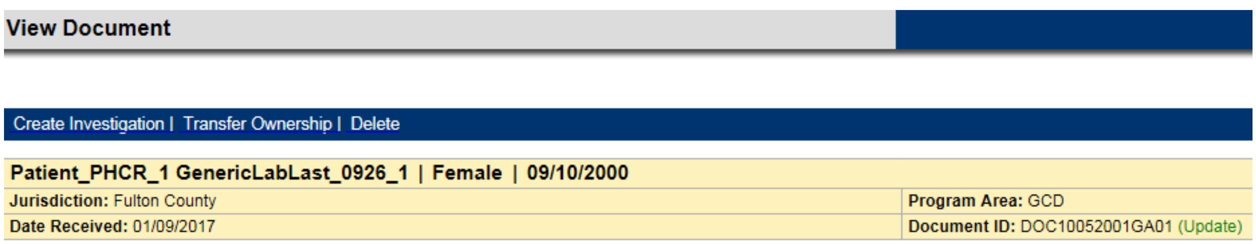
*Note: You can scroll to the Case Reports section, or click the **Case Reports** navigation link at the top of the page.*

3.8.2.1. View PHCR Case Report

The NBS displays the View Document page and the details of the PHCR case report.



Note: If the case report is an update to a previous case report, the Document ID will have an (Update) indication after it.



The above document is from a PHCR Case Report.

3.8.2.2. View PHDC Case Report

The below document is from a PHDC (HL7 CDA) Case Report.

View Document User : PKS PKS NBS

Return to File: Event

Create Investigation | Transfer Ownership | Delete Print

FatimaPHDC FatimaPHDC | Female | 01/18/2017	**Patient ID:** 432349
Jurisdiction: Fulton County	**Program Area:** HEP
Date Received: 01/18/2017	**Document ID:** DOC10053033GA01

Public Health Case Report - Data From Legacy System To CDA

Go to: SENDING SYSTEM INFORMATION | PATIENT INFORMATION | SOCIAL HISTORY INFORMATION | CLINICAL INFORMATION | INTERVIEW SECTION | TREATMENT INFORMATION |

SENDING SYSTEM INFORMATION Back to top

Message Type	Public Health Case Report - PHRI	**Sending System ID**	13.3.3.3.333.23
Sending Facility	STATE DEPT OF HEALTH	**Sending System**	
Message Creation Date	January 18, 2017, 16:46:00	**Message Status**	SetId: ONGOING_CASE Version: 1

PATIENT INFORMATION Back to top

Patient Name	FatimaPHDC FatimaPHDC	**Sending System Patient ID**	PSN10432349GA01-NOT10138038GA01 (2.16.840.1.113883.4.1)

The PHDC Case Report can contain social history, clinical, interview and treatment information.

SOCIAL HISTORY INFORMATION Back to top

Patient Information As Of Date	January 18, 2017		

CLINICAL INFORMATION Back to top

Investigation Local ID	CAS10279123GA01	**Investigation Condition Code**	Hepatitis A, acute (10110)
Investigation Start Date	January 18, 2017	**Investigation Status**	Closed (29179001)
Investigation Shared Indicator	TRUE (T)	**Investigator of Investigation UID**	MPH Hello World 550 Peachtree StreetSuite 1102 Atlanta, Fulton County, Georgia 30305, UNITED STATES Telecom information not available
Investigation Case Status	Not a Case (PHC178)	**Investigation MMWR Week**	03
Investigation MMWR Year	2017	**Investigation Local ID**	CAS10279123GA01
Investigation Condition Code	Hepatitis A, acute (10110)	**Investigation Start Date**	January 18, 2017
Investigation Status	Closed (29179001)	**Investigation Shared Indicator**	TRUE (T)
Investigator of Investigation UID	MPH Hello World 550 Peachtree StreetSuite 1102 Atlanta, Fulton County, Georgia 30305, UNITED STATES Telecom information not available	**Investigation Case Status**	Not a Case (PHC178)
Investigation MMWR Week	03	**Investigation MMWR Year**	2017

INTERVIEW SECTION

Back to top

Interview Status	UNABLE	**Interview Date**	January 18, 2017
Interviewer	MPH Hello World 550 Peachtree StreetSuite 1102 Atlanta, Fulton County, Georgia 30305, UNITED STATES Telecom information not available		
Interviewee Role	Subject of Investigation (SUBJECT)	**Interviewee Type**	Cluster (CLUSTER)
Interview Location	Hospital (HOSP)		

TREATMENT INFORMATION

Back to top

CDA Treatment Information Section:

- Acyclovir, 200 mg, PO, 5ID x 7-10 days
- Acyclovir, 200 mg, PO, 5ID x 7-10 days

Provider	MD John Xerogeanes 59 Executive Park South Atlanta, Dekalb County, Georgia 30329, UNITED STATES Telecom information not available	**Reporting Facility**	Piedmont Hospital Work Place: 1968 Peachtree Road NW Atlanta, Georgia 30056, UNITED STATES 404-605-5000 (Work Place)
Treatment Date	January 18, 2017	**Treatment Drug**	Acyclovir
Treatment Dosage/Strength	200 mg	**Treatment Frequency**	Every 4.5 Hour
Treatment Duration		**Treatment Route**	

Provider	RN Kristi Keable 1000 Johnson Ferry Road NE Atlanta, Dekalb County, Georgia 30342, UNITED STATES Telecom information not available	**Reporting Facility**	CHOA - Scottish Rite Work Place: 1001 Johnson Ferry Rd NE Atlanta, Georgia 30034, UNITED STATES 404-785-5252 (Work Place)
Treatment Date	January 18, 2017	**Treatment Drug**	Acyclovir
Treatment Dosage/Strength	200 mg	**Treatment Frequency**	Every 4.5 Hour
Treatment Duration		**Treatment Route**	

From the View Document page, you can do the following:

- Delete the case report
- Mark the case report as reviewed
- Transfer ownership of the case report
- Create an investigation based on the case report

Note: *Your options vary depending on your security permissions assigned. Not all options may be available to you.*

3.9. VIEWING, ADDING, AND EDITING VACCINATION RECORDS

3.9.1. Description

This section contains descriptive and procedural information about the following functions:

- Viewing a vaccination record
- Adding a vaccination record
- Editing a vaccination record

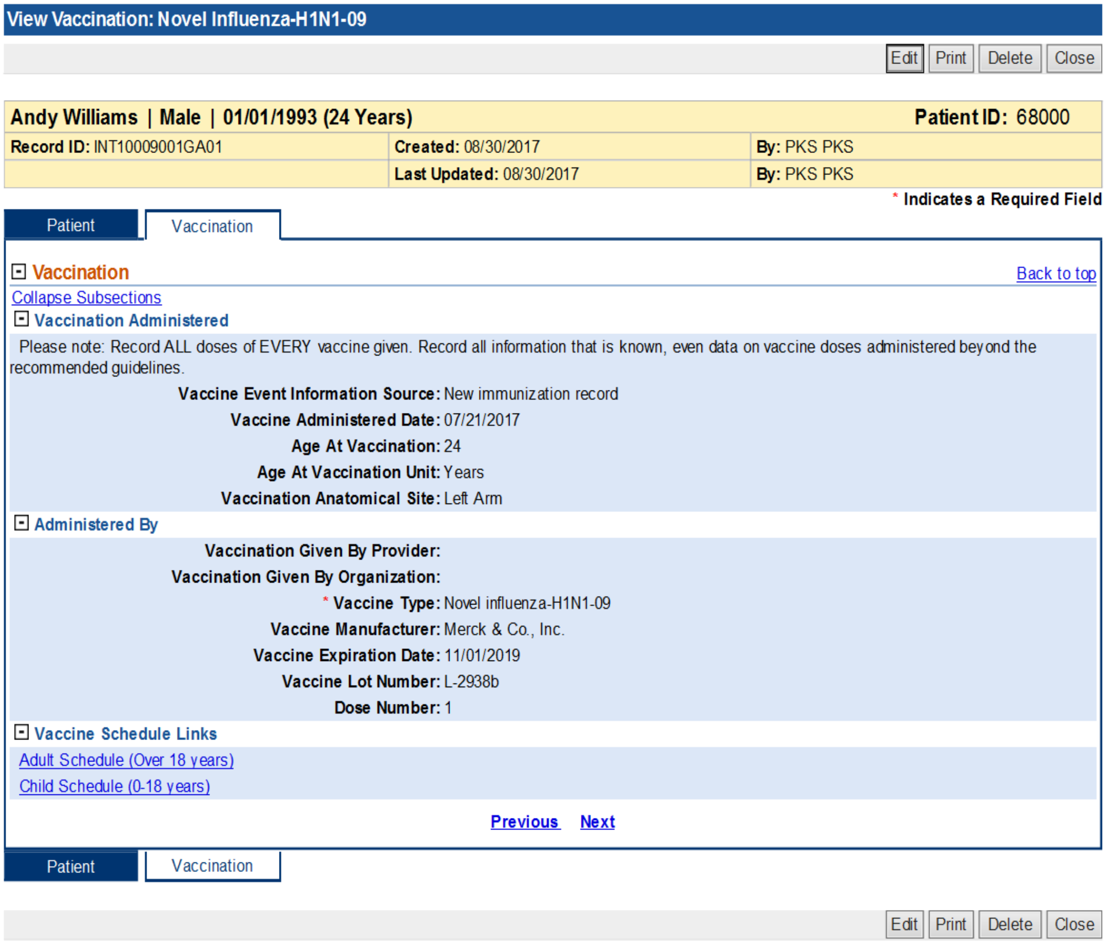
3.9.2. Viewing Vaccination Records

To view a vaccination record, use the following procedure:

1. Display the Patient File page for the patient. To find and view a Patient File, refer to "Finding and Viewing Patient and Provider Information" in "Section 2 – Working with Patient, Provider, and Organization Information."
2. Choose the **Events** tab.

   The NBS displays the events associated with the patient.
3. Scroll to the **Vaccinations** section, or click the **Vaccinations** navigation link at the top of the page.
4. Select **Date Administered** link for the vaccination record you want to view.

   The NBS displays the View Vaccination page with the **Vaccination** tab active.



From the View Vaccination page, you can do the following:

- Edit the vaccination record
- View adult and child recommended dose information
- Delete the vaccination record

Note: *Your options vary depending on your security permissions assigned. Not all options may be available to you.*

3.9.3. Adding Vaccination Records

You can add a vaccination record to the NBS. You add a vaccination record using the Add Vaccination page.

To add a vaccination record, perform the following procedure:

5. Display the Patient File page for the patient. To find and view a patient, use the procedure described in "Finding and Viewing Patient and Provider Information" in "Section 2 – Working with Patient, Provider, and Organization Information."

   The NBS displays the Patient File page.

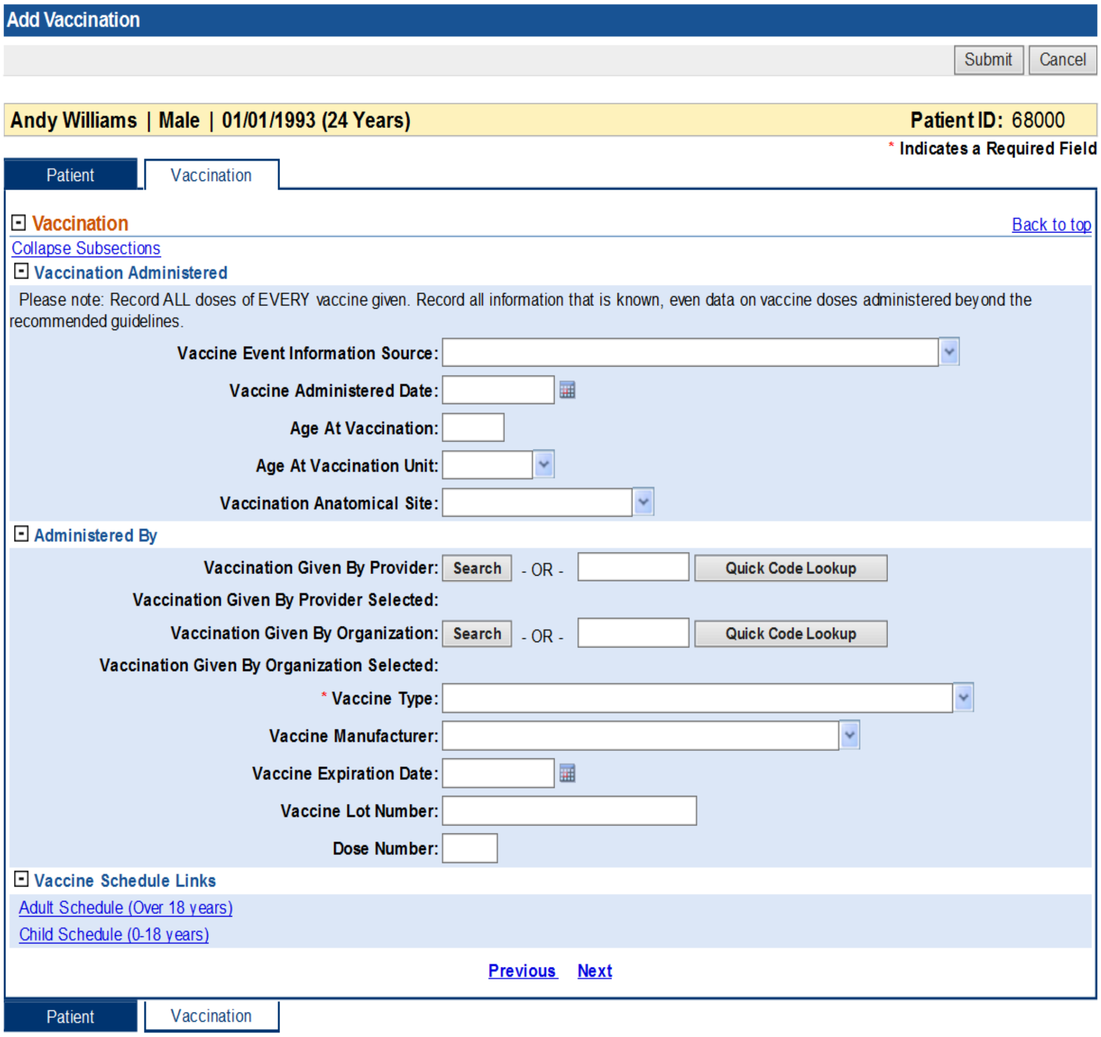
6. Choose the **Events** tab.

   The NBS displays the events associated with the patient.

7. Scroll to the **Vaccinations** section, or click the **Vaccinations** navigation link at the top of the page.

8. Click **Add New** in the Vaccinations section.

   The NBS displays the Add Vaccination page with the **Patient** tab active.



9. Fill out the **Vaccination** tab. The following table contains information about each field on the tab.

Field Name	Description of Control
Vaccine Event Information Source	Optional. Enter the historical or current source of the vaccine information.
Vaccine Administered Date	Optional. Enter a date or make a selection from the calendar control.

Field Name	Description of Control
Age at Vaccination	Optional. (Required if Age units has a value.) Enter a number in the field.
Age at Vaccination Unit	Optional. Choose a unit of measurement (*Hours*, *Days*, *Weeks*, *Months*, *Years*, *Unknown*) from the drop down list.
Vaccination Anatomical Site	Optional. Choose the location on the patient's body where the vaccination was given.
Vaccination Given by Provider / Organization	Optional. Choose a Provider and/or an Organization. Use the Code lookup or the Search function. To search for a facility or organization, use the **Search** button and the search process described in "Using Facility and Provider Search for Report Information."
Vaccine Type	Required. Choose from the drop down list.
Vaccine Manufacturer	Optional. Choose a manufacturer. Choose from the drop down list.
Vaccine Expiration Date	Optional. Enter a date or make a selection from the calendar control.
Lot Number	Optional. Enter an alphanumeric lot number.
Dose Number	Optional. Enter the dose number in the vaccine series. i.e. 1,2 or 3.

10. Choose **Submit** .

    NBS saves the vaccination information and displays the Patient File page. The new vaccination record displays as a line item in the **Vaccinations** section.

3.9.4. Editing Vaccination Records

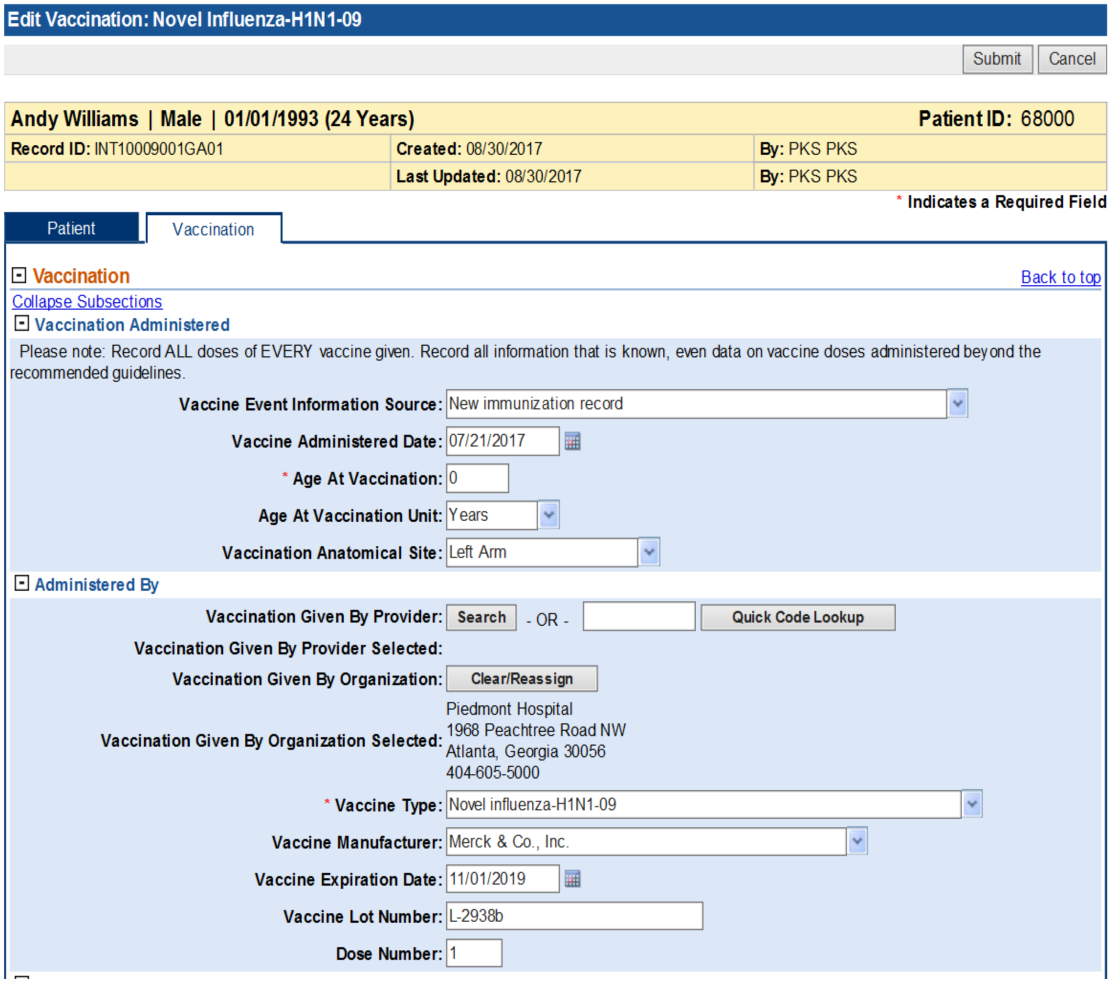
To edit a vaccination record, perform the following procedure:

Note: *Users without **Registry Manager** permission cannot edit vaccination records.*

11. View the vaccination record for a patient, using the procedure described in "Viewing Vaccination Records."

12. Choose **Edit** .

    The NBS displays the Edit Vaccination page with the **Patient** tab active.



<u>Vaccine Manufacturer</u>

In release 5.2, vaccine manufactures are selected from a list of vaccine manufactures.

Make the necessary changes to the record, and choose Submit 

.

The system saves your changes and displays them in the **Vaccinations** section on the **Events** tab on the Patient File page.

3.10. VIEWING, ADDING, AND EDITING TREATMENT RECORDS

3.10.1. Description

This section contains descriptive and procedural information about the following functions:

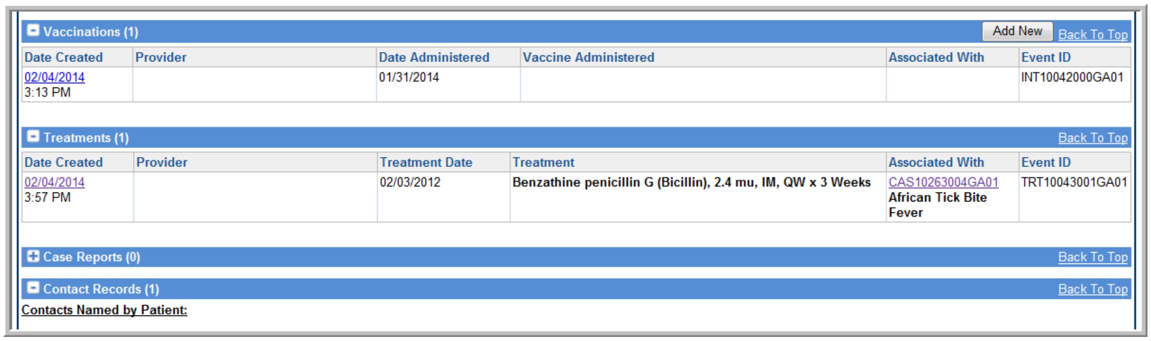
- Viewing a treatment record
- Adding a treatment record
- Editing a treatment record
- Associate/disassociate treatment to investigation(s)

3.10.2. Viewing Treatment Records

To view a treatment record, use the following procedure.

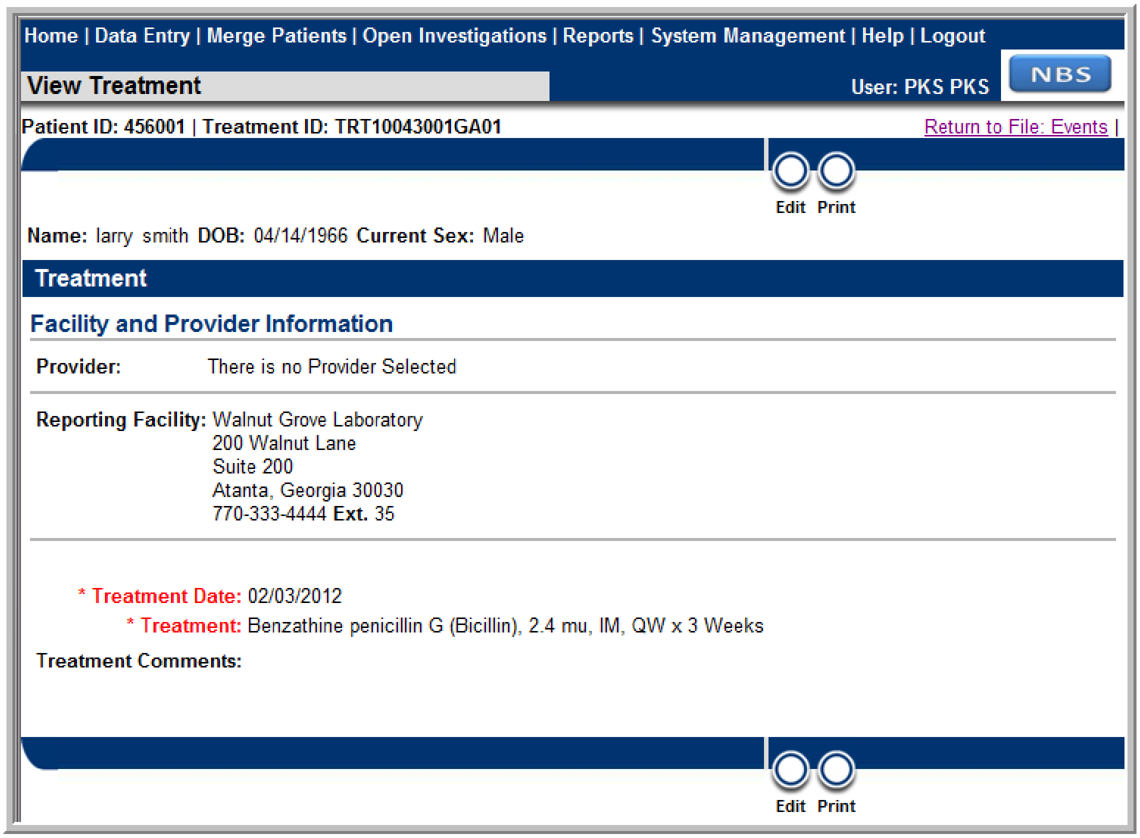
1. Display the Patient File page for the patient. To find and view a Patient File, refer to "Finding and Viewing Patient Information" in “Working with Patient, Provider, Organization, and Place Information."
2. Choose the **Events** tab.

   The NBS displays the events associated with the patient.
3. Scroll to the **Treatments** section, or click the **Treatments** navigation link at the top of the page.



4. Select **Date Created** link for the treatment record you want to view.

   The NBS displays the View Treatment page.



From the View Treatments page, you can do the following:

- Edit the treatment record
- Print the treatment record

Note: *Your options vary depending on your security permissions assigned. Not all options may be available to you.*

3.10.3. Adding Treatment Records

You can add a treatment record to the NBS from two places: within a Morbidity report (see Viewing, Adding, and Editing Morbidity Reports for details on using the Add Treatment section in a Morbidity Report) and within an investigation (see the procedure below). In either area, treatment records consist of the following components:

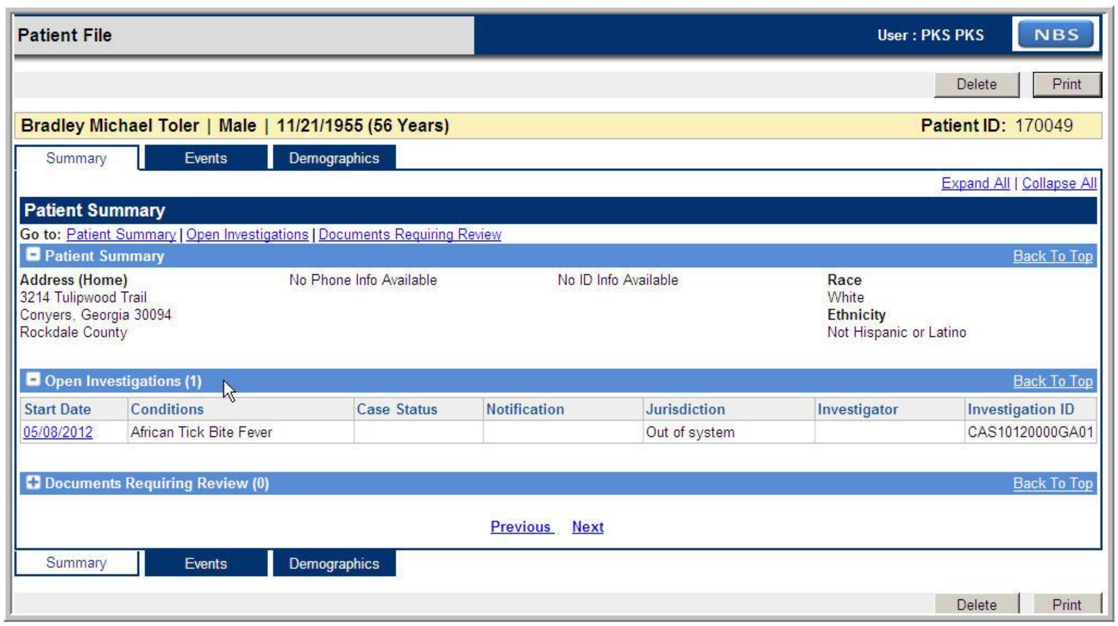
Field Name	Description of Control
Facility and Provider Information	Choose a Provider and/or Reporting Facility. Use the Code lookup or the Search function. To search for a facility or organization, use the **Search** button and the search process described in "Using Facility and Provider Search for Report Information." NOTE: You must choose either a Provider or a Reporting Facility, or both.

Field Name	Description of Control
Treatment Date	Required. Enter a date or make a selection using the calendar control.
Treatment	Required. Choose from the drop down list.
Treatment Comments	Optional. Enter relevant comments using alphanumeric characters.

To add a treatment record from within an investigation, perform the following procedure:

1. Access the Patient File page using the procedure described in "Finding and Viewing Patients."

The Patient File page is displayed with the **Summary** tab active. On this tab, there is an **Open Investigations** section.

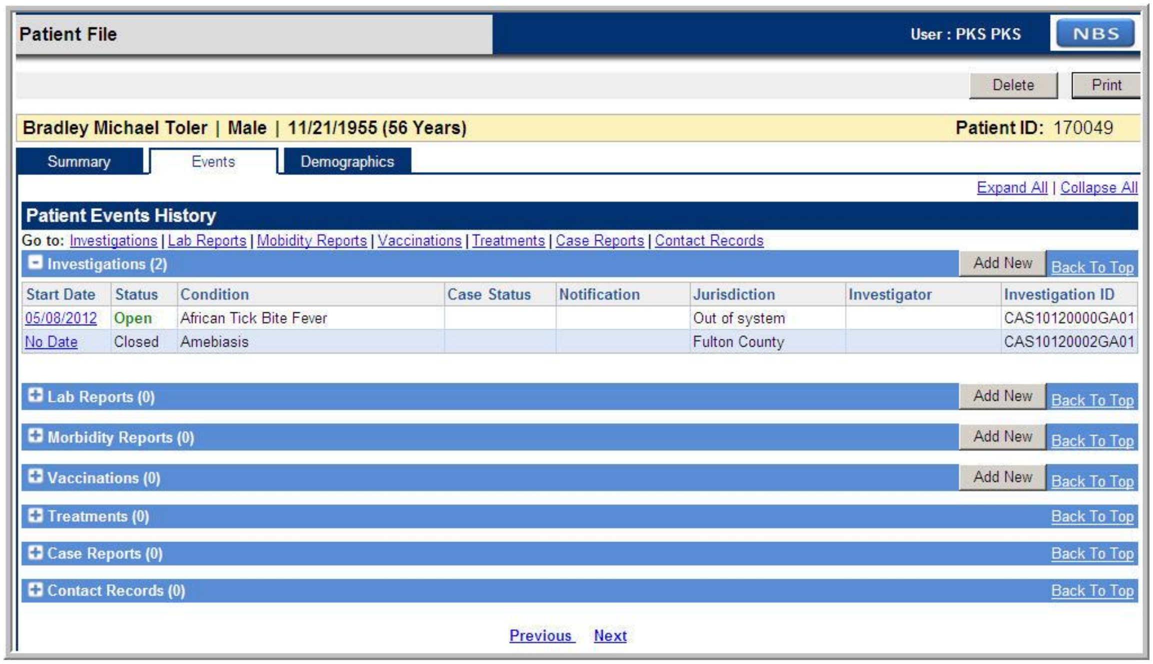


2. Click the **Start Date** link for the investigation you want in the **Open Investigations** section.

The View Investigation page is displayed.

3. If the investigation you want to see is no longer an open investigation, click the **Events** tab.

The NBS displays the contents of the **Events** tab. On this tab, all investigations involving the patient are displayed, regardless of status.

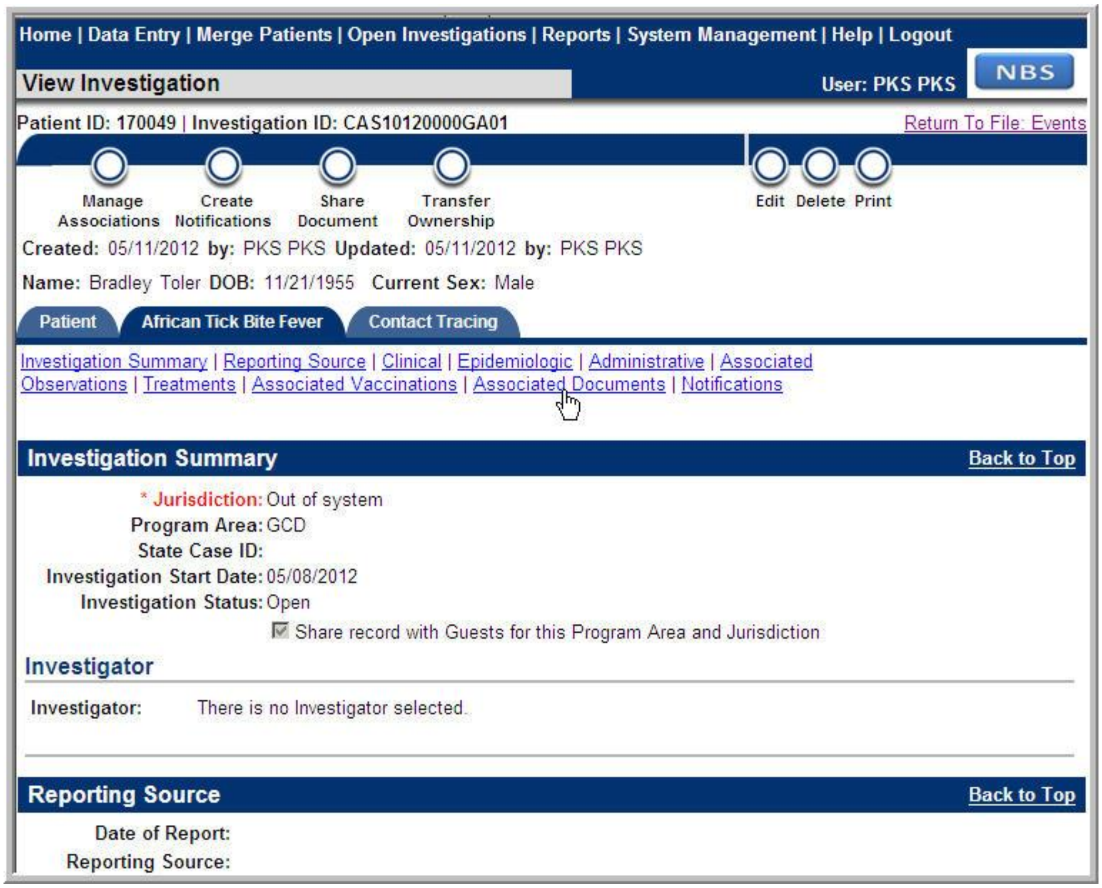


4. Click the **Start Date** link for the investigation you want in the **Investigations** section.

Note: *You can scroll to the* ***Investigations*** *section, or click the* ***Investigations*** *navigation link at the top of the page.*

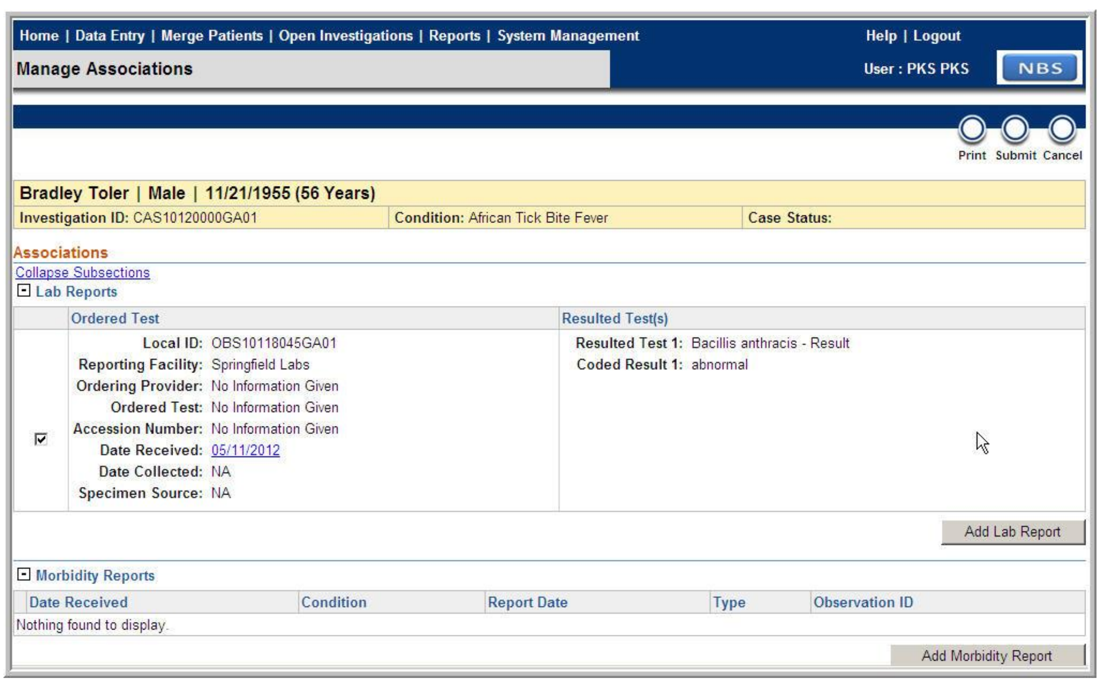
The NBS displays the View Investigation page with the [**Condition**] tab active.

Note: *The* ***Condition*** *tab displays the name of the condition covered in the investigation. For example, a Hepatitis investigation would display "Hepatitis" on the* ***Condition*** *tab.*

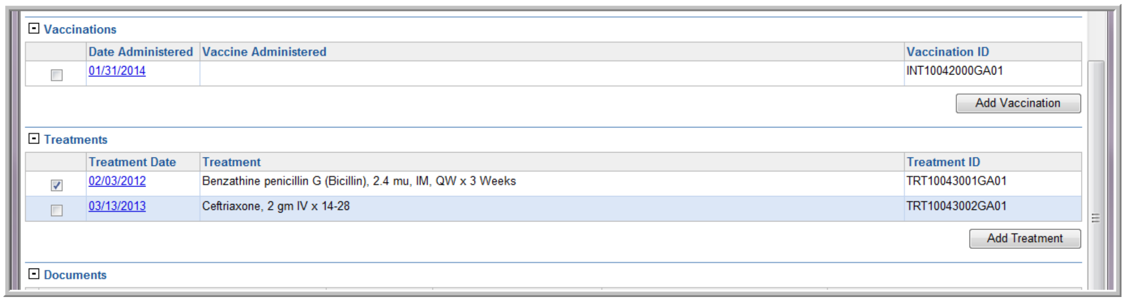


5. Click **Manage Associations**.

The NBS displays the Manage Associations page.

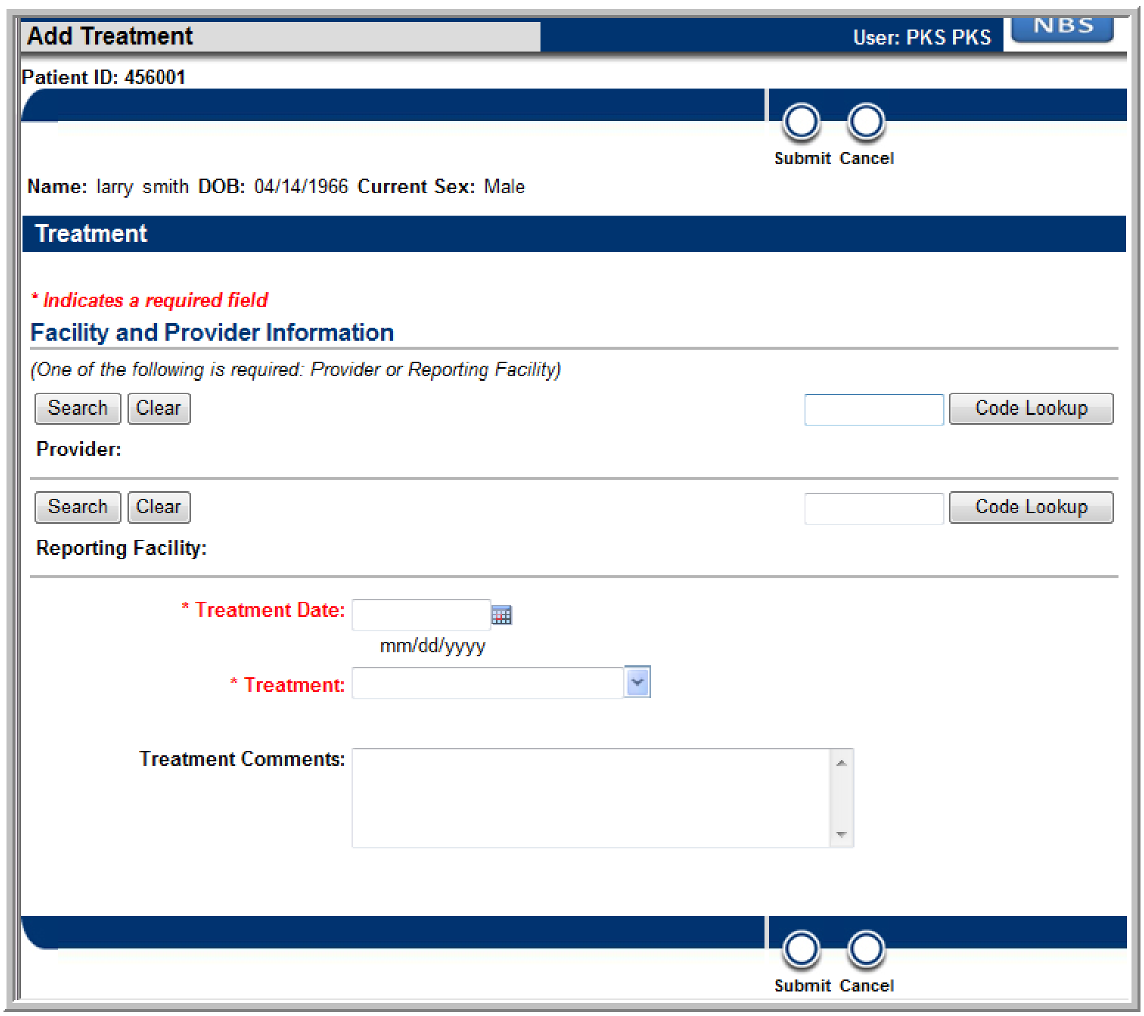


6. Scroll to the **Treatments** section on the Manage Associations page.



7. Choose **Add Treatment**.

The Add Treatment page is displayed.



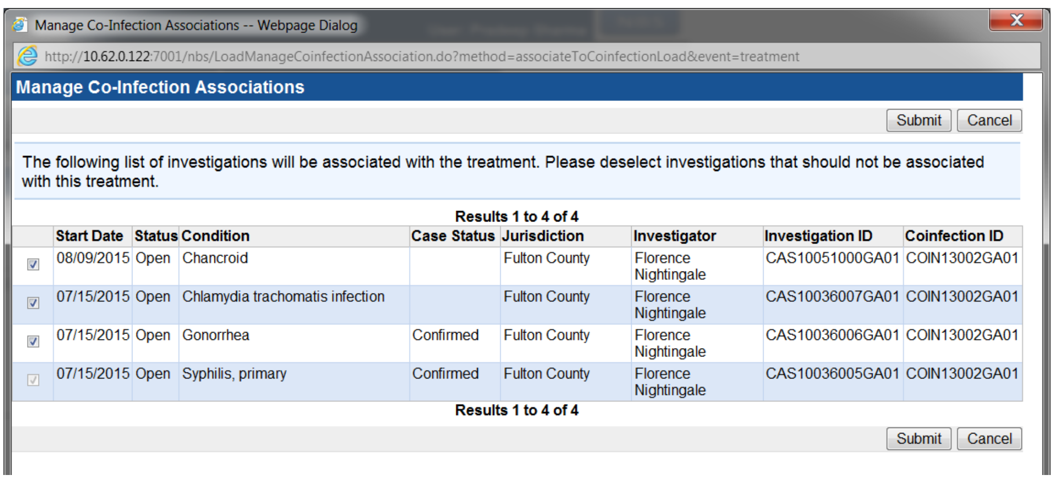
8. Fill out the Treatments page. The following table contains information about each field on the tab.

Field Name	Description of Control
Facility and Provider	Choose a Provider and/or Reporting Facility. Use the Code

Field Name	Description of Control
Information	lookup or the Search function. To search for a facility or organization, use the **Search** button and the search process described in "Using Facility and Provider Search for Report Information." NOTE: You must choose either a Provider or a Reporting Facility, or both.
Treatment Date	Required. Enter a date or make a selection using the calendar control.
Treatment	Required. Choose from the drop down list.
Treatment Comments	Optional. Enter relevant comments using alphanumeric characters.

9. Choose **Submit** .

NBS displays the Manage Co-Infection Associations screen.


Manage Co-Infection Associations -- Webpage Dialog

http://10.62.0.122:7001/nbs/LoadManageCoinfectionAssociation.do?method=associateToCoinfectionLoad&event=treatment

Manage Co-Infection Associations

Submit Cancel

The following list of investigations will be associated with the treatment. Please deselect investigations that should not be associated with this treatment.

Results 1 to 4 of 4

	Start Date	Status	Condition	Case Status	Jurisdiction	Investigator	Investigation ID	Coinfection ID
☑	08/09/2015	Open	Chancroid		Fulton County	Florence Nightingale	CAS10051000GA01	COIN13002GA01
☑	07/15/2015	Open	Chlamydia trachomatis infection		Fulton County	Florence Nightingale	CAS10036007GA01	COIN13002GA01
☑	07/15/2015	Open	Gonorrhea	Confirmed	Fulton County	Florence Nightingale	CAS10036006GA01	COIN13002GA01
☑	07/15/2015	Open	Syphilis, primary	Confirmed	Fulton County	Florence Nightingale	CAS10036005GA01	COIN13002GA01

Results 1 to 4 of 4

Submit Cancel

10. The investigation from which you created the treatment will be checked by default and disabled. Check the boxes for any additional investigations you would like to associate the treatment record to.

11. Choose **Submit**.

NBS saves the treatment information and displays the Manage Associations page with the added treatment information displayed in the **Treatments** section. This treatment record is now accessible through the **Patient File | Events** tab **Treatment** section, as well.

Treatments

	Treatment Date	Treatment	Treatment ID
☑	07/01/2015	Bicillin, 2.4 mu, IM, x 1 dose	TRT10009000GA01
☑	08/15/2015	Ciprofloxacin, 500 mg, PO, x 1 dose	TRT10014000GA01

Add Treatment

12. Choose Submit to save the associations.

NBS returns to the View Investigation screen.

Note: Treatment Records may be associated to multiple investigations through the Manage Associations page. This new function will be available for both STD/HIV conditions and non-STD/HIV conditions.

3.10.4. Editing Treatment Records

To edit a treatment record, perform the following procedure:

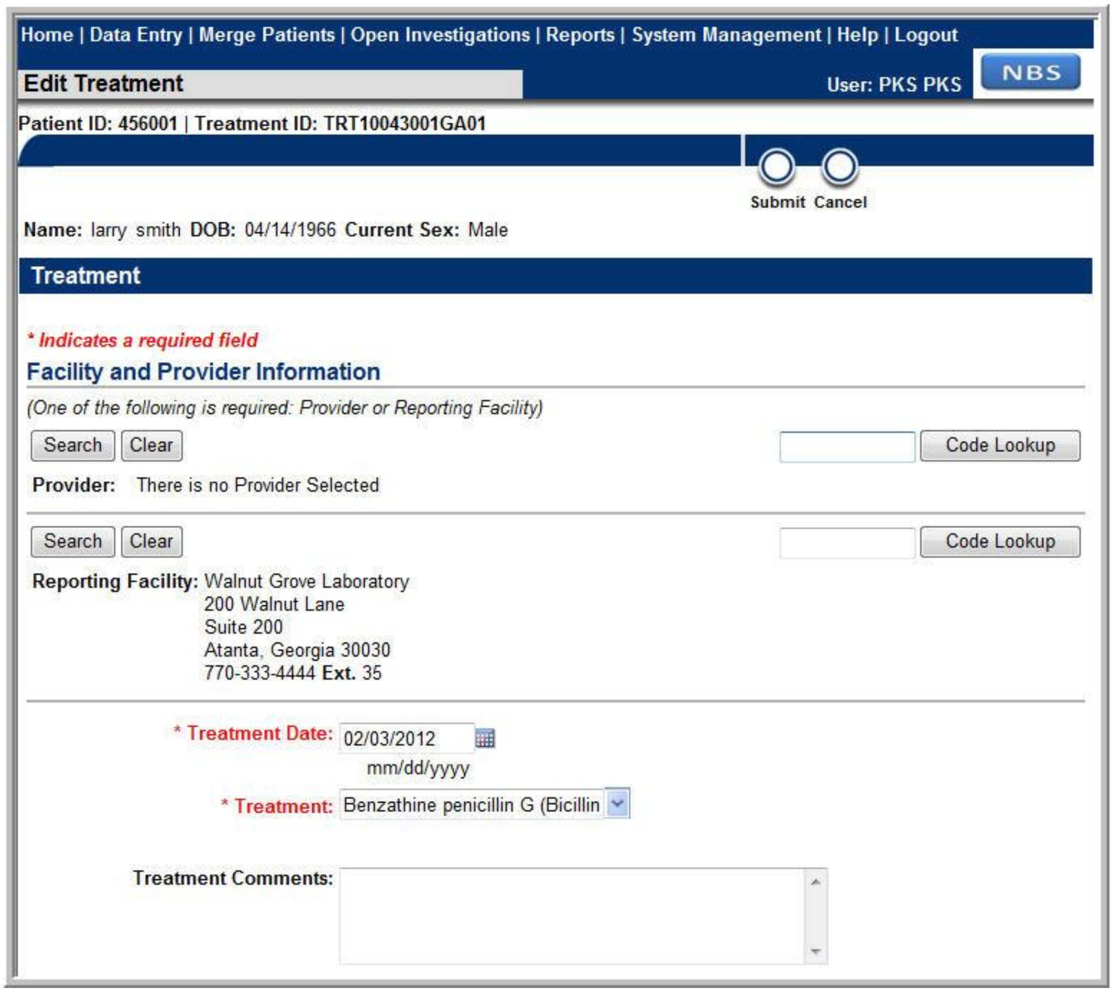
Note: *Users without **Registry Manager** permission cannot edit treatment records.*

1. View the treatment record for a patient, using the procedure described in "Viewing Treatment Records."

2. Choose **Edit** 

.

The NBS displays the Edit Treatment page.



3. Make the necessary changes to the record, and choose Submit .

   The system saves your changes and displays them in the **Treatments** section on the **Events** tab on the Patient File page.

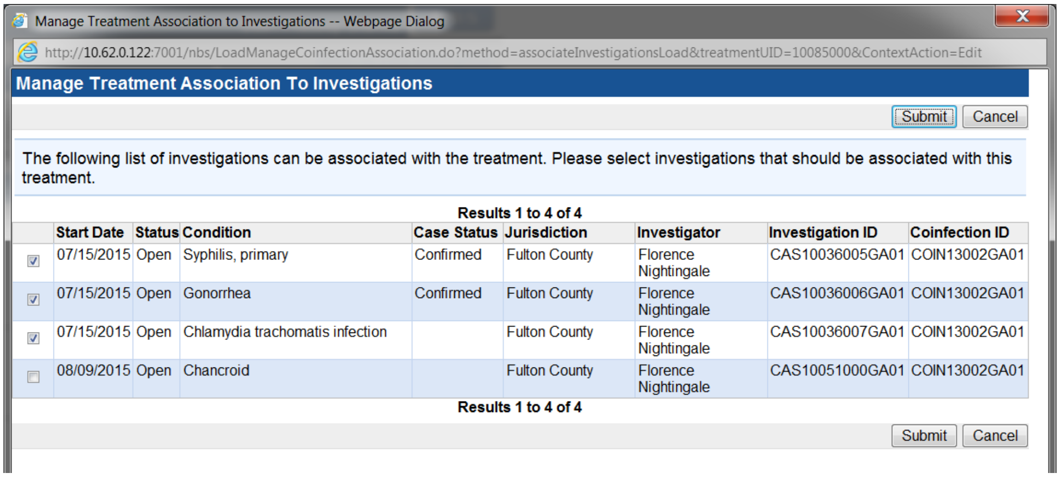
3.10.5. Associate/Disassociate Treatment to Investigation(s)

3.10.5.1. Associate a Treatment Record to an Investigation

NBS allows a treatment record to be associated to multiple investigations. Use the following procedure to associate a treatment record to one or more investigations.

1. View the Treatment Record for the patient using the procedure described in "Viewing a Treatment Record."
2. Choose **Associate Investigations**.

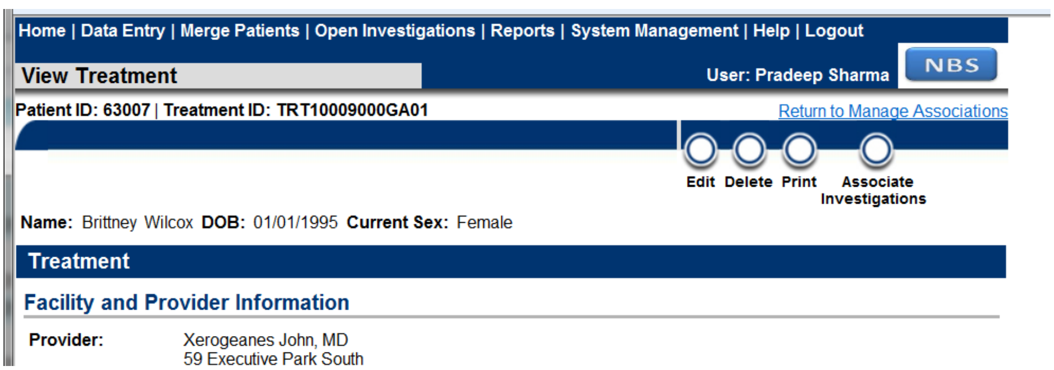
The NBS displays the Manage Treatment Association To Investigations page.



3. Select the checkbox for the investigation(s) to which you would like to associate the Treatment Record.

   Note: Treatment Records can be associated to multiple investigations. If a treatment is disassociated from all investigations, it will not be visible on Events tab. It can be accessed from the Manage Associations screen within an investigation.

4. Choose **Submit**. The View Treatment page is displayed.

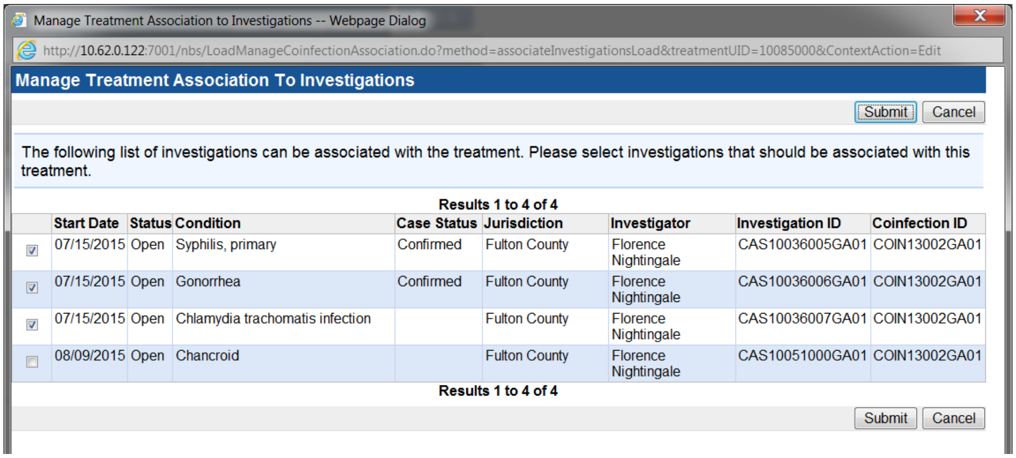


3.10.5.2. Remove a Treatment Record Association from an Investigation

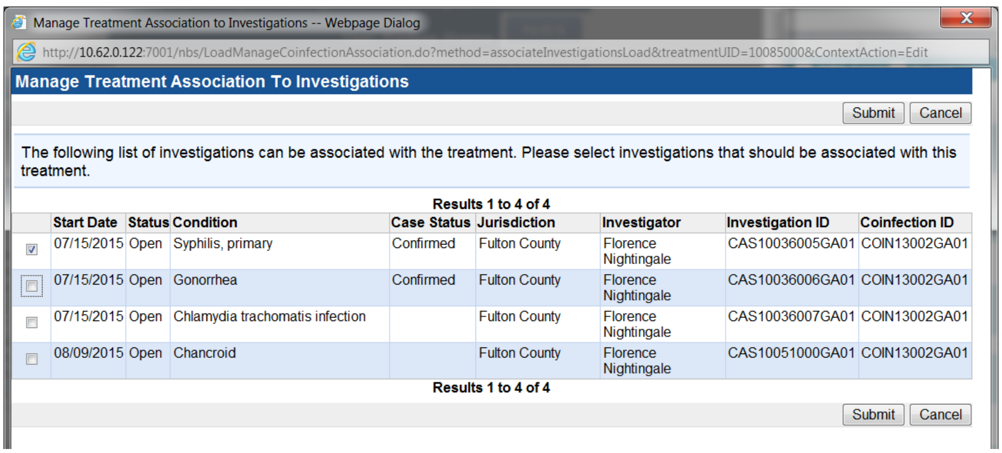
Should you need to remove a Treatment Record’s association from an investigation, use the following procedure.

1. View the Treatment Record for the patient using the procedure described in "Viewing a Treatment Record."
2. Choose **Associate Investigations**.

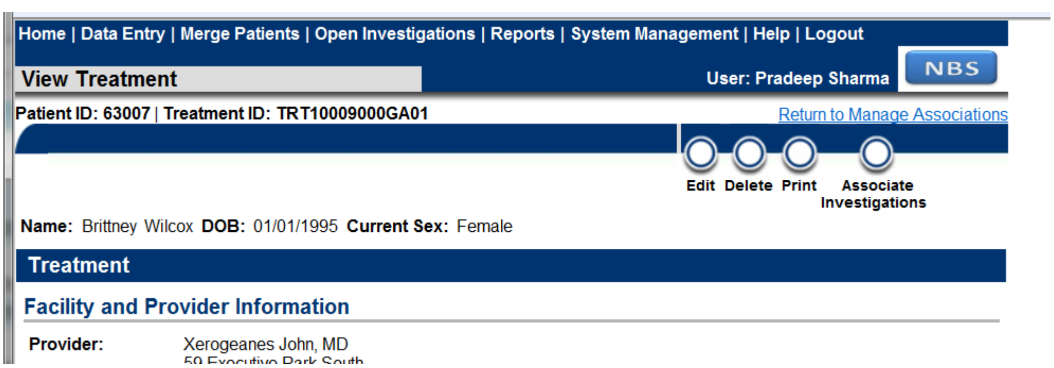
The NBS displays the Manage Treatment Association To Investigations page.



3. Deselect the checkbox for each investigation from which you would like to remove the association to the Treatment record.



4. Choose **Submit**. The View Treatment page is displayed.



Note: If a treatment is disassociated from all investigations, it will not be visible on Events tab. It can be accessed from the Manage Associations screen within an investigation.

4. WORKING WITH INVESTIGATIONS AND NOTIFICATIONS

4.1. SECTION DESCRIPTION

This section contains descriptive and procedural information about the following functions:

- Viewing, adding, and editing investigations
- Assigning existing documents and vaccinations to an investigation
- Transferring ownership of investigations
- Creating and reviewing notifications
- Viewing summary data, adding summary reports, and submitting summary notifications
- Additional information about working with STD/HIV investigations

4.2. VIEWING, ADDING, AND EDITING INVESTIGATIONS

4.2.1. Description

This section contains descriptive and procedural information about the following functionality:

- Understanding investigation creation in NBS
- Viewing an investigation
- Adding an investigation
- Editing an investigation

4.2.2. Understanding Investigation Creation in NBS

The NBS supports creation of investigations for a variety of diseases of interest to public health. In general, you create an investigation based on a document that indicates a condition requiring investigation. If the investigation meets the case definition, you can send a notification of the case to the CDC.

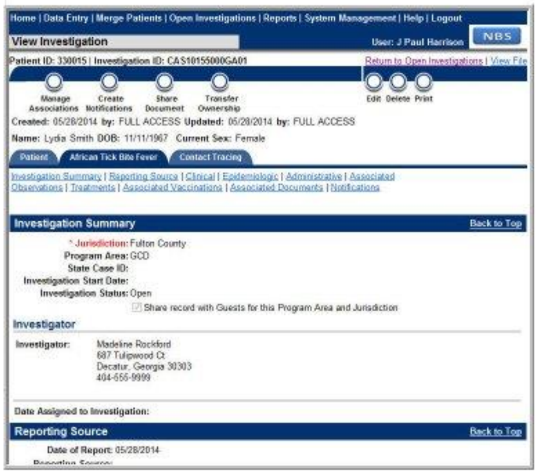
Note: You can also create an investigation independent of a document.

The NBS provides disease-specific investigation pages for the conditions covered by the PAMs. For most other conditions, the NBS provides a generic investigation page template in Page Builder for use in creating new condition pages. The template for creating Generic pages in NBS is based on version 2 of the Generic Message Mapping Guide (MMG). Previous versions of NBS have used version 1 of the Generic MMG.

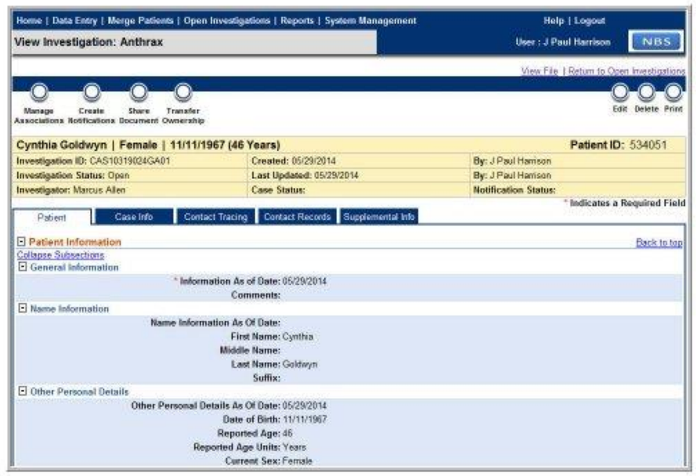
Note: If your site has investigation pages published with Generic MMG V1, any pending Notifications should be sent to CDC prior to converting these existing pages to Generic MMG V2.

The look and feel of pages created using the Page Builder templates differs from the legacy pages (i.e., pages in NBS that were not created using Page Builder templates). The picture below shows the different types of pages. In this example, African Tick Bite Fever uses a legacy page, and Anthrax uses a Page Builder page.

African Tick Bite Fever



Anthrax



Though the pages have a different look and feel, the information contained in them is very similar. Where differences exist, these variations arise from disease-specific questions associated with a given page. As an example, on the investigation pages for conditions such as Bacterial Meningitis and Infectious Respiratory Diseases or Hepatitis, the NBS presents you with additional options not available in the generic and other disease-specific pages. In the case of the Bacterial Meningitis and Infectious Respiratory Diseases investigation pages, the NBS first presents a generic Bacterial Meningitis page. Once you select the bacterial species associated with the condition, the title of the page changes to the selected condition and the page displays condition-specific questions. For Hepatitis, once you select a specific Hepatitis diagnosis, a disease-specific tab displays containing a series of fields appropriate to the selected diagnosis.

To provide support for STD surveillance, several templates are available in NBS as a starting point for creating STD/HIV pages. The Generic STD MMG and the Congenital Syphilis MMG were used as bases for the investigation templates. As in the legacy pages, when you choose an STD condition to create an investigation, NBS presents options that are not available or applicable to generic conditions. Since these differences are more extensive for STD/HIV surveillance than for the legacy conditions, this document provides more detailed instructions for creating a generic STD investigation, as well as tab descriptions in Section 5.

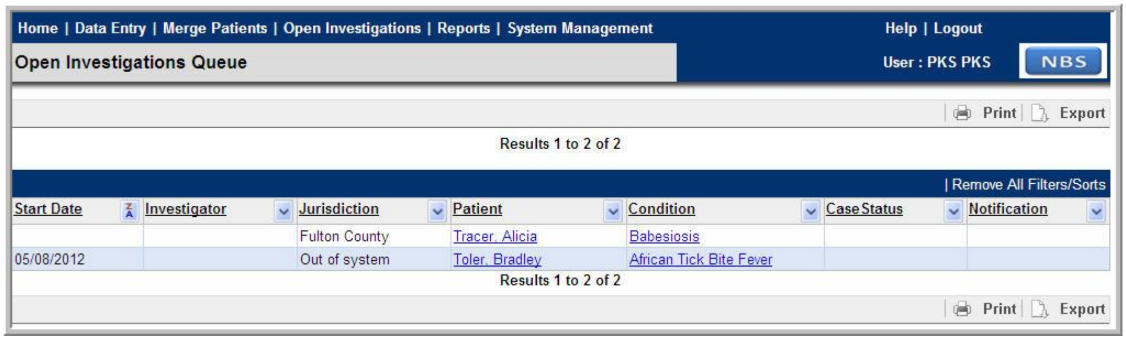
4.2.3. Viewing an Investigation

You can view investigation and investigator detail information. The NBS enables you to display a list of open investigations assigned to your program area using the Open Investigations page or the **Summary** tab on a Patient File page. As with documents, the NBS programmatically assigns investigations to your work queue based on your program area and jurisdiction. Once you set an investigation's status to closed, that investigation drops off your work queue.

To view open investigations assigned to your program area, use the following procedure:

1. Choose **Open Investigations** on the navigation bar.

   The NBS displays the Open Investigations Queue page.



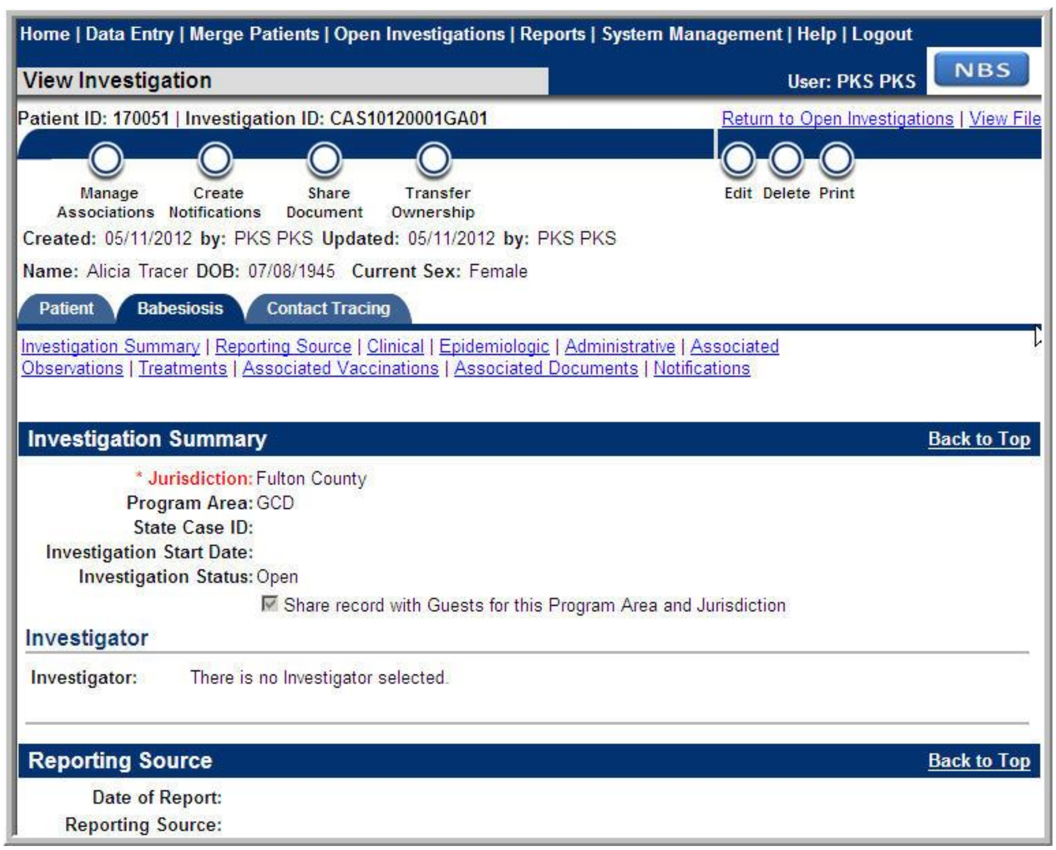
The Open Investigations Queue page contains a set of fields you use to view all open investigations for the program areas to which you have access.

***Note**: The Open Investigations Queue page displays up to 20 investigations per page. To move through the pages in the list, click **Next** and **Previous**. The default sort for the list is by Start Date. To sort the list by another heading, click that heading link.*

2. Click the **Condition** link for the investigation you want to view.

The NBS displays the View Investigation page with the [**Condition**] tab active.

***Note:** The **Condition** tab displays the name of the condition covered in the investigation. For example, a Hepatitis investigation would display "Hepatitis" on the **Condition** tab.*

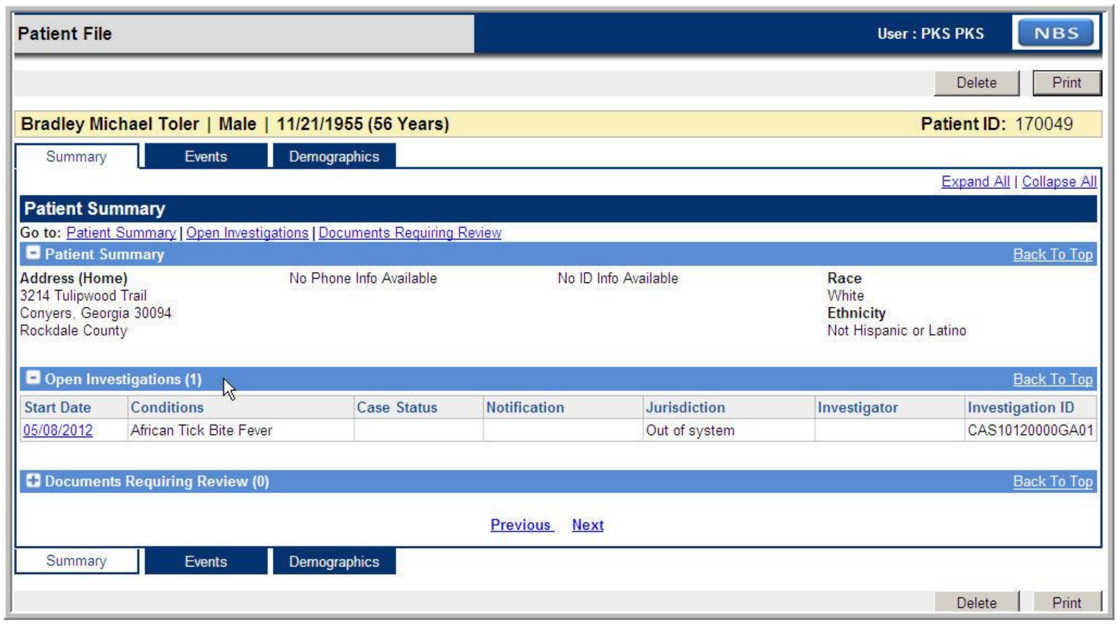


4.2.4. Viewing an Investigation from the View File Page

You can also view a list of investigations associated with a specific patient. To view the investigation from the Patient File, use the following procedure:

1. Access the Patient File page using the procedure described in “Finding and Viewing Patients.”

The Patient File page is displayed with the **Summary** tab active. On this tab, there is an **Open Investigations** section.

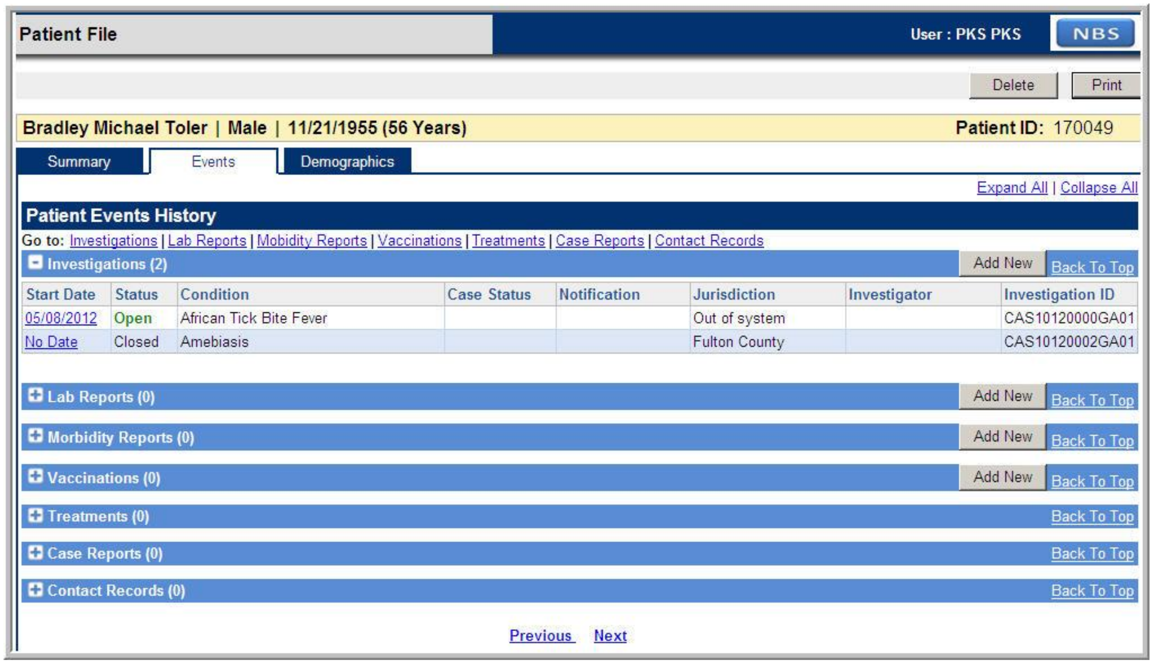


2. Click the **Start Date** link for the investigation you want in the **Open Investigations** section.

The View Investigation page is displayed.

3. If the investigation you want to see is no longer an open investigation, click the **Events** tab.

The NBS displays the contents of the **Events** tab. On this tab, all investigations involving the patient are displayed, regardless of status.



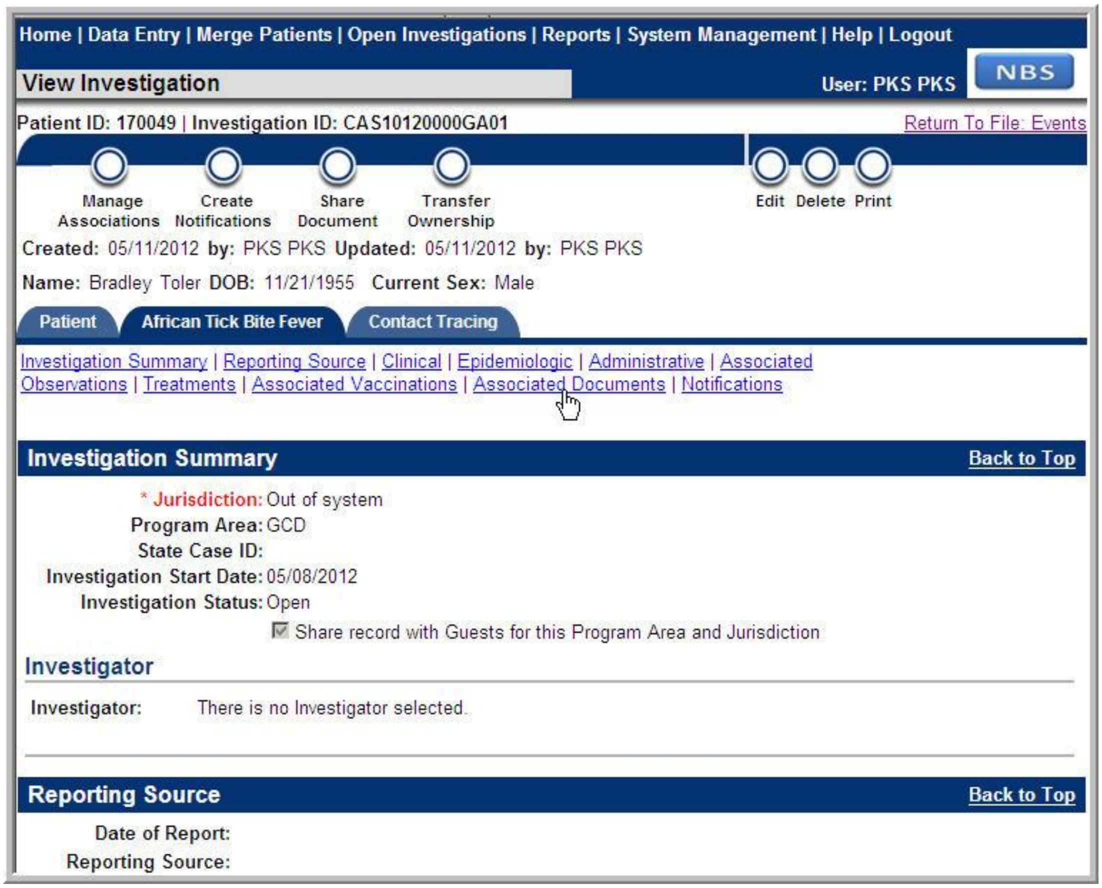
4. Click the **Start Date** link for the investigation you want in the **Investigations** section.

Note: *You can scroll to the* ***Investigations*** *section, or click the* ***Investigations*** *navigation link at the top of the page.*

The NBS displays the View Investigation page with the [**Condition**] tab active.

Note: *The* ***Condition*** *tab displays the name of the condition covered in the investigation. For example, a Hepatitis investigation would display "Hepatitis" on the* ***Condition*** *tab.*

This document has been developed by CSRA under a contract with the
U.S. Centers for Disease Control and Prevention – Department of Health and Human Services.



From the View Investigation page, you can do the following:

- Manage treatments, vaccinations, and documents
- Edit investigations
- Create notifications
- Transfer ownership of investigations

Note: *Your options vary depending on your security permissions. Not all options may be available to you.*

4.2.5. Adding an Investigation

You can add an investigation from the Add Morbidity Report page or the Add Lab Report page at the time you submit the document. You click **Submit and Create an Investigation** to submit the document and either choose the condition you want (in the case of a laboratory report), or immediately display the Add Investigation page for the selected condition (when working with morbidity reports).

*Note: If the report is for an STD/HIV program area, upon choosing **Submit and Create Investigation**, you will be required to choose a Processing Decision before the system takes you to the Add Investigation page.*

You can also add an investigation from the **Events** tab of the Patient file. The following procedure uses this as a starting point. Whether you begin from a Lab Report, a Morbidity

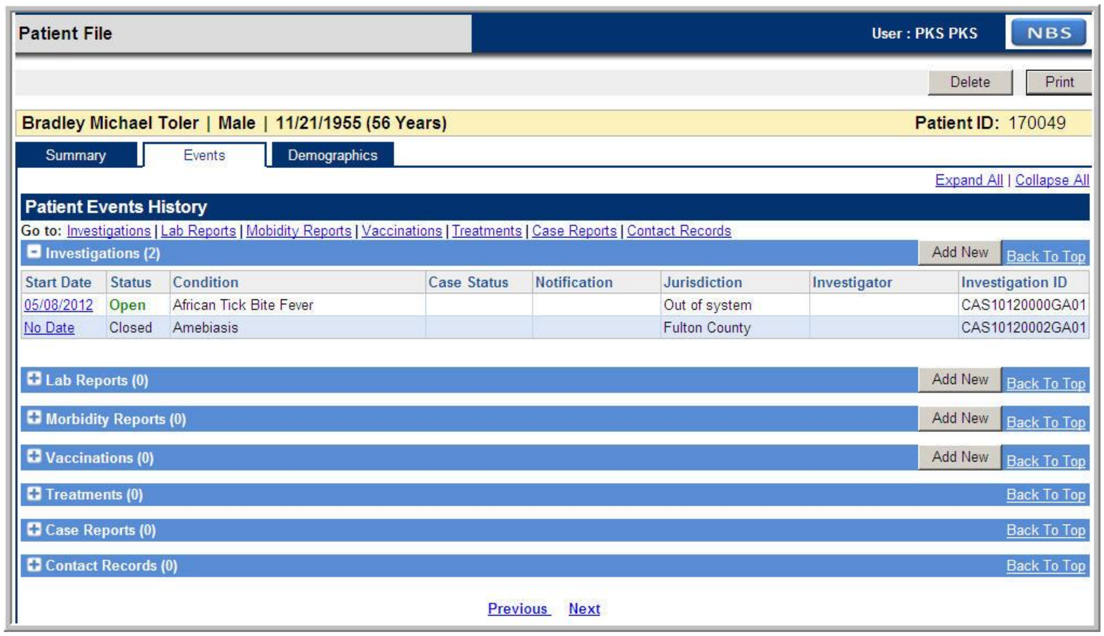
Report, or the **Events** tab, you create an investigation using the Add Investigation page. Use the following procedure to add an investigation.

1. Access the Patient File page for a patient using the procedure described in "Finding and Viewing Patients" this document.

The NBS displays the contents of the Patient File page for the selected patient.

2. Choose the **Events** tab.

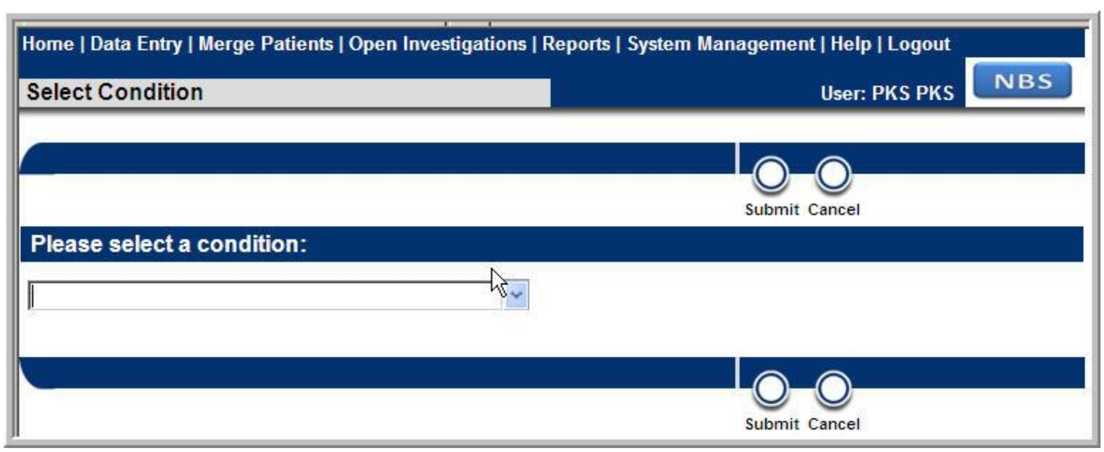
The NBS displays the contents of the **Events** tab.



3. Click **Add New** in the **Investigations** section.

Note: *You can scroll to the* ***Investigations*** *section, or click the* ***Investigations*** *navigation link at the top of the page.*

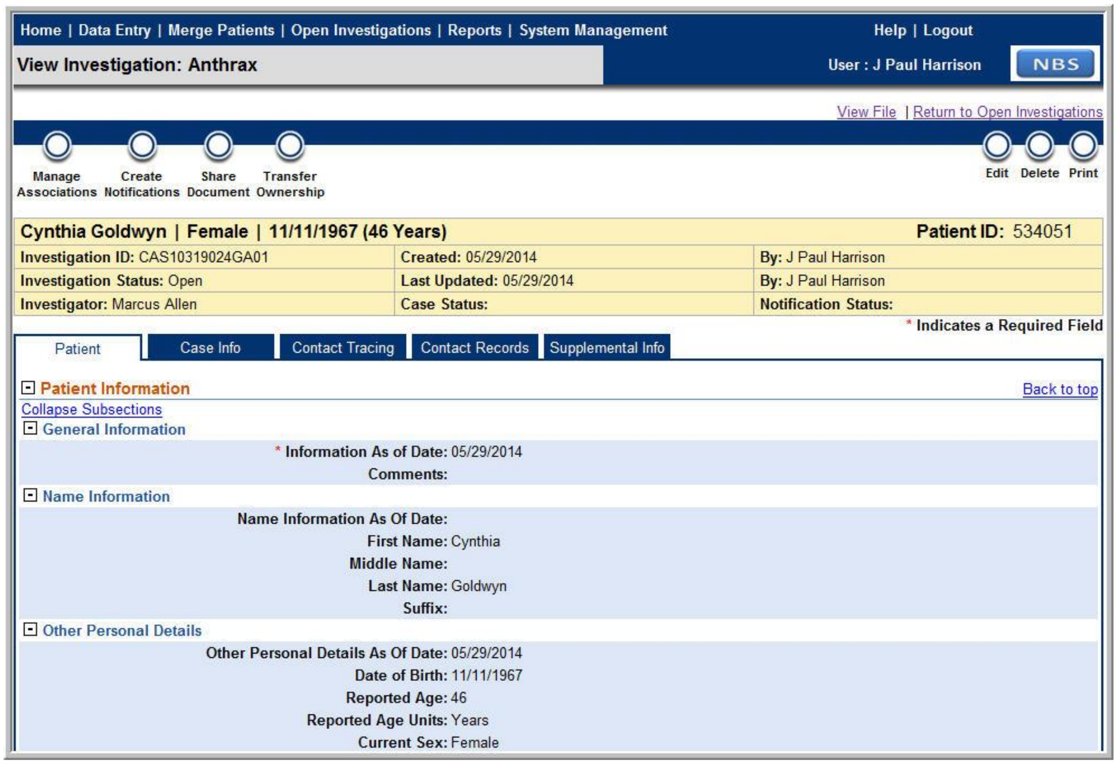
The NBS displays the Select Condition page.



4. Choose a condition from the drop down list.

5. Click **Submit**.

The NBS displays the Create Investigation page and the Patient information with the **Patient Info** tab active.



6. Choose the **Case Info** tab.

Note: *As mentioned earlier, legacy pages have a different look and feel. Instead of having a Case Info tab, a legacy page has a [**Condition**] tab. The [**Condition**] tab displays the name of the condition covered in the investigation. For example, an African Tick Bite Fever investigation would display "African Tick Bite Fever" as its **Condition** tab.*

7. Enter investigation information in the form. The following table contains information about the fields you will find on the Case Info tab.

Field Name	Control Description
Investigation Information	

Field Name	Control Description
Investigation Details	
Jurisdiction	Required. NBS displays a jurisdiction based on the most recent address information for the patient. You can change this jurisdiction by choosing from the drop down list.
Program Area	Required. NBS displays a program area based on the condition indicated in the investigation. You cannot change this program area.
Investigation Start Date	Optional. Enter a date or select a date using the calendar control. ***Note:*** *With version 2 of the Generic MMG, this label (as sent in the message) has changed. The new label that will be sent as part of the message will be* ***Case Investigation Start Date****. The label in the NBS UI will not change.*
Investigation Status	Optional. Choose from the drop down list. NBS defaults to *Open*. *Though* ***Case Investigation Status Code*** *was captured and sent as part of the version 1 Generic message, version 2 of the Generic MMG no longer includes this data as part of the message. The field remains on the NBS UI.*
Shared Indicator	Optional. NBS shares records with guest users by default. Guest permissions enable users from other program areas and jurisdictions to access records in your program area and jurisdiction. The NBS system administrator controls Guest permissions. To disable guest access to this record, deselect the checkbox.
State Case ID	Optional. Enter an alphanumeric ID.
Investigator	
Investigator	Optional. Use the **Code Lookup** or **Search** function to find and select an investigator. If you choose an investigator, the **Date Assigned to Investigator** field is displayed. Enter a date or select a date using the calendar control. ***Note:*** *Though* ***Date Assigned to Investigator*** *was captured and sent as part of the version 1 Generic message, version 2 of the Generic MMG no longer includes this data as part of the message. The field remains on the NBS UI.*
Reporting Information	
Key Report Dates	

Field Name	Control Description
Date of Report	Optional. Enter a date or select a date using the calendar control.
Earliest Date Reported to County	Optional. Enter a date or select a date using the calendar control.
Earliest Date Reported to State	Optional. Enter a date or select a date using the calendar control.
Reporting Organization	
Reporting Source Type	Optional. Choose from the drop down list.
Reporting Organization	Optional. Use the Code Lookup or Search function to find and select an organization.
Reporting Provider	
Reporting Provider	Optional. Use the Code Lookup or Search function to find and select a provider.
Reporting County	
Reporting County	Optional. County reporting the notification. Choose from the drop down list. ***Note:*** *This is a new field in release 4.5 that is now included as part of version 2 of the Generic message.*
Clinical	
Physician	
Physician	Optional. Use the **Code Lookup** or **Search** function to find and select a physician.
Hospital	
Was the patient hospitalized for this illness?	Optional. Choose from the drop down list. If you choose **Yes**, the system displays additional fields for entering hospital information, admission and discharge information, and information on the duration of the hospital stay. Choose a **Hospital** using the **Search** function or the **Code Lookup** option. ***Note:*** *With version 2 of the Generic MMG, this label (as sent in the message) has changed. The new label that will be sent as part of the message will be **Hospitalized**. The label in the NBS UI will not change.*
Condition	

Field Name	Control Description
Diagnosis Date	Optional. Enter a date or select a date using the calendar control.
Illness Onset Date	Optional. Enter a date or select a date using the calendar control.
Illness End Date	Optional. Enter a date or select a date using the calendar control.
Illness Duration	Optional. Enter a value and choose a unit of time from the drop down list. NBS displays *Days* by default.
Age at Onset	Optional. Enter a value and choose a unit of time from the drop down list. NBS displays *Years* by default.
Is the patient pregnant?	Optional. Choose from the drop down list.
Weeks	Required if **Is the patient pregnant?** = *Yes*.
Does the patient have pelvic inflammatory disease?	Optional. Choose from the drop down list.
Did the patient die from this illness?	Optional. Choose from the drop down list. ***Note:*** *With version 2 of the Generic MMG, this label (as sent in the message) has changed. The new label that will be sent as part of the message will be **Subject Died**. The label in the NBS UI will not change.*
Date of Death	Optional. Enter a date or select a date using the calendar control.
Epidemiologic	
Epi-Link	
Is this patient associated with a day care facility?	Optional. Choose from the drop down list.
Is this patient a food handler?	Optional. Choose from the drop down list.
Is this case part of an outbreak?	Optional. Choose from the drop down list. Choosing *Yes* displays an additional field for choosing **Outbreak Name** information. Choose the **Outbreak Name** from the drop down list.
Disease Acquisition	

Field Name	Control Description
Where was the disease acquired?	Optional. Choose from the drop down list. ***Note:*** *In releases prior to 4.5, choosing any option other than* Indigenous *or* Unknown *enabled fields for entering geographic information (**Imported Country**, **Imported State**, **Imported City**, and **Imported County**) about where the disease was acquired. Though this information was captured and sent as part of the version 1 Generic message, version 2 of the Generic MMG no longer includes this data as part of the message. The fields remain on the NBS UI.*
Source/Spread	Optional. Choose from the drop down list.
Country of Usual Residence	Optional. Indicates the country where the patient usually lives.
Exposure Location (Multi-Entry Table) – These fields are new with Generic v2.	
Country of Exposure	Optional. Choose from the drop down list. The other fields in this section are enabled/disabled based on the choice made in this field.
State or Province of Exposure	Optional. Choose from the drop down list. This field is enabled only if the **Country of Exposure** = *US*, *Canada* or *Mexico*.
City of Exposure	Optional. Choose from the drop down list. This field is enabled only if the **Country of Exposure** = *US*.
County of Exposure	Optional. Choose from the drop down list. This field is enabled only if the **Country of Exposure** = *US*.
Add button	**Add** includes the **Exposure Location** information in the table, which allows the user to enter multiple exposure locations. Each **Country/State/City/County** combination must be added to the table before the record can be submitted.
Binational Reporting	
Binational Reporting Criteria	Optional. Choose from the drop down list. ***Note:*** *This was included to support version 2 of the Generic message.*
Case Status	
Transmission Mode	Optional. Choose from the drop down list.
Detection Method	Optional. Choose from the drop down list.
Confirmation Method	Optional. Choose from the list. Press the **Ctrl** key and select options to select multiple items.

Field Name	Control Description
	Note: *Though captured and sent as part of the version 1 Generic message, version 2 of the Generic MMG no longer includes this data as part of the message. The field remains on the NBS UI.*
Confirmation Date	Optional. Enter a date or select a date using the calendar control. ***Note:*** *Though captured and sent as part of the version 1 Generic message, version 2 of the Generic MMG no longer includes this data as part of the message. The field remains on the NBS UI.*
Case Status	**Required to submit a notification.** Choose from the drop down list.
MMWR Week	**Required to submit a notification.** Choose from the drop down list. NBS displays the current MMWR Week by default.
MMWR Year	**Required to submit a notification.** Choose from the drop down list. NBS displays the current MMWR Year by default.
Immediately National Notifiable Condition?	Optional. Indicates whether or not this case meets the criteria for immediate notification to CDC. Choose from the drop down list. ***Note:*** *Refer to the 2013 list of NNCs in this nnc_2013_notification_requirements_by_category.pdf document at http://www.cdc.gov/nndss/document/ to make this determination.*
If Yes, describe:	If **Immediately National Notifiable Condition**? = *Yes*, this field is enabled. Enter a text description of why this is a NNC case.
Notification Comments to CDC	Optional. Text box. Use this field to communicate anything unusual about the case or any other information to the CDC NNDSS staff processing the data. **Do NOT send PII to CDC in this field.**
General Comments	
General Comments	Optional. Enter any relevant comments using alphanumeric characters.

8. Optionally, edit the patient's demographic information.

Note: *Changes you make to the information are assigned the "as of" date indicated in the* ***Basic Demographic Data As Of*** *field and are reflected in the master patient record.*

9. Click **Submit**.

The NBS saves your changes and displays the View Investigation page.

4.2.6. Contact Tracing

The purpose of contact tracing is to record, in a patient's investigation, people who were potentially exposed to the disease or could help an investigator find others who are exposed to the disease. Contact Tracing is composed of the Risk Assessment information, Interviews, and Contact Records.

Note: Legacy pages do not include an Interview component.

The **Contact Tracing** tab in a TB or a Varicella investigation includes the Risk Assessment and Contact Records. Generic investigations and STD/HIV investigations (both of which use Page Builder templates) split this information across two tabs**:** **Contact Tracing** and **Contact Records**. **Contact Tracing** contains the Risk Assessment and administrative information. The **Contact Records** tab includes Interviews and Contact Records.

4.2.6.1. Interviews

NBS provides the functionality necessary to add multiple interviews to an investigation. Interview functionality is not applicable to legacy condition pages. STD/HIV and Generic v2 conditions, which utilize Page Builder templates, show this functionality on the **Contact Records** tab.

Note: Because legacy pages do not include an Interview component, there is no means to add the Interview functionality to the legacy page. The Interview component can be added ONLY to conditions that use Page Builder pages. This functionality is added via the Interview event type and template in Page Builder.

4.2.6.2. Contact Records

When a patient names a contact, the investigator will enter a contact record associated with the investigation for the person the patient named. Multiple contact records can be added to an investigation.

Note: Because legacy pages include a Contact Record component, Page Builder can be used to replace the existing, static Contact Record with the expanded Contact Record. This means that you can update a page to use the expanded Contact Record for a condition using a legacy page as well as for one that already uses a Page Builder page. If you do not choose to update a legacy page with the new Contact Record template, the system will use the existing contact record pop-up for that page.

4.2.7. Editing an Investigation

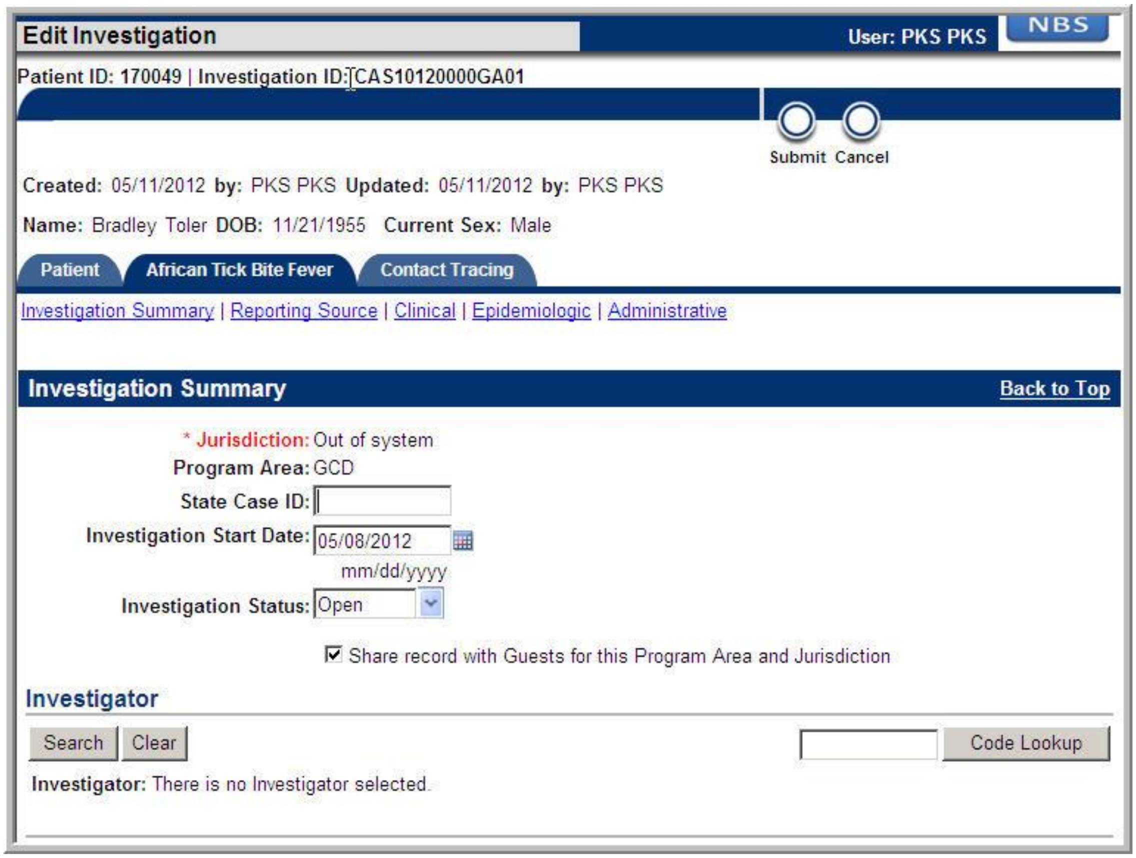
The NBS enables you to edit an investigation. You edit investigations using the Edit Investigations page.

To edit an investigation, use the following procedure:

1. Access an investigation using the procedure described in "Viewing Investigations."

2. Click **Edit**.

The NBS displays the Edit Investigation page with the [**Condition**] tab active.



3. Make the necessary changes and click **Submit**.

NBS saves the changes and displays the View Investigation page.

4.2.8. Deleting an Investigation

The NBS enables you to delete an investigation if there are no documents (Case Reports, Lab Reports or Morbidity Reports) or Vaccination records associated with it. If any of these items are associated with an investigation, it cannot be deleted unless these associations are removed.

Note: If an investigation was initiated from a Lab or Morbidity Report, the association cannot be removed. For more information about investigation associations, please see ***Managing Associations*** *in Section 4.3 of this document.*

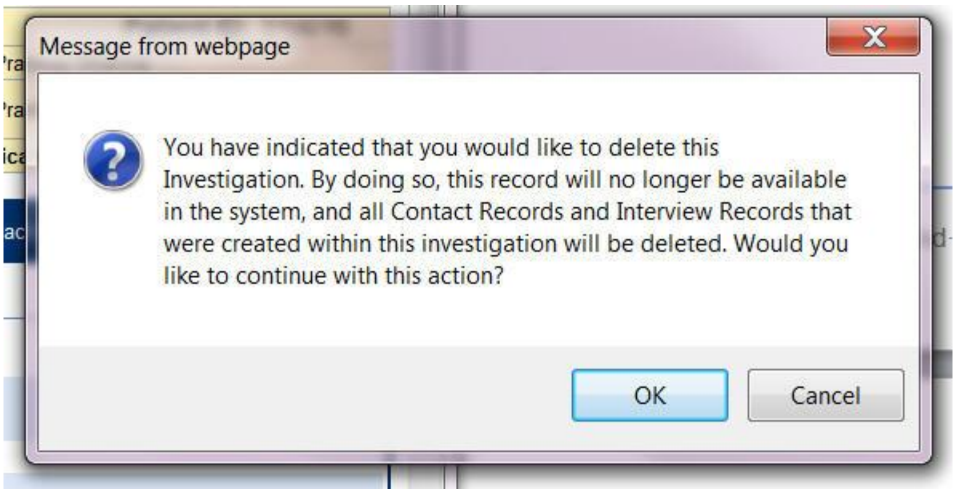
Note: STD/HIV investigations cannot be deleted if it contains associated Contact Records that were used to initiate other investigation(s) for Field Follow-up. An investigation in which the client has been interviewed and has related partners and cluster investigations cannot be deleted until all related partner and cluster investigations have been deleted as well. For example, a contact is named from the Original/Index Patient's investigation, and Contact Record is created. Then, a new investigation is created from *the Contact Record for field follow-up of the contact. To delete the initial investigation, the investigation that was created from the Contact Record must first be deleted. Be aware, if an STD/HIV investigation is deleted, any associations for Open Secondary or Record Search Closure Contact Records associated to the investigation will also be deleted.*

You delete an investigation from the View Investigation page.

To delete an investigation, use the following procedure:

1. Access an investigation using the procedure described in "Viewing Investigations."
2. Click **Delete**.

The NBS displays a confirmation message.

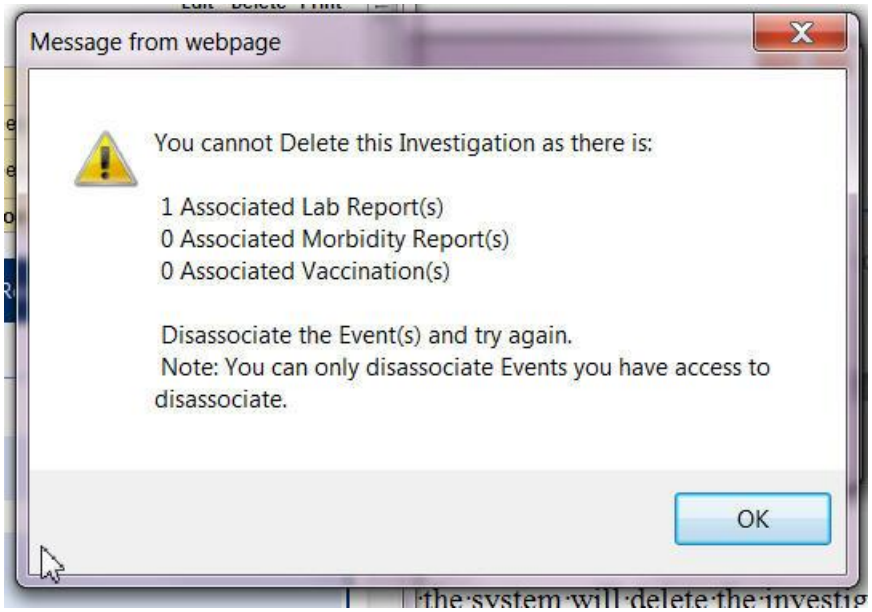


3. Choose **OK**.

If there are no associated documents, the system will delete the investigation.

If there are associated document, the system will display a notice that the investigation could not be deleted.

This document has been developed by CSRA under a contract with the U.S. Centers for Disease Control and Prevention – Department of Health and Human Services.



4. Choose **OK**.

If you still want to delete the investigation, go to **Manage Associations** and remove the associations, then attempt the deletion process again.

4.3. MANAGING ASSOCIATIONS

4.3.1. Description

This section contains descriptive and procedural information about the following functions:

- Assigning existing vaccinations, treatments and documents to an investigation.
- Transferring ownership of an investigation.

4.3.2. Understanding Managing Associations

You can create an investigation based on a single document, a set of documents, or without a document. When you create an investigation based on existing document, the NBS automatically associates the document with the investigation. Once you submit the investigation, the document information displays in the **Associated Documents** section of the View Investigation page.

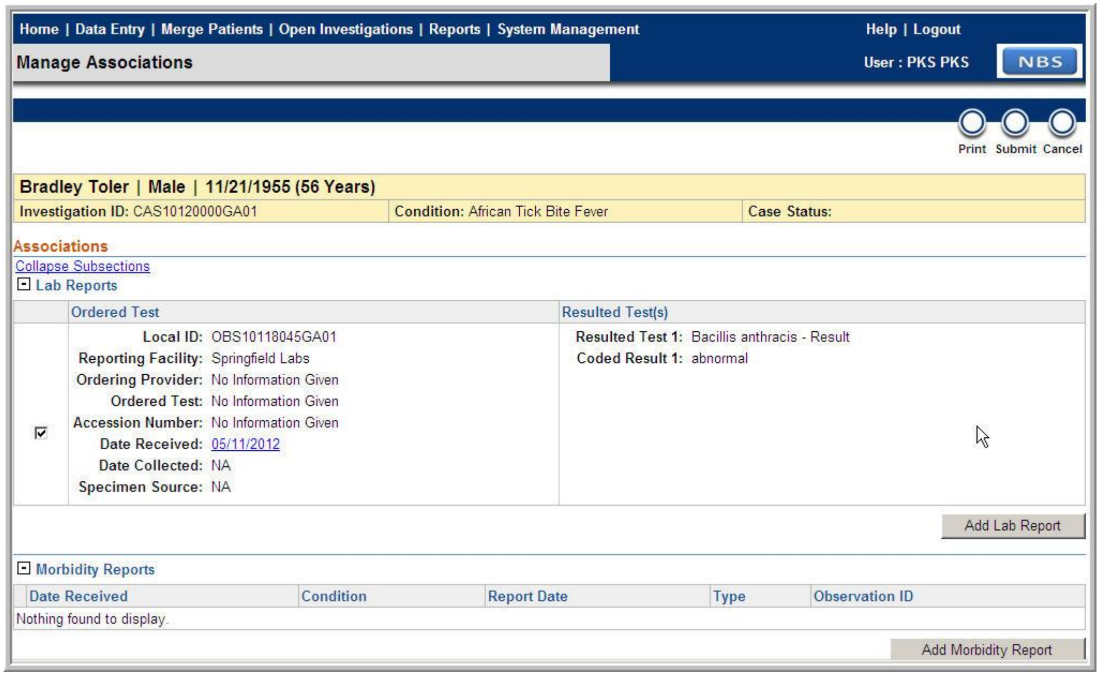
Since the NBS enables you to add a document before adding an investigation, the system provides a means by which you can manually associate these existing documents to an existing investigation. The NBS terminology refers to this process as "managing associations." You associate documents with an existing investigation using the Manage Associations page.

Note: *If associating an STD/HIV Program Area document (Lab or Morbidity Report) to a CLOSED investigation, a Processing Decision is required, providing the reason for not performing an investigative follow-up (e.g., records search closure, administrative closure, etc.). Therefore, STD/HIV documents will not appear in the Associations list on the Manage Associations page for a CLOSED investigation. To associate an STD/HIV Lab or Morbidity Report to a CLOSED investigation, utilize the Association Investigation functionality described in the previous section.*

To manage associations, use the following procedure:

1. Access an investigation using the procedure described in "Viewing Investigations."
2. Click **Manage Associations**.

   The NBS displays the Manage Associations page.



3. On the Manage Associations page, select (or deselect if you want to remove an association) the check box next to the document(s) you want to associate with the investigation.

Note: *If an STD/HIV document (Lab Report or Morbidity Report) was used to create the investigation, the checkbox for that document is disabled and cannot be deselected to remove the association.*

Note: *Click **Add** in the **Lab Report** or **Morbidity Report** section, respectively, to add a document. For detailed information about how to add documents, refer to "Section 3 – Working with Documents, Vaccinations, and Treatments."*

4. Click **Submit**.

The NBS displays the View Investigation page, showing that NBS has added (or removed, depending on your selection) the associated observations.

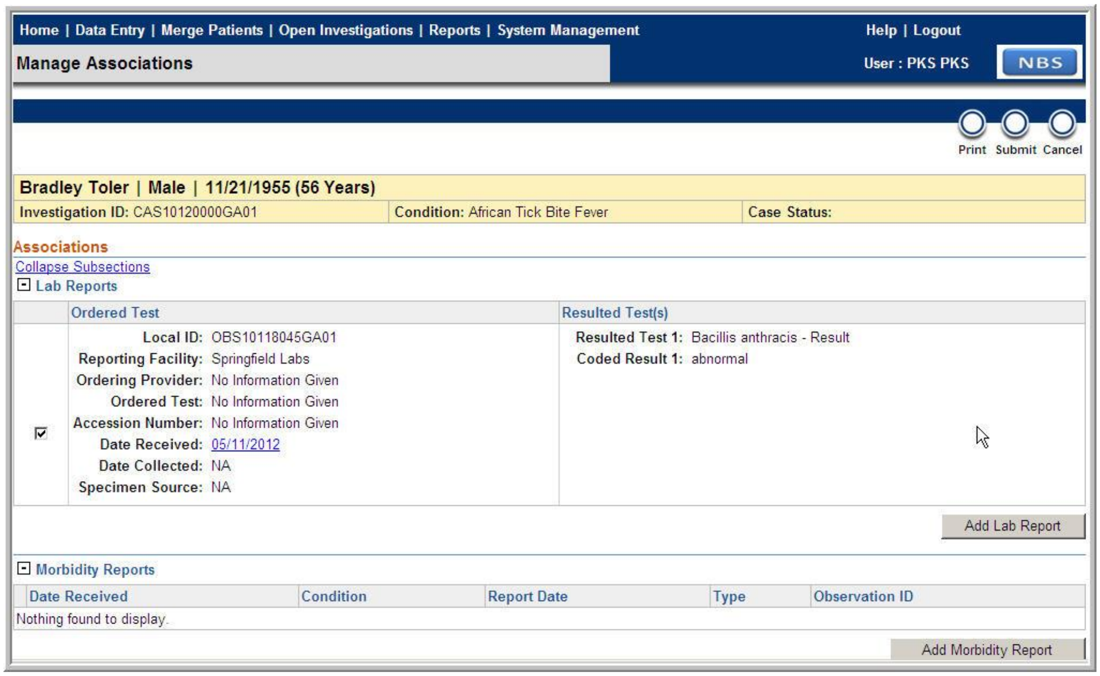
4.3.3. Managing Vaccination Records

As with documents, you manage vaccination records by associating them with an existing investigation. Vaccination information associated with an investigation displays in the **Associated Vaccinations** section of the View Investigation page. You manage vaccination records using the Manage Associations page.

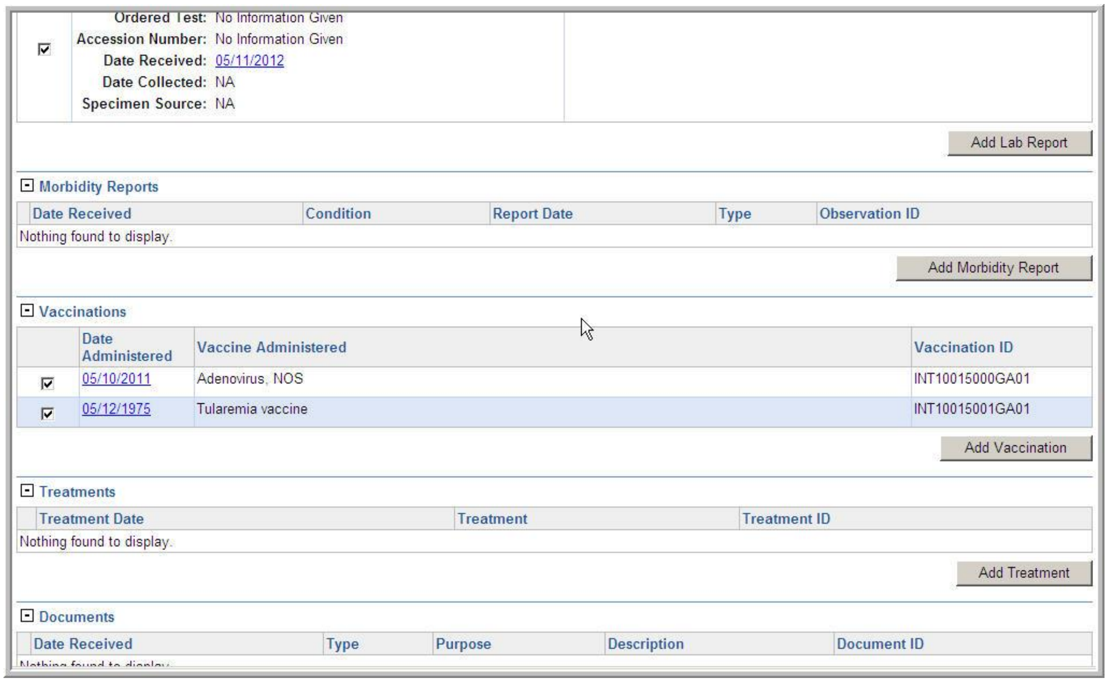
To manage vaccination records, perform the following procedure:

1. Access an investigation using the procedure described in "Viewing Investigations."
2. Click **Manage Associations**.

   The NBS displays the Manage Associations page.



3. Scroll to the **Vaccinations** section on the Manage Associations page.

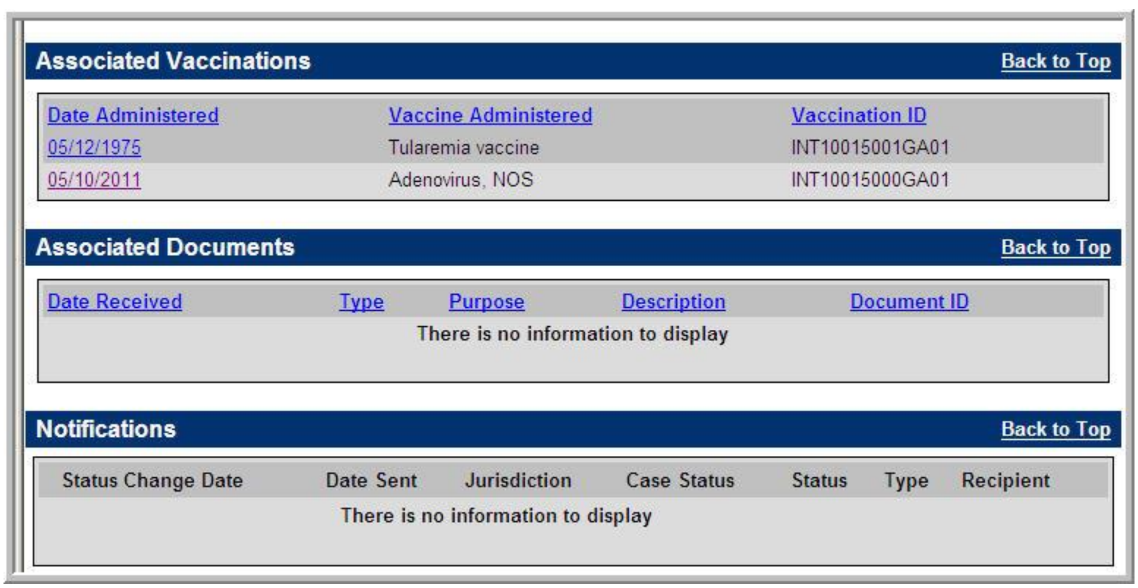


4. Select (or deselect if you want to remove an association) the check box next to the vaccination(s) you want to associate with the investigation.

Note: *Click **Add Vaccination** to add a vaccination. To add vaccinations, refer to "Section 3 – Working with Documents, Vaccinations, and Treatments."*

5. Click **Submit**.

The NBS displays the View Investigation page, showing that NBS has added (or removed, depending on your selection) the associated vaccinations in the **Associated Vaccinations** section.



4.3.4. Managing Treatment Records

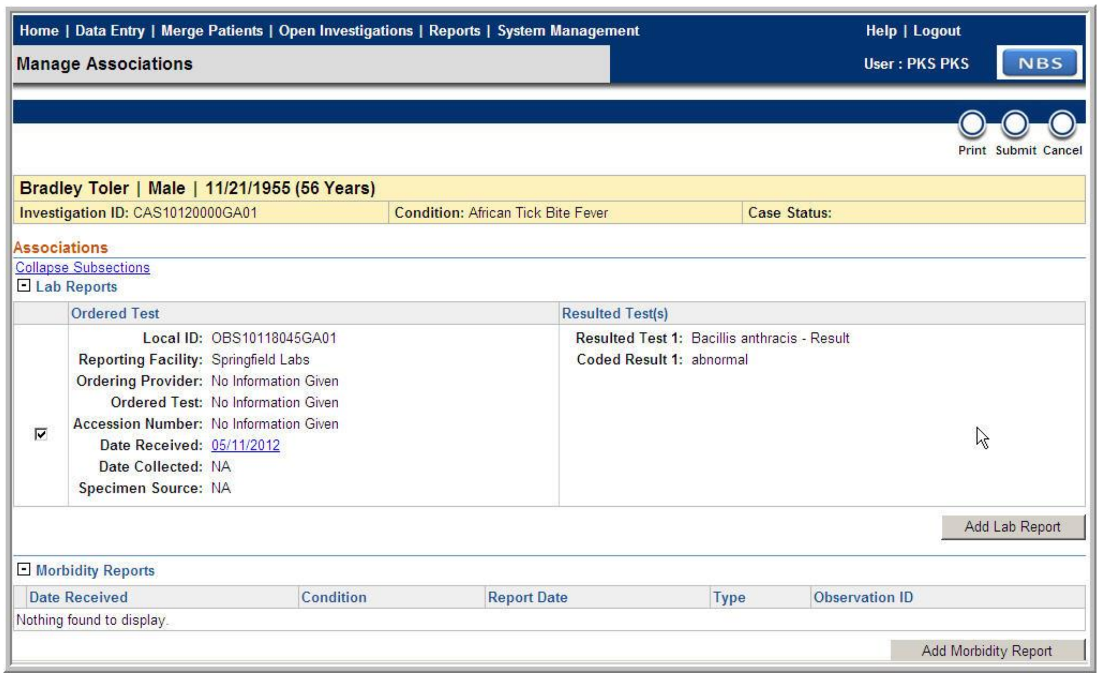
As with documents, you manage treatment records by associating them with an existing investigation. Treatment information associated with an investigation displays in the **Associated Treatments** section of the View Investigation page. You manage treatment records using the Manage Associations page.

Note: You can delete a treatment's association to an investigation only if it was added to the investigation from within the investigation or via the Manage Associations page. If the treatment appears in an investigation because it was part of a Morbidity Report, its association cannot be deleted from the Manage Associations page unless that Morbidity Report is also disassociated from the investigation.

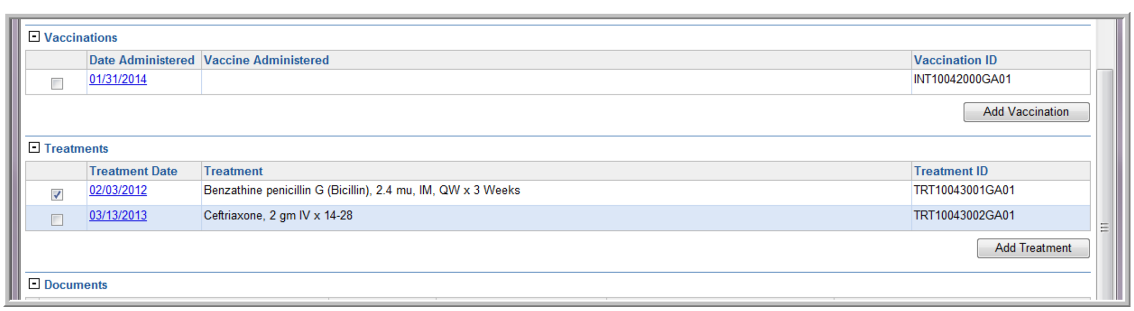
To manage treatment records, perform the following procedure:

1. Access an investigation using the procedure described in "Viewing Investigations."
2. Click **Manage Associations**.

   The NBS displays the Manage Associations page.



3. Scroll to the **Treatments** section on the Manage Associations page.



4. Select (or deselect if you want to remove an association) the check box next to the treatment(s) you want to associate with the investigation.

Note: *Click **Add Treatment** to add a treatment. To add treatments, refer to "Section 3 – Working with Documents, Vaccinations, and Treatments."*

5. Click **Submit**.

The NBS displays the View Investigation page, showing that NBS has added (or removed, depending on your selection) the associated the associated treatment(s) in the **Treatments** section.

Treatments Back to Top

Date	Treatment	Treatment ID
02/03/2012	Benzathine penicillin G (Bicillin), 2.4 mu, IM, QW x 3 Weeks	TRT10043001GA01

Associated Vaccinations Back to Top

Date Administered	Vaccine Administered	Vaccination ID
There is no information to display		

Associated Documents Back to Top

Date Received	Type	Purpose	Description	Document ID
There is no information to display				

4.4. TRANSFERRING AND SHARING INVESTIGATIONS

Investigations can be transferred 'internally' from one jurisdiction to another within the NBS system. Investigations can also be transferred externally 'Out of system' to another state or external entity. (Typically the investigation is no longer visible to users once it has be successfully transferred 'Out of system'.) Investigations can also be 'shared' with another state. Sharing creates a copy and does not change any jurisdiction.

4.4.1. Transferring Ownership

In some cases, you may find it necessary to change the jurisdiction associated with an investigation. By assigning or changing the jurisdiction, you transfer the document's ownership. You must have the Transfer Ownership privilege to see the Transfer Ownership button. You use the Transfer Ownership page to assign or transfer responsibility for an investigation to another jurisdiction.

Note: *While you can also transfer ownership of laboratory reports and investigations, you cannot alter program areas for investigations and morbidity reports.*

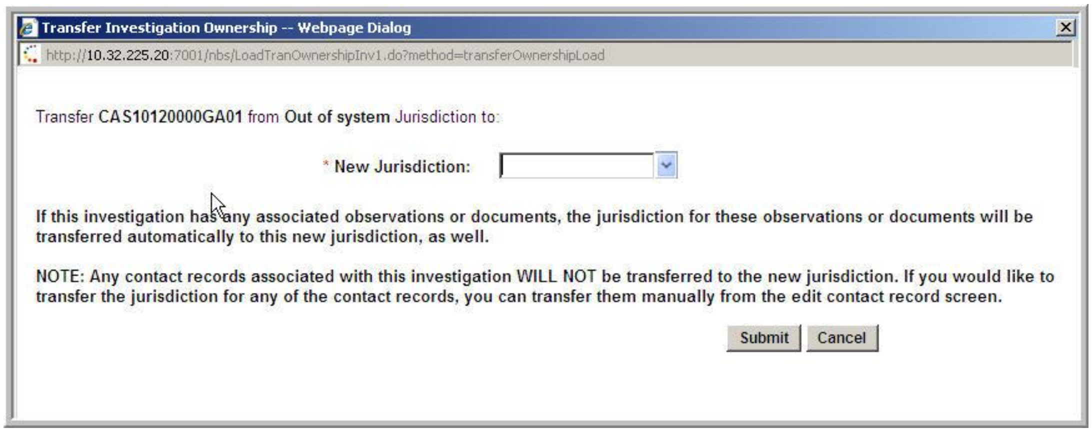
To assign or transfer the ownership of an investigation, perform the following procedure:

1. Access an investigation using the procedure described in "Viewing Investigations."

2. Click **Transfer Ownership**. 

on the View Investigation page.

The NBS displays the Transfer Ownership page.



3. Choose the new **Jurisdiction**.

Note: *You cannot transfer program areas for investigations.*

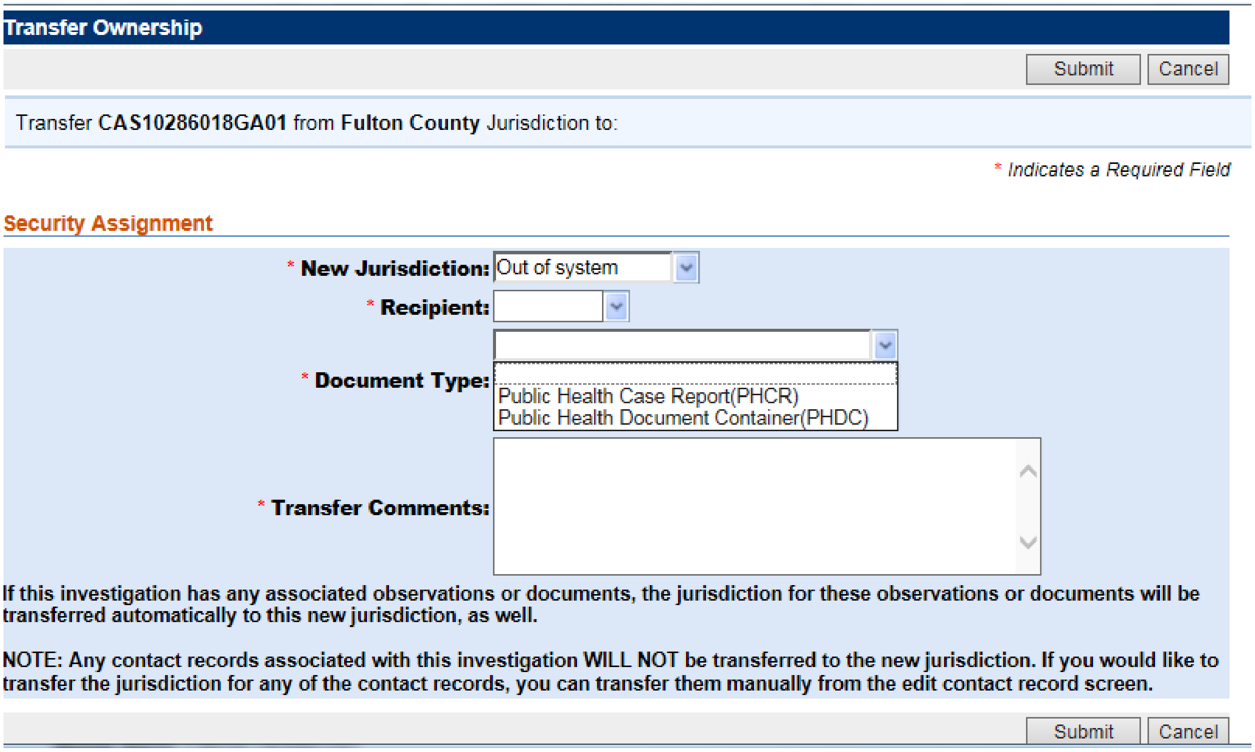
4. Click **Submit**.

The NBS transfers ownership of the investigation and displays the Patient File page.

Note: *If you transfer ownership of the investigation to a jurisdiction that you do not have permission to view, you will no longer be able to view the investigation.*

4.4.1.1. Transfer Out of System

It may be necessary to transfer a case out of the NBS system to another state NBS or to another vendors surveillance system. In that case, the new Jurisdiction is ‘Out of system’. When Out of system is selected, additional fields of recipient, document type and transfer comments are required.



- Recipient is any receiving system that has transfer enabled.
- Document Type is either PHCR (Public Health Case Report) or PHDC (Public Health Document Container)
- Transfer Comments – comments of up to 2,000 characters

PHDC is an HL7 standards based CDA (Clinical Document Architecture) compliant implementation of electronic Initial Case Reporting (eICR). This capability is expected to eventually replace the PHCR exchange format.

Note that while import of Lab Reports, Morbidity Reports and Contacts is supported in 5.1 these items are not supported on Transfer Out of System (export) in 5.1. Export of Treatments and Interviews is supported in 5.1.


Notification History

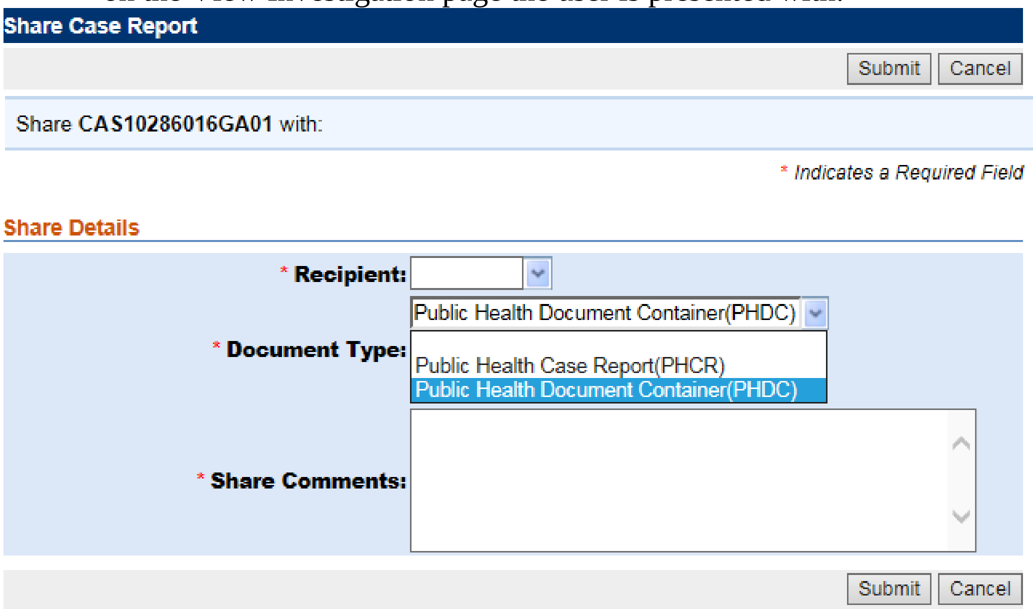
Status Change Date	Date Sent	Jurisdiction	Case Status	Status	Type	Recipient
01/24/2017		Out of system	Confirmed	PEND_APPR	Transfer (PHDC)	AppCorp
Comments: Mr.Moore has a very resistant infection and is moving to Albany in your state. Thanks!						

4.4.2. Sharing Case Reports (Share Document)

Investigations can be ‘shared’ with other NBS systems or external entities. A copy is made of the investigation and the exchange document is placed into a location for pickup. The user can specify the NBS PHCR document format or the PHDC HL7 document format. Note that in sharing in the PHDC format is only supported in Page Builder investigations. The PHDC HL7 standards based CDA (Clinical Document Architecture) exchange format is an implementation of HL7 electronic Initial Case Reporting (eICR).

Sharing is similar to Transferring Out of system. Clicking the Share Document button

on the View Investigation page the user is presented with:



The user chooses a Recipient, Document Type and enters Share Comments.
A confirmation message is received after submit:

CAS10286016GA01 has been successfully shared with GADOH.

The Notification History section of the Supplimental Tab of the View Investigation contains the history:

Notification History

Status Change Date	Date Sent	Jurisdiction	Case Status	Status	Type	Recipient
01/24/2017		Fulton County	Confirmed	APPROVED	Share (PHDC)	NBS
Comments: This case appears to be highly resistant.						

4.5. ASSOCIATE INVESTIGATIONS

4.5.1. Description

This section contains descriptive and procedural information about the following functions:

- Associating laboratory reports, treatments, interviews (*STD Only*), and contact records (*STD only*) to multiple investigations

4.5.2. Understanding Associate Investigations

Manage Associations is discussed in the section Managing Associations. The key differences between Manage Associations and Associate Investigations are as follows:

- Manage Associations involves the associations between ONE investigation and MULTIPLE objects (e.g. laboratory report, morbidity report, treatment, interview, or contact record.
- Associate Investigations involves the associations between MULIPLE investigations and ONE object (e.g. laboratory report, treatment, interview, or contact record.

  Note: Associate Investigations does not apply to morbidity report since a morbidity report can only be associated to one investigation.

For a description of how to associate investigations, see the related sections below:

- Associate a Lab Report to an Investigation
- Associate/Disassociate Treatment to Investigation(s)
- Associate Interview Across Co-Infection Investigations (*STD only*)
- Associate Contact Records Across Co-Infection Investigations (*STD only*)

4.6. CHANGING CONDITION

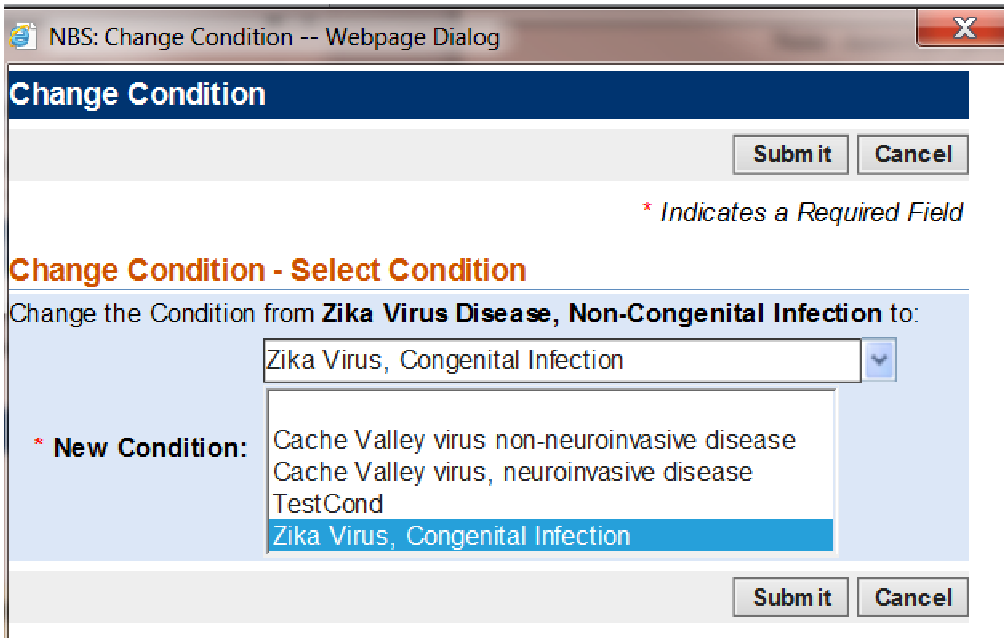
4.6.1. Description

A user can change the condition of an existing investigation to another condition within the same condition family. For example 42 conditions may be in the ARBO condition family. A user might want to change the condition from Dengue to Dengue Severe.

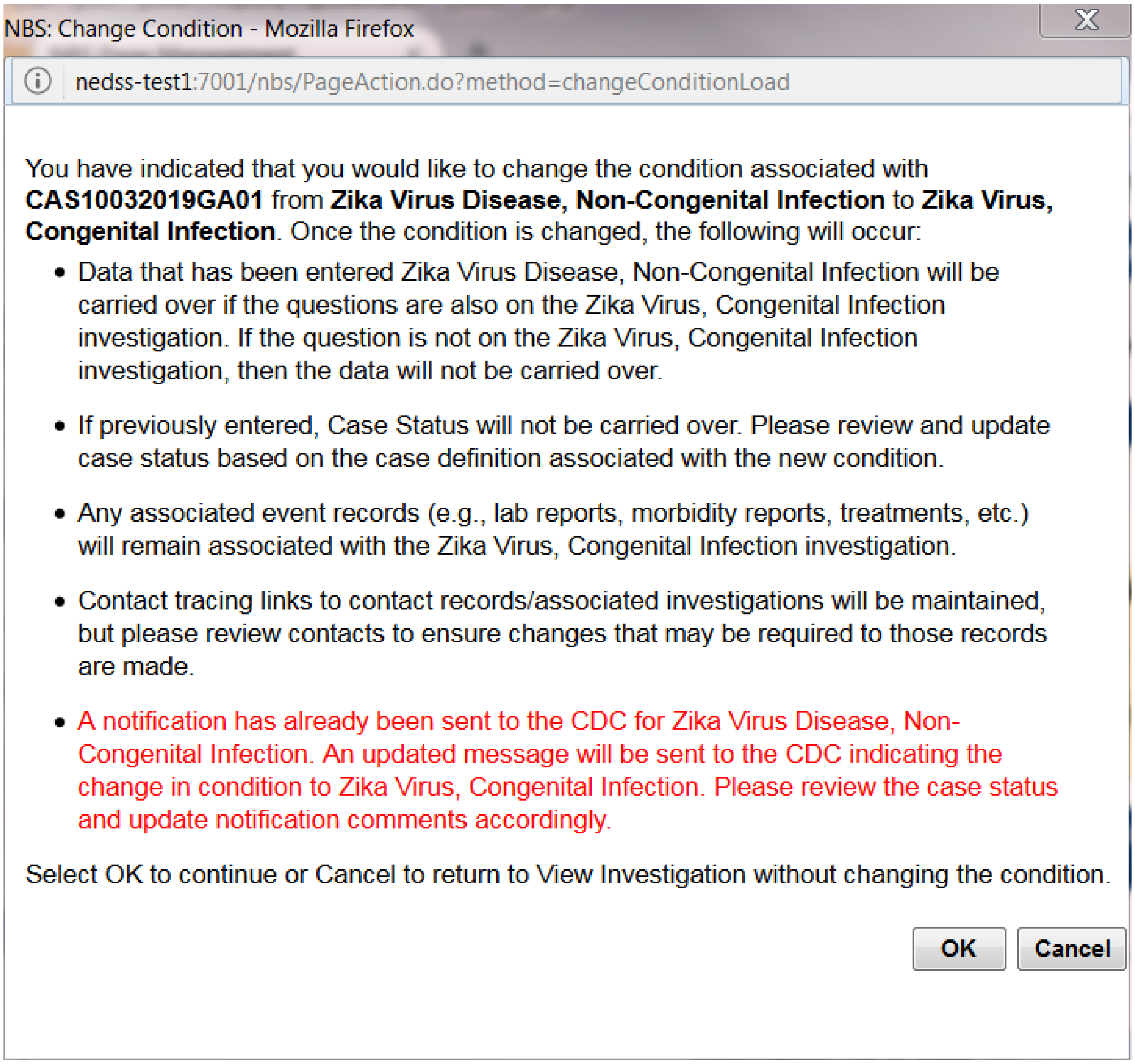
4.6.2. Change Condition Example

If change condition is available and the User has permission a button shows on the top in View Investigation.

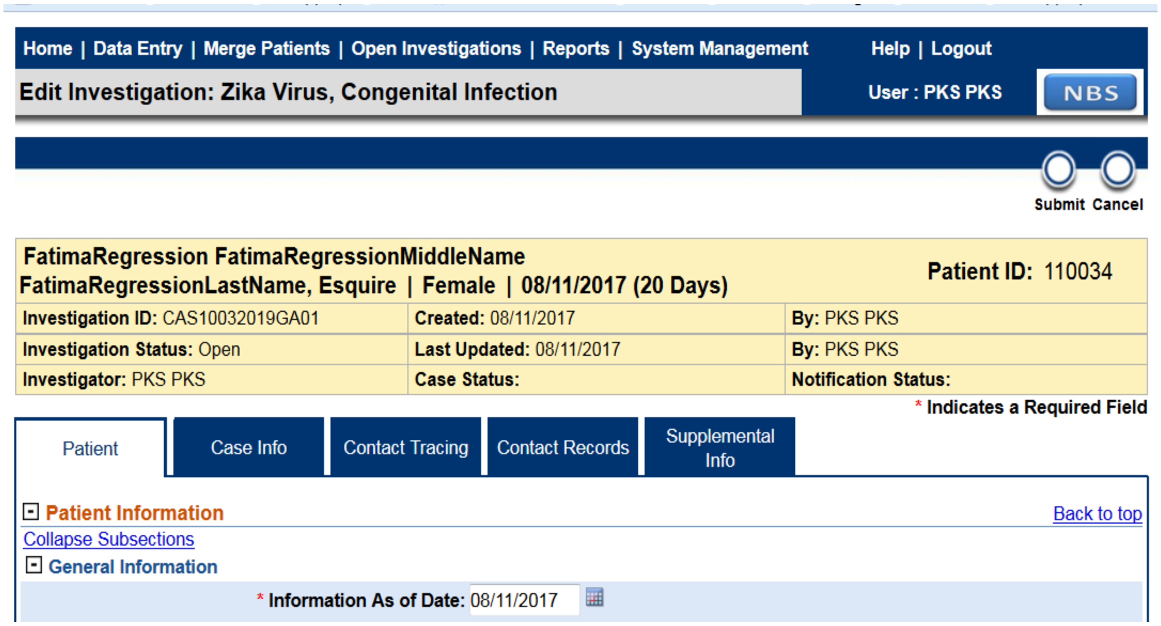
Selecting Change Condition brings up a dialog box where the user can choose the desired condition:



Selecting the new condition brings up the information popup.



The user can select OK to change the condition or cancel to leave the condition as is. Note that selecting OK the system brings back in Investigation in EDIT MODE with the new condition. **You must still submit to change to the new condition.**



Clicking submit provides a confirmation message.

4.7. MERGING INVESTIGATIONS

4.7.1. Description

A patient could have two investigations with the same condition and a similar time period that are actually the same investigation. This could occur when two patients with the same name that are actually the same patient are merged. With release 5.1 new functionality is added to merge the two investigations together into a ‘surviving’ investigation.

4.7.2. Merge Investigation Example

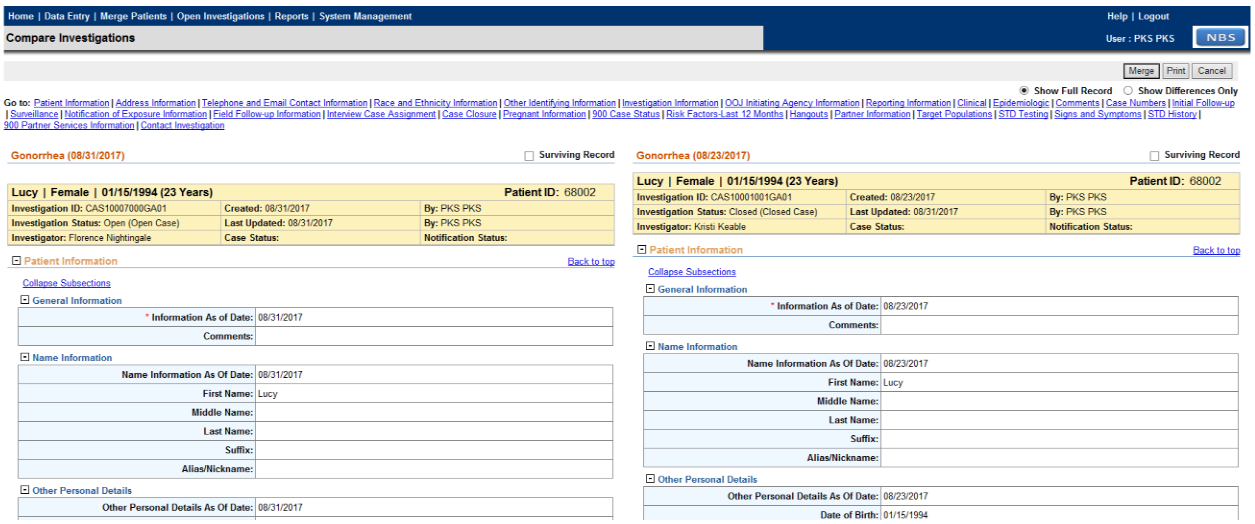
In the View File Events Tab the user is able to see the list of investigations and select two with the same or similar condition to compare. (Note that you can view and compare but not merge conditions if they are different conditions.)

Patient Events History

Investigations (3) — Compare | Add New | Back To Top

	Start Date	Status	Condition	Case Status	Notification	Jurisdiction	Investigator	Investigation ID	Co-Infection ID
☐	08/15/2017	Open	Hantavirus pulmonary syndrome	Suspect		Fulton County		CAS10036002GA01	
☑	08/01/2017	Closed	Gonorrhea			Fulton County	PKS PKS	CAS10054001GA01	COIN35000XX01
☑	08/15/2017	Closed	Gonorrhea	Confirmed		Fulton County	Kristi Keable	CAS10036001GA01	COIN25001XX01

In this case, two Gonorrhea conditions entered by different investigators for the same patient are compared by selecting the check boxes on the left and selecting the Compare button.



Both investigations are brought up on a single page for side by side comparison. [If you have trouble seeing both investigations, wided the screen.]

Note that you can see just the differences by selecting the Show Differences Only radio button on the top right:

◉ Show Full Record ○ Show Differences Only

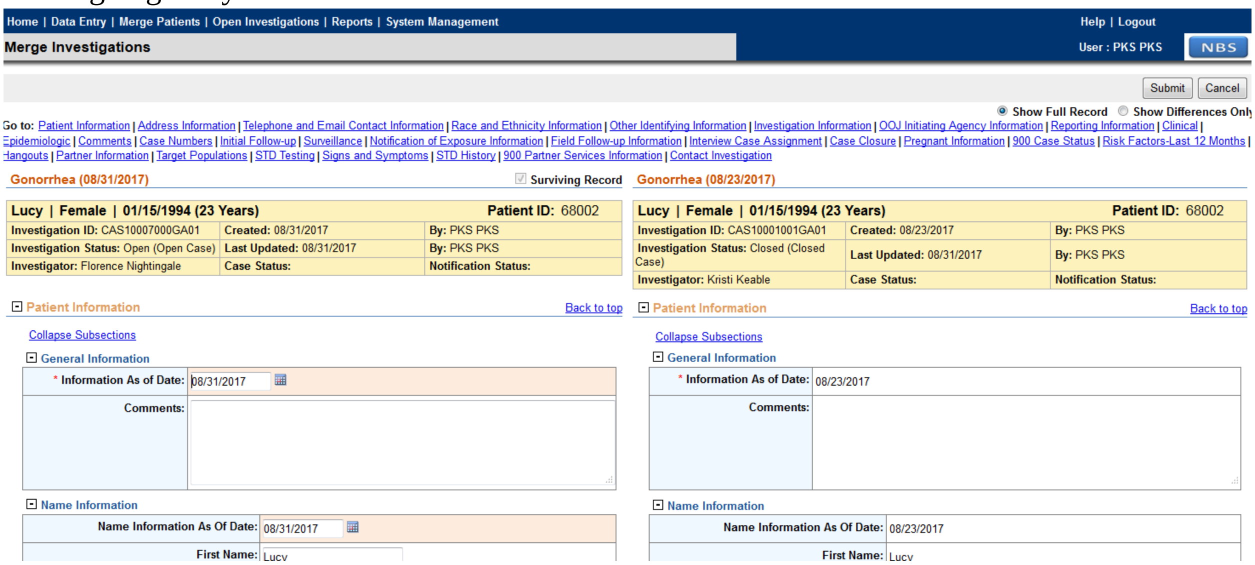
After reviewing the user can Merge, Print or Cancel. Note that the user must decide which investigation had the most accurate information and should be selected as the Survivor by selecting the checkbox ☑ Surviving Record

One survivor must be selected before the merge button is pressed or an error message will appear:

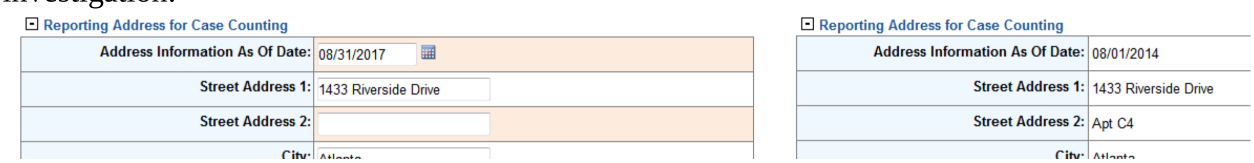
You must select a Surviving Record before merging investigations.

4.7.2.1. Merging the Data

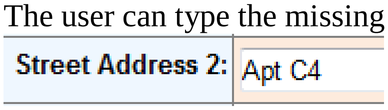
After pressing Merge both screens show side by side again. The Surviving side (on the left in the below example) is editable. This allows the user to capture information from the investigation that is going away.



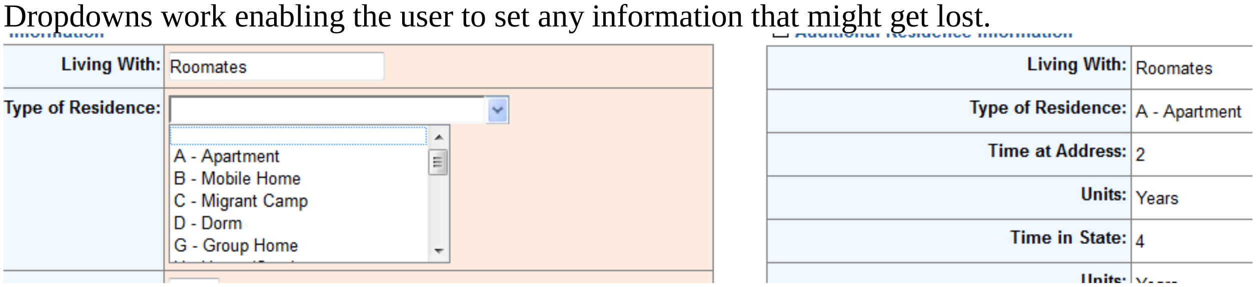
For example, the Address 2 line is blank on the surviving investigation and filled-in on the other investigation:



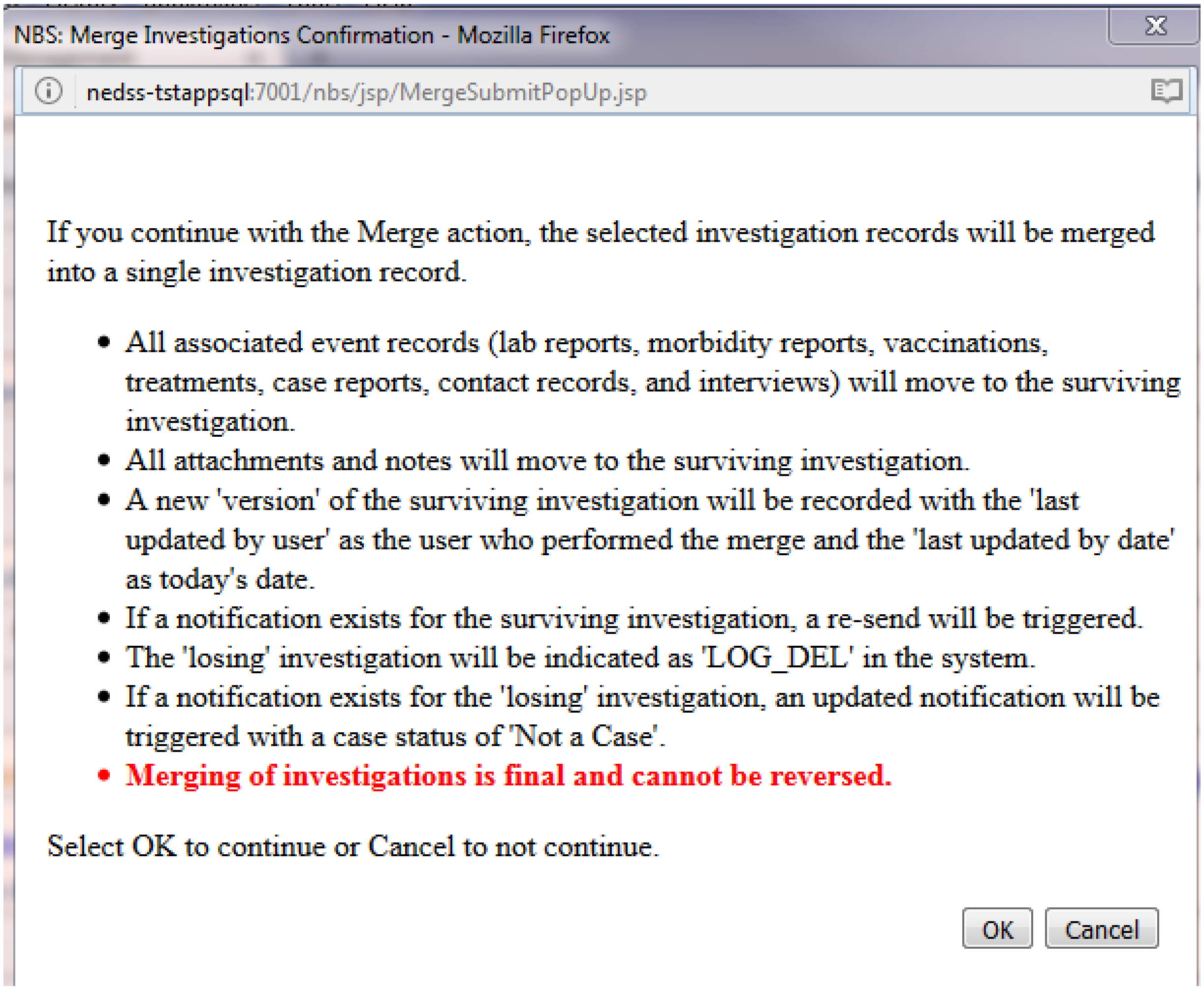
The user can type the missing information into the survivor:



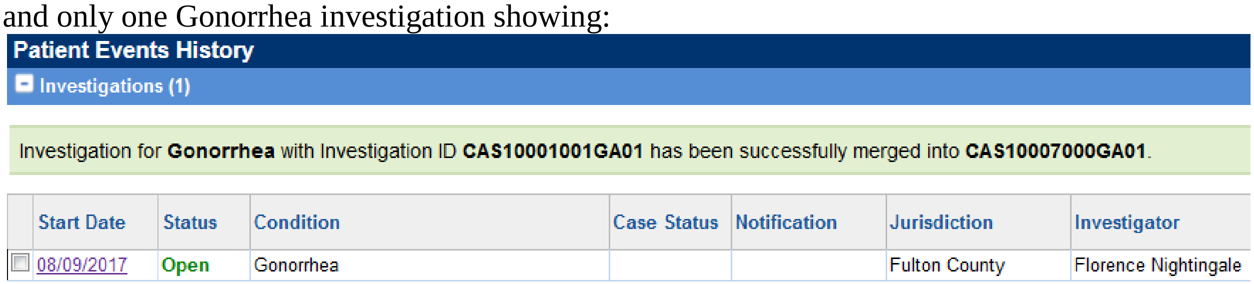
Dropdowns work enabling the user to set any information that might get lost.



The user has the option of Submit or Cancel. If Submit is pressed a final confirmation appears:



Selecting OK will perform the merge and return to the View File with the confirmation message and only one Gonorrhea investigation showing:


Patient Events History

Investigations (1)

Investigation for **Gonorrhea** with Investigation ID **CAS10001001GA01** has been successfully merged into **CAS10007000GA01**.

	Start Date	Status	Condition	Case Status	Notification	Jurisdiction	Investigator
☐	08/09/2017	Open	Gonorrhea			Fulton County	Florence Nightingale

4.8. CREATING AND REVIEWING NOTIFICATIONS

4.8.1. Description

This section contains descriptive and procedural information about the following functions:

- Creating notifications

- Reviewing notifications

4.8.2. Creating Notifications

After you add an investigation and its associated document and vaccination information, you can create and submit a Nationally Notifiable Disease (NND) notification to the CDC. You use the Create Notifications page to create and submit NND notifications.

When you submit a notification, the NBS creates the notification message based on the attributes of the persons and documents associated with the investigation. Depending on your security permissions, the NBS either sends the notification message to the CDC or to another user for review and approval.

Before you create a notification, you must ensure that the investigation on which it is based includes the following fields required to submit a notification:

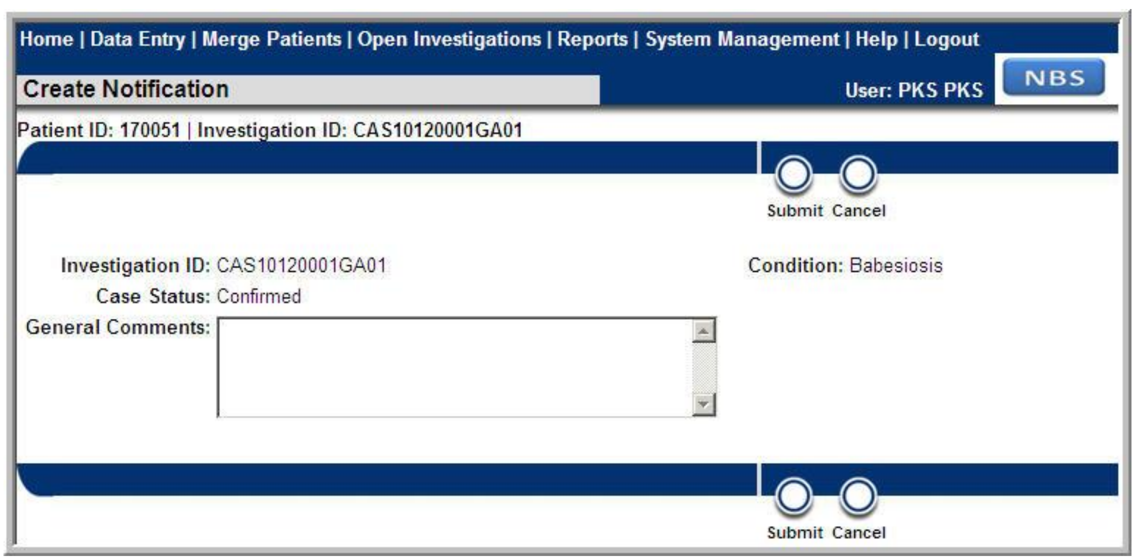
- Case Status
- Number of Cases
- MMWR Week
- MMWR Year

If you create a notification from an investigation that does not contain these required fields, the NBS displays an error and prompts you to edit the investigation. To edit an investigation, refer to "Editing Investigations" in this section.

To create a notification, perform the following procedure:

1. Access an investigation using the procedure described in “Viewing Investigations.”
2. Click **Create Notifications**.

   The NBS displays the Create Notification page.



3. Enter **General Comments**.

4. Click **Submit** when you are finished entering comments.

Depending on your security permissions, the NBS creates the notification and either sends the notification message to the CDC, or to a supervisor for review and approval.

If the system accepts the notification, the NBS displays the View Investigation page. If the system rejects the notification, the NBS displays an error and prompts you to edit the investigation. You can click **Edit Investigation** to display the Edit Investigation page and make the required changes to the investigation.

4.8.3. Reviewing Notifications

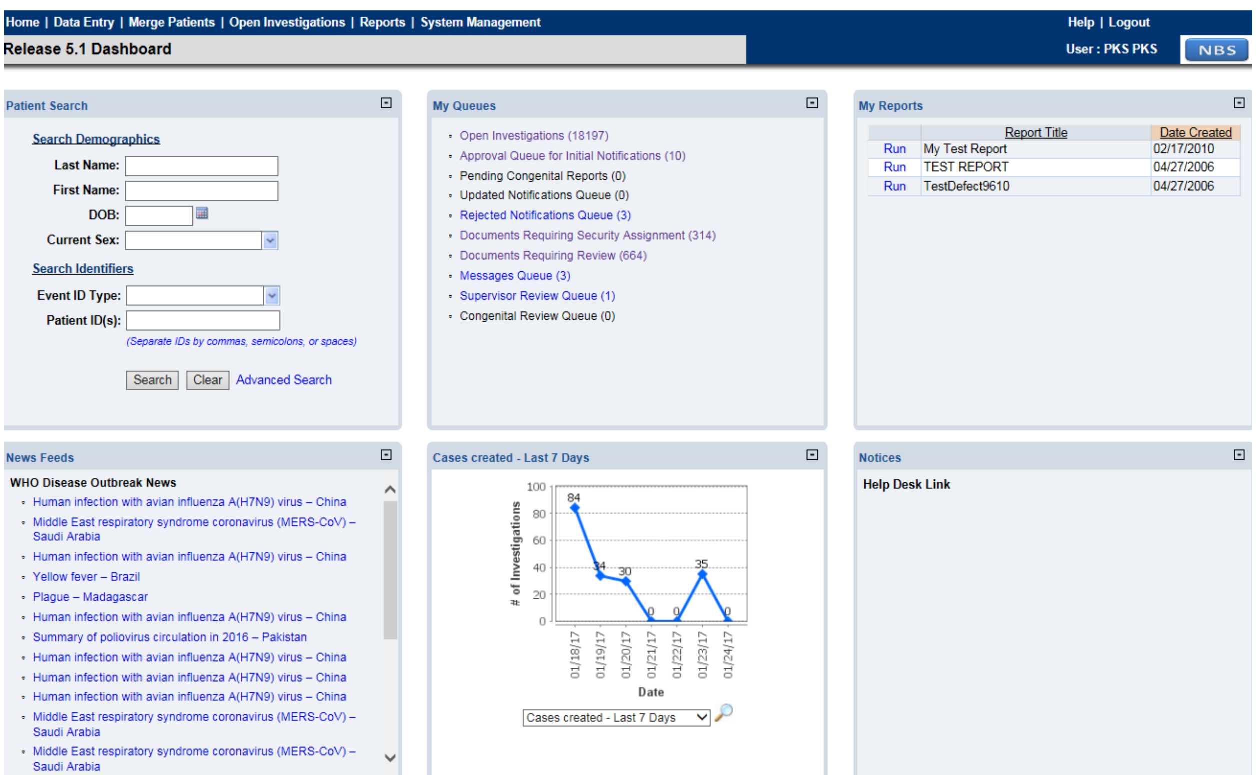
You can review a submitted notification for approval or rejection. You review notifications using the Review Notifications page.

A supervisor or similar user with the appropriate security permission can review pending notifications. Once you complete your review, you can either approve and send the notification to the CDC, or reject the notification. If the notification is successful, the NBS displays a confirmation message and removes the notification from the work queues on the Review Notifications page.

To review notifications, perform the following procedure:

1. Click **Home** on the navigation bar.

   The system displays the NBS Dashboard.



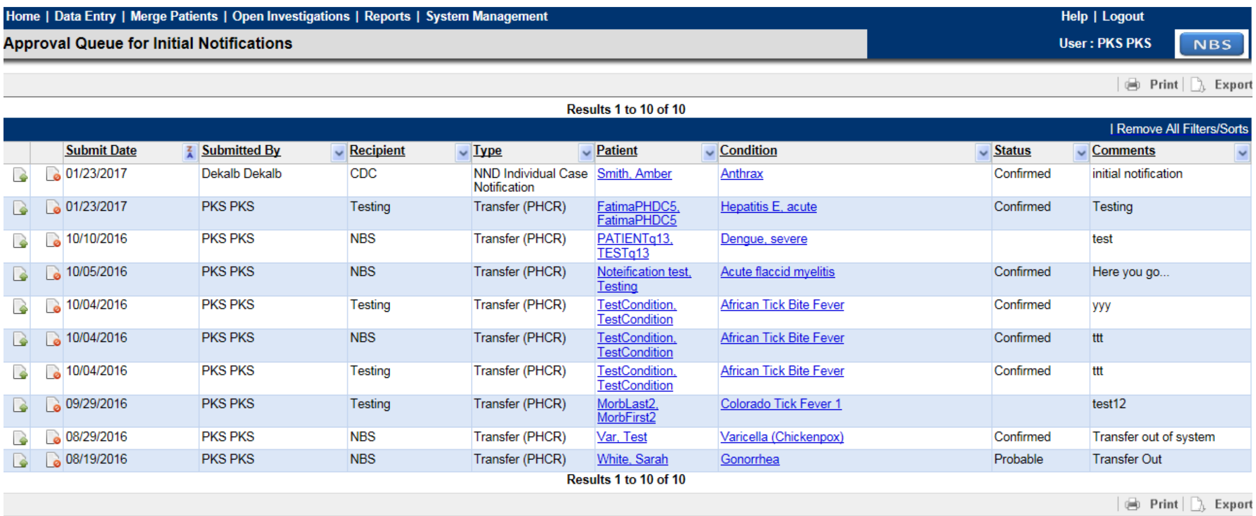
2. Depending upon the type of notification you would like to view, choose one of the following:

- **Approval Queue for Initial Notifications**
- **Updated Notifications Queue**
- **Rejected Notification Queue**

Note: *The numbers displayed within the parentheses next to the* ***Notifications Queue*** *links indicates the total number of notifications in you work queues.*

4.8.3.1. Approval Queue for Initial Notifications

Clicking on Approval Queue for Initial Notifications NBS displays Notifications that require supervisor approval.


Home | Data Entry | Merge Patients | Open Investigations | Reports | System Management   Help | Logout

Approval Queue for Initial Notifications   User : PKS PKS

Print | Export

Results 1 to 10 of 10

| Remove All Filters/Sorts

Submit Date	Submitted By	Recipient	Type	Patient	Condition	Status	Comments
01/23/2017	Dekalb Dekalb	CDC	NND Individual Case Notification	Smith, Amber	Anthrax	Confirmed	initial notification
01/23/2017	PKS PKS	Testing	Transfer (PHCR)	FatimaPHDC5, FatimaPHDC5	Hepatitis E, acute	Confirmed	Testing
10/10/2016	PKS PKS	NBS	Transfer (PHCR)	PATIENTq13, TESTq13	Dengue, severe		test
10/05/2016	PKS PKS	NBS	Transfer (PHCR)	Noteification test, Testing	Acute flaccid myelitis	Confirmed	Here you go...
10/04/2016	PKS PKS	Testing	Transfer (PHCR)	TestCondition, TestCondition	African Tick Bite Fever	Confirmed	yyy
10/04/2016	PKS PKS	NBS	Transfer (PHCR)	TestCondition, TestCondition	African Tick Bite Fever	Confirmed	ttt
10/04/2016	PKS PKS	Testing	Transfer (PHCR)	TestCondition, TestCondition	African Tick Bite Fever	Confirmed	ttt
09/29/2016	PKS PKS	Testing	Transfer (PHCR)	MorbLast2, MorbFirst2	Colorado Tick Fever 1		test12
08/29/2016	PKS PKS	NBS	Transfer (PHCR)	Var, Test	Varicella (Chickenpox)	Confirmed	Transfer out of system
08/19/2016	PKS PKS	NBS	Transfer (PHCR)	White, Sarah	Gonorrhea	Probable	Transfer Out

Results 1 to 10 of 10

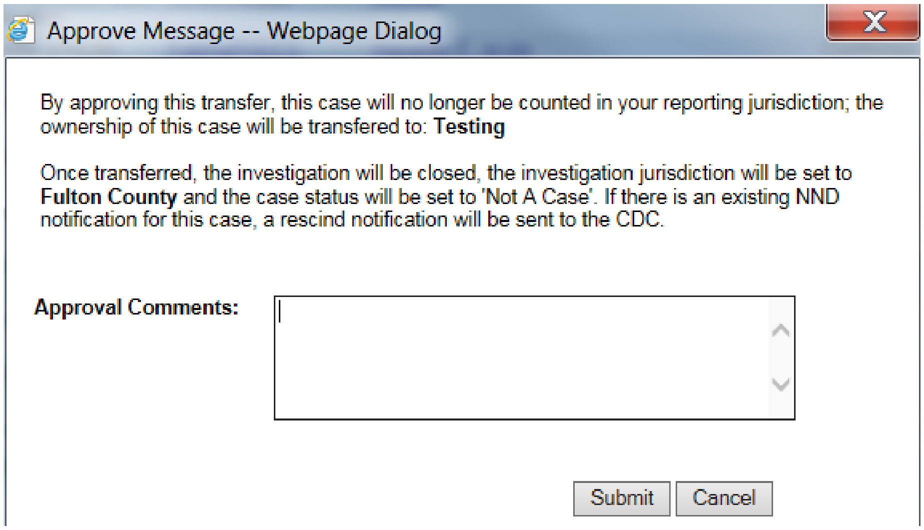
Print | Export

Note: *Choose the* ***Condition*** *link for the investigation to view the investigation or the Patient name link to view the Patient file. To return to the Review Notifications page, click the* ***Return to Approval Queue for Initial Notifications*** *link.*

3. For each item choose one of the following options:

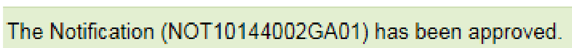
   - Click **Approve** to approve the notification.
   - Click **Reject** to reject the notification.

With approve a comments screen is displayed:

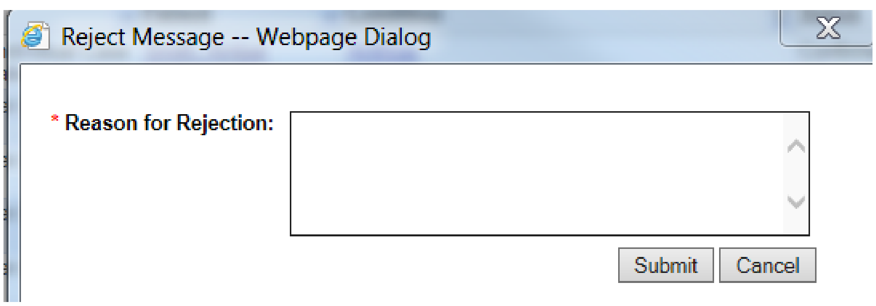


Comments do not have to be entered to submit.

The NBS performs the selected function. Depending upon your selection, the NBS displays a confirmation message.



Rejecting a notification places the notification into the Rejected Notifications Queue. A comment is required:

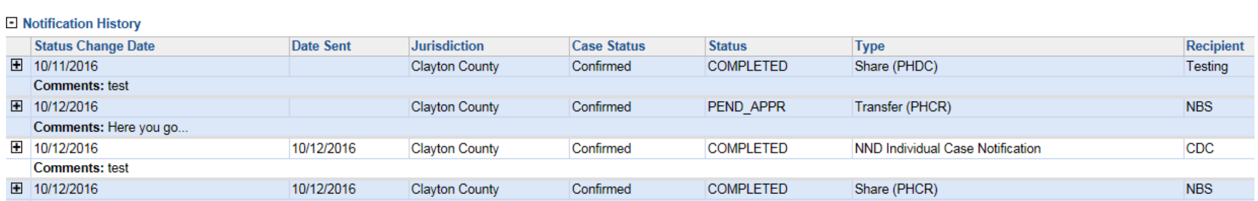


The comment will appear in the comments column of the Rejected Notifications queue

The following table lists the available confirmation messages:

After approving or rejecting, the system removes the notification from your work queue.

Note: *You can view the status of a notification in the **Notification History** section on the [**Condition**] tab of the View Investigation page.*



Notification History

Status Change Date	Date Sent	Jurisdiction	Case Status	Status	Type	Recipient
10/11/2016		Clayton County	Confirmed	COMPLETED	Share (PHDC)	Testing
Comments: test						
10/12/2016		Clayton County	Confirmed	PEND_APPR	Transfer (PHCR)	NBS
Comments: Here you go...						
10/12/2016	10/12/2016	Clayton County	Confirmed	COMPLETED	NND Individual Case Notification	CDC
Comments: test						
10/12/2016	10/12/2016	Clayton County	Confirmed	COMPLETED	Share (PHCR)	NBS
Comments: Here you go						

4.9. WORKING WITH SUMMARY DATA

4.9.1. Description

This section contains descriptive and procedural information about the following functions:

- Viewing summary data
- Adding a summary report
- Submitting a summary notification

4.9.2. Viewing Summary Data

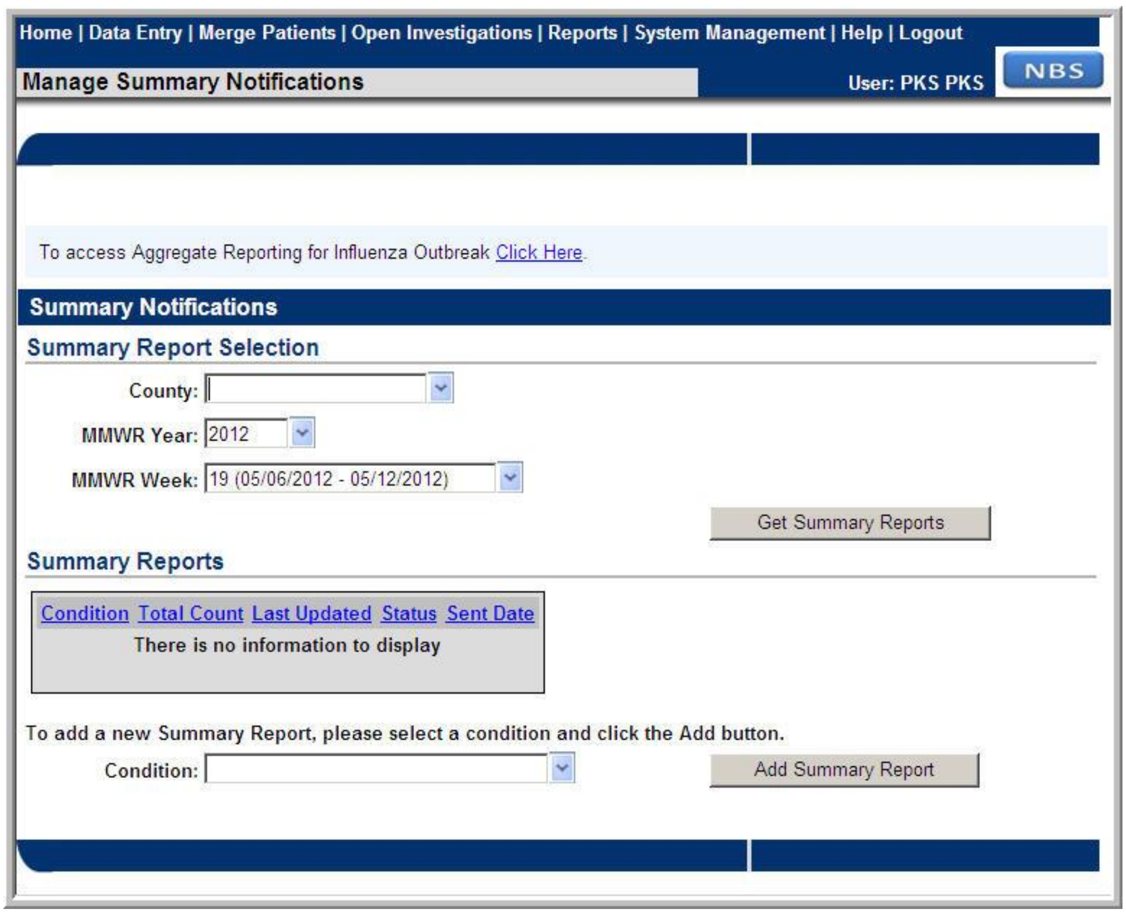
While many conditions require detailed reporting, some conditions are reported in summary. You can view summary data using the Manage Summary Notifications page.

To view summary data, perform the following procedure:

1. Choose **Data Entry** on the on the navigation bar.

   2. Choose **Summary Data**

   The NBS displays the Manage Summary Notifications page.



   3. Choose a **County**.

4. Choose an **MMWR Year**.
5. Choose an **MMWR Week**.
6. Choose **Get Summary Reports**.

The NBS updates the list of conditions in the **Summary Reports** section.

Note: *If the NBS returns no records, you can add a summary report. To add a summary report, refer to "Adding a Summary Report."*

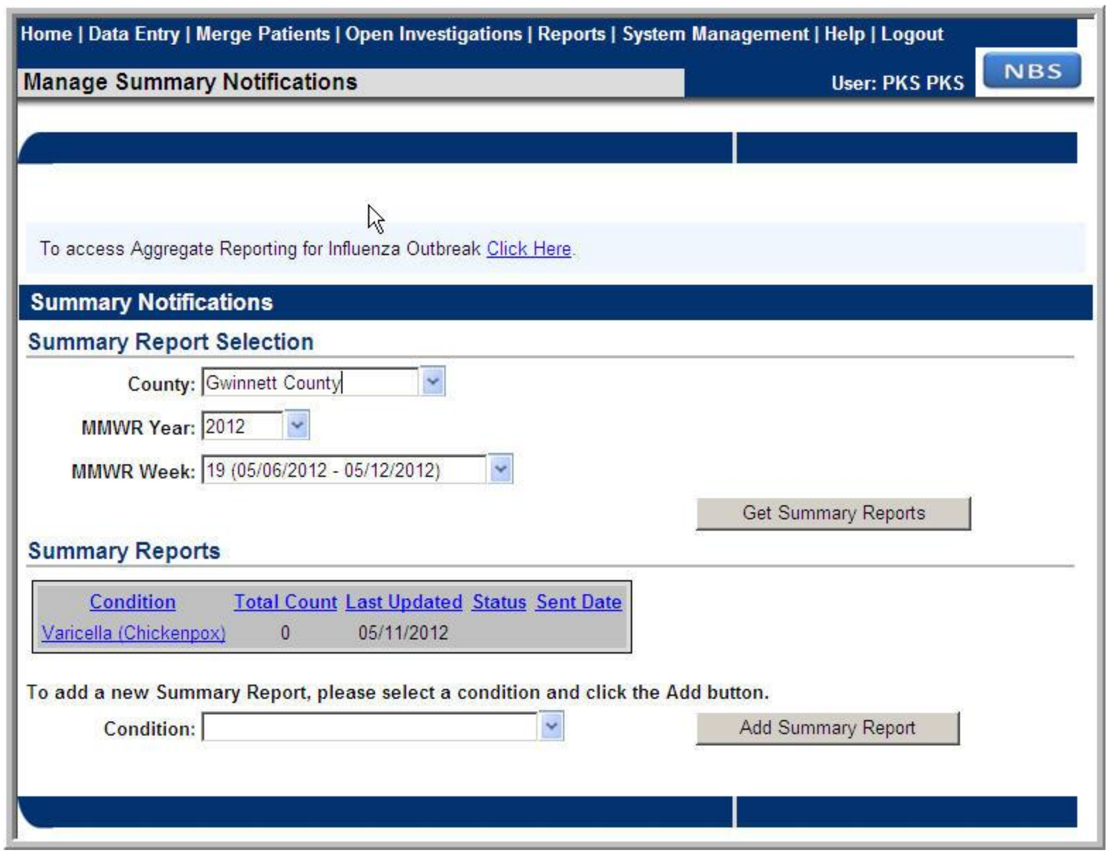
4.9.3. Adding a Summary Report

You can add a summary report for a condition.

To add a new summary report, perform the following procedure:

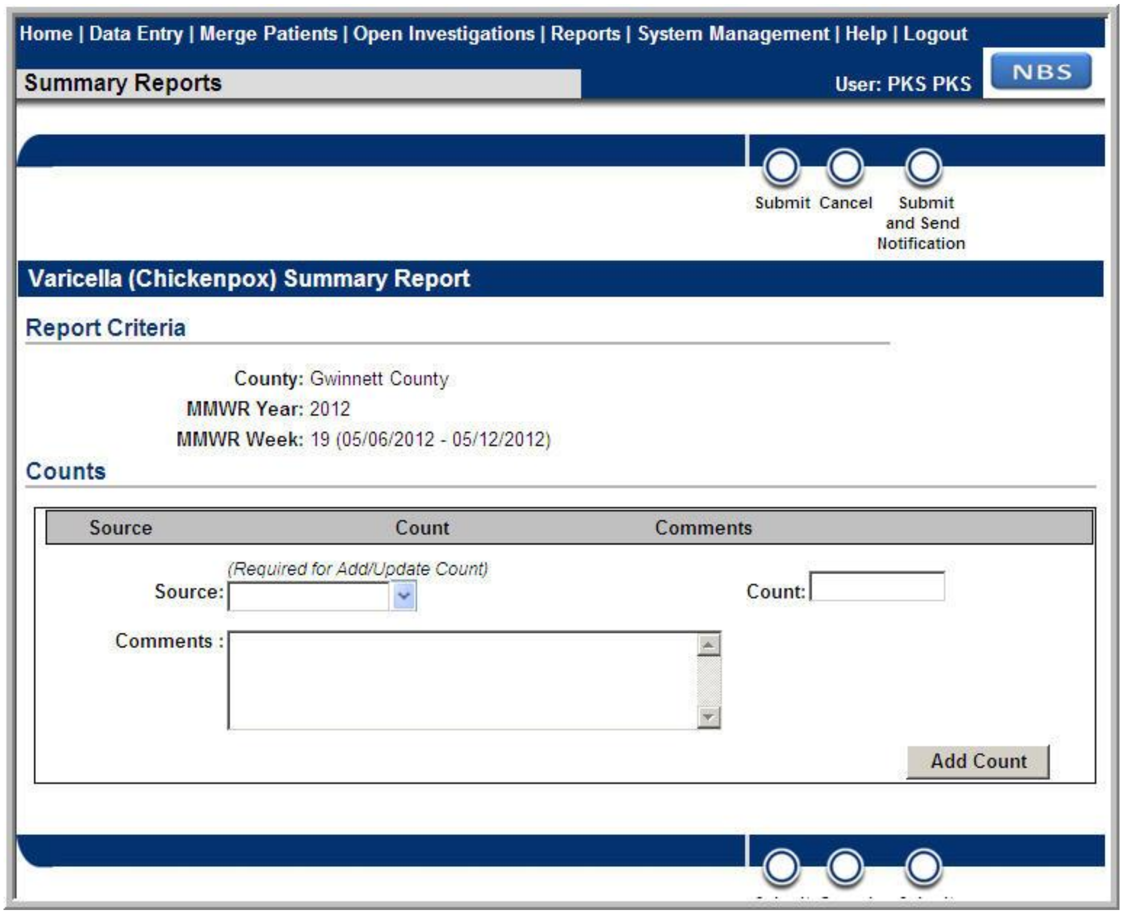
1. View the summary data for the jurisdiction and MMWR Year/Week using the procedure described in "Viewing Summary Data" in this section.
2. Choose a **Condition**.
3. Click **Add Summary Report**.

The NBS updates the list of conditions in the **Summary Reports** section, and displays a link for the selected condition.



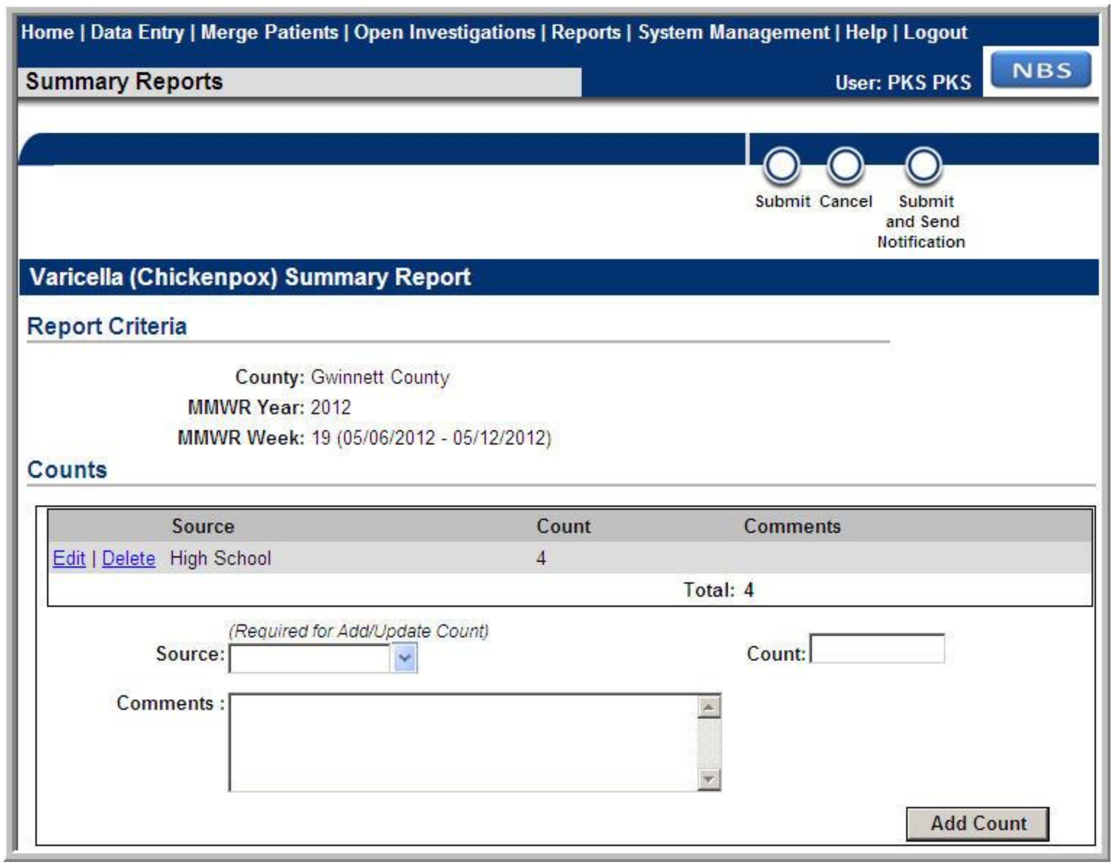
4. Click the **Condition** link to see the Summary Report page.

The NBS displays the Summary Reports page for the selected condition.



5. Choose a **Source**.
6. Enter the **Count**.
7. Enter **Comments**.
8. Click **Add Count**.

The NBS updates the source and count information for the condition.



Note: *Click* ***Edit*** *to edit the source you want. The NBS displays the selected source information in the fields beneath the list of sources in the Counts section. When you are finished making changes, click* ***Update Count****. The NBS updates the list of source with the information you entered.*

Click ***Delete*** *to delete the source you want. The NBS deletes the selected information.*

9. Do one of the following:

   - Click **Submit**. The NBS displays Manage Summary Notification page with the updated count for the selected condition in the Summary Reports section.
   - Click **Submit and Send Notification**. The NBS sends the notification and displays the Manage Summary Notifications page with the updated information in the Status and Sent Date column.

Note: *Click* ***Cancel*** *to cancel and display the Manage Summary Notifications page.*

5. WORKING WITH STD/HIV INVESTIGATIONS

5.1. DESCRIPTION

This section contains descriptive and procedural information about the following functions:

- Understanding how STD/HIV investigations differ from other investigations
- The basic workflow for STD/HIV investigations
- Processing Decisions in STD/HIV investigations
- Referral bases in STD/HIV investigations
- Contact Records in STD/HIV investigations
- Interviews in STD/HIV investigations
- Co-Infection Functionality in STD/HIV Investigations

5.2. UNDERSTANDING STD/HIV INVESTIGATIONS

NBS began providing support for STD/HIV surveillance in Release 4.6. Though it is not within the scope of this document to treat each specific condition for which a state may utilize NBS, there are some significant differences in workflow and page content between STD/HIV conditions and non-STD/HIV conditions that require some explanation. Where the differences are not significant, they have been noted in the previous sections detailing the basic flow of creating an investigation from laboratory reports or morbidity reports. However, working with STD/HIV investigations requires an understanding of some additional screens that appear in the work flow and some additional fields that appear on the pages when an STD/HIV condition is specified. These screens and fields provide support for the work processes established for the STD/HIV program areas, which include follow-up activities that are not part of the processes established for non-STD/HIV conditions. The specific considerations for STD/HIV surveillance include the need to support the following additional activities:

- Choose Referral Basis
- Indicate a Processing Decision
- Assign a time frame logic
- Default disease-specific concepts
- Link Co-infections
- Report/Notify CDC without Follow-up (i.e., create an investigation and notification and close the investigation immediately)
- Assign for Surveillance Follow-up
- Assign for Field Follow-up
- Disposition of the Investigation
- Assign a Case for Interview
- Create an Investigation from a Contact Record
- Indicate Supervisory Approval/Rejection of an investigation

The following sections provide a high-level description of the STD/HIV investigation work flow and the content of some of the pages that are part of that flow that do not appear in a non-STD-HIV investigation work flow or that appear with significantly different content.

5.3. STD/HIV INVESTIGATIONS: BASIC WORKFLOW

This section details the basic workflow for creating an STD or HIV investigation. Like a non-STD/HIV investigation, you can add an STD or HIV investigation from the following points in NBS:

- View Morbidity Report page
- View Lab Report page
- View Case Report
- Add Morbidity Report page
- Add Lab Report page
- Contact Record page
- Patient Events tab

As noted previously, the flow for creating an investigation for an STD/HIV program area requires you to choose a Processing Decision before the system goes to the Add Investigation page. There are also quite a few other differences in flow, including indicating a referral basis, providing more detail for Interviews and Contact Records, and dispositioning the investigation.

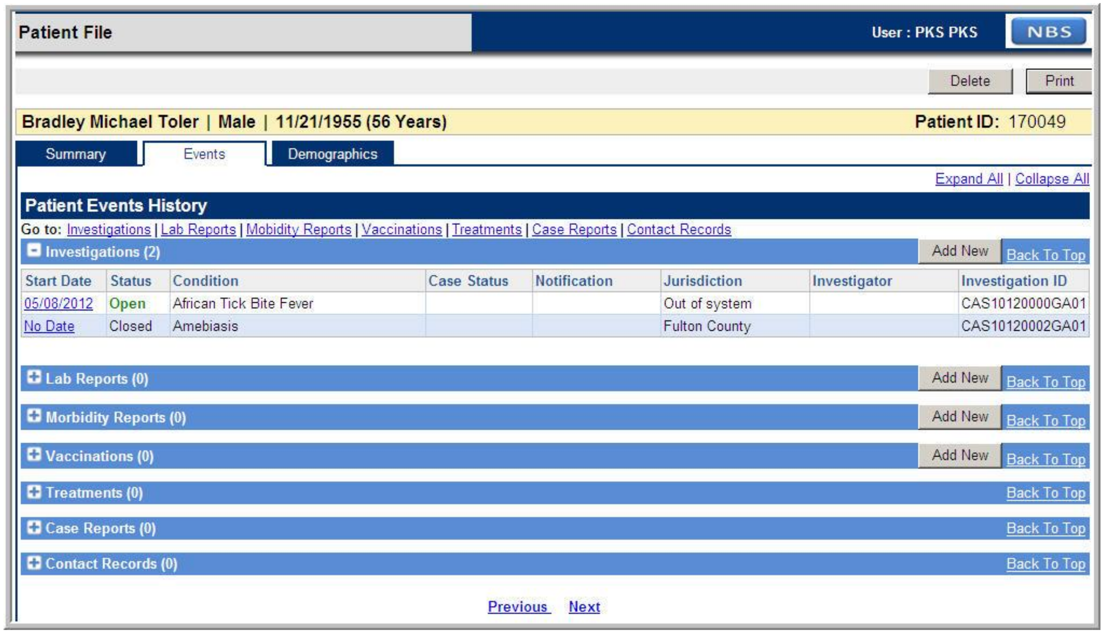
To clearly illustrate the basic flow differences between creating an STD/HIV investigation and a non-STD/HIV investigation, the following procedure uses the same starting point that was described in the section *Adding an Investigation* (from the View Patient page **Events** tab). The procedure utilizes the Generic STD template for the illustrations and the field descriptions. Other templates (e.g., Congenital Syphilis or HIV) pages will differ somewhat from the examples below, but the work flows for those pages is similar to that of an STD investigation. Use the following procedure to add a generic STD investigation.

1. Access the Patient File page for a patient using the procedure described in "Finding and Viewing Patients" this document.

   The NBS displays the contents of the Patient File page for the selected patient.

2. Choose the **Events** tab.

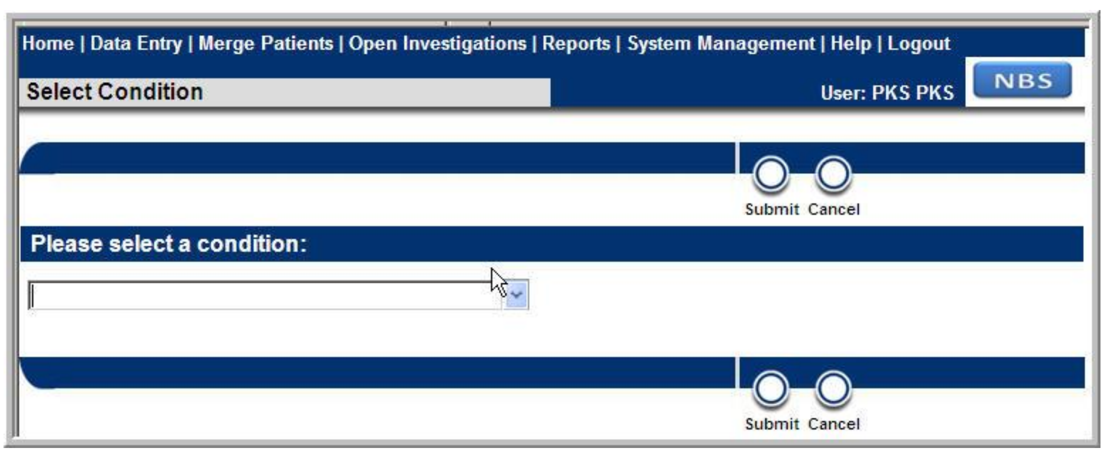
   The NBS displays the contents of the **Events** tab.



3. Click **Add New** in the **Investigations** section.

Note: *You can scroll to the* ***Investigations*** *section, or click the* ***Investigations*** *navigation link at the top of the page.*

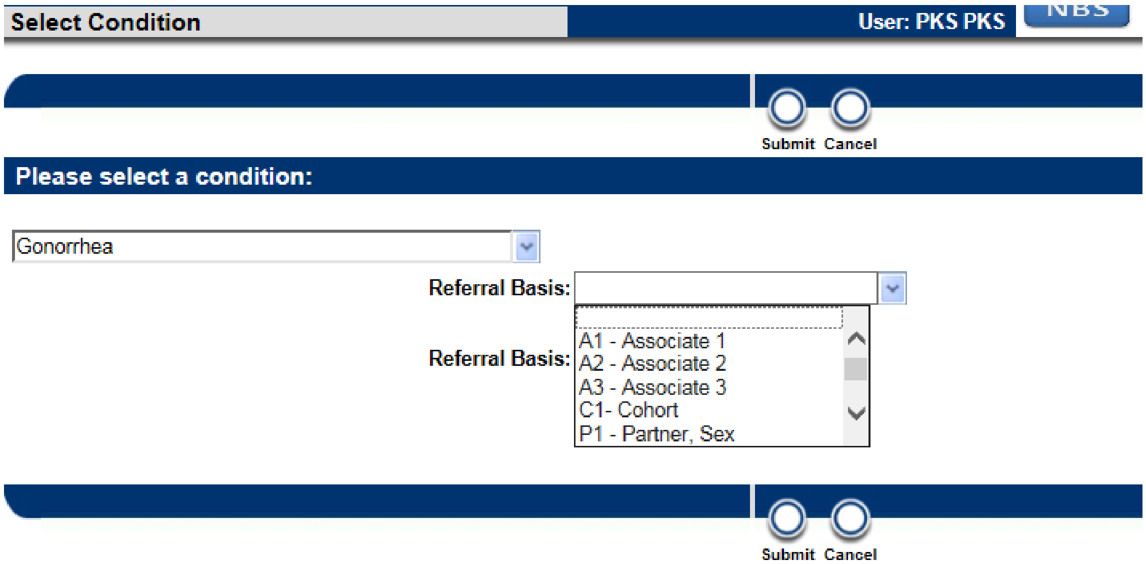
The NBS displays the Select Condition page.



4. Choose a condition from the drop down list.

When you choose an STD condition, you will be prompted for a referral basis.

Note: When you create an investigation from a Lab or Morbidity Report, you will not be prompted for a referral basis.



Note: *The referral basis is used to determine the appropriate follow up options for an STD condition.*

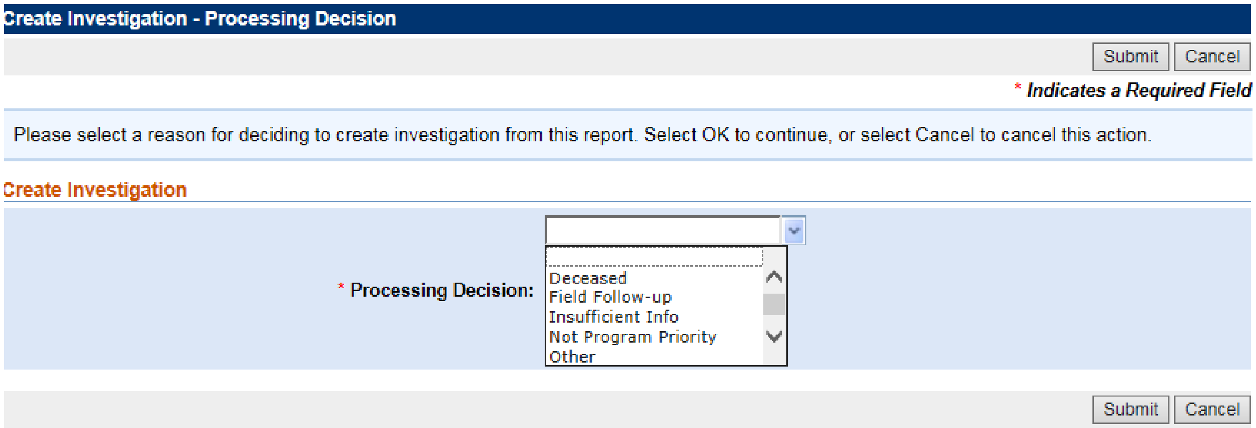
5. Choose a referral basis.

If this condition is within a defined co-infection group (i.e., infections that are commonly comorbid and are frequently investigated in tandem), and the patient has an open investigation for another condition within that co-infection group, the system will provide the option of linking this investigation with that investigation (**Create as Co-Infection**). Co-infection investigations will share co-infection question responses (found on the **Core Info** tab). Also, diseases linked as co-infections can be printed on the same CDC Field Record PDF, CDC Interview Record PDF and Provider Follow-up PDF.

Note: Co-infection group functionality is available only for STD/HIV conditions.

If you choose not to link investigations, you will choose **Create New Inv**. After you make this decision (create as a co-infection or create as a separate investigation), you will be prompted for a Processing Decision (i.e., the reason for creating the investigation).

If this condition is not within a defined co-infection group, you will immediately be prompted for a Processing Decision upon choosing a referral basis.



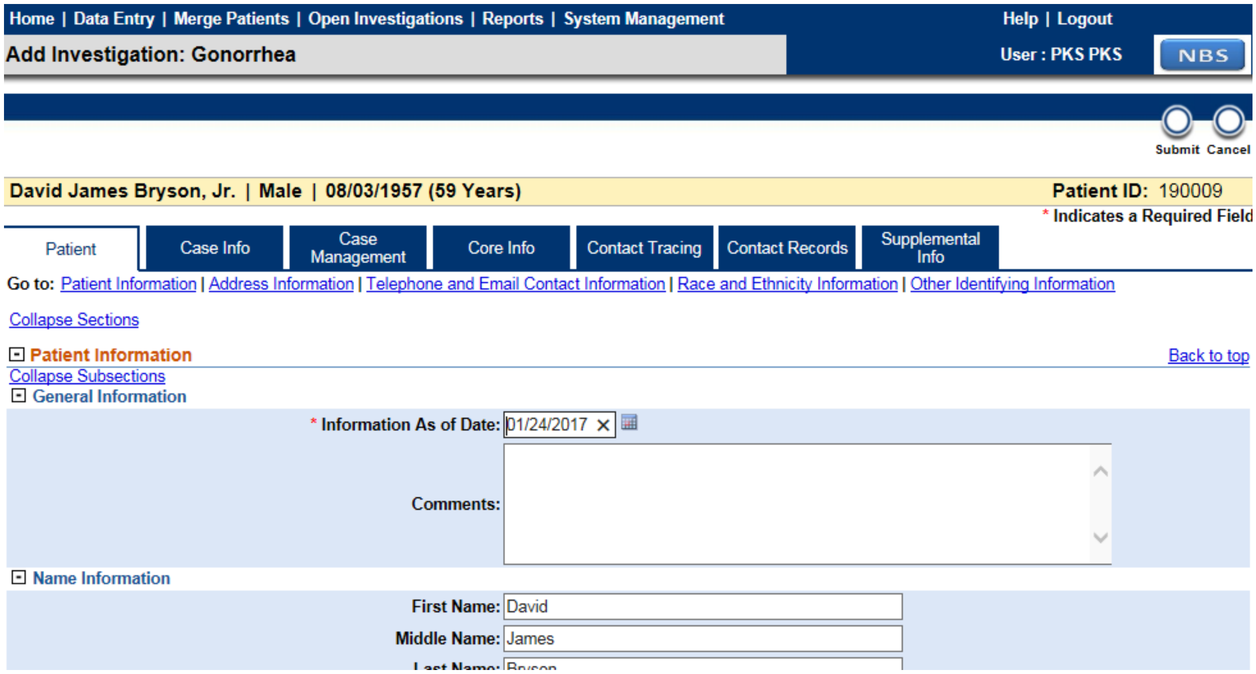
6. Choose a Processing Decision.

   The Processing Decisions indicates the sort of follow up (surveillance or field) or the reason for no further follow-up for this investigation. Starting and investigation from a Lab or Morb is from surveillance. Starting an investigation from a patient file is from field. Options include:

   - Deceased
   - Field Follow-up
   - Insufficient Info
   - Not Program Priority(N/A to Syphilis condition)
   - Other
   - Physician Closure(from Surveillance)
   - Surveillance Follow-up (from Surveillance)
   - Record Search Closure (from Surveillance)
   - BFP – No Follow-up (Syphilis Lab only)

7. Click **Submit**.

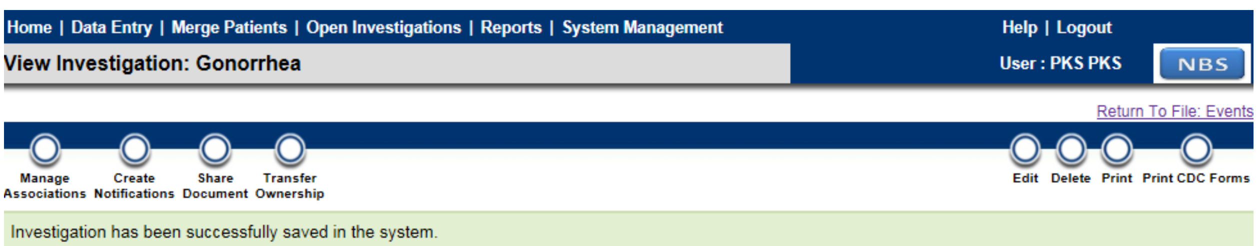
   The NBS displays the Add Investigation page and the Patient information with the **Patient** tab active.



8. Enter all known investigation information on each tab in the investigation page, and choose **Submit**.

   Note: The contents of the tabs are described in the following section.

   The system displays a success message, indicating that the investigation has been created.



5.4. STD/HIV INVESTIGATION PAGE DESCRIPTION

Non-STD/HIV investigations that use the Generic template display three tabs:

- **Patient**
- **Case Info**
- **Contact Tracing**
- **Contact Records**
- **Supplemental Info**

Because support for an STD or HIV investigation requires the inclusion of data not specifically required for non-STD/HIV investigations, an STD/HIV investigation displays additional information in the header, and the existing tabs are augmented with additional fields. To provide further surveillance and follow up functionality, a different set of tabs compose the Investigation form:

- **Patient**
- **Case Info**
- **Case Management**
- **Core Info**
- **Contact Tracing**
- **Contact Records**
- **Supplemental Info**

The following sections describe the information found on each tab in the Generic STD Investigation template, noting particular differences on the tabs that contain similar information for both STD/HIV and non-STD/HIV investigations.

5.4.1. Investigation Header and Controls

The header found at the top of every investigation form (non-STD/HIV and STD/HIV) includes patient name, patient ID, date of birth, and current sex. It also includes the investigation ID, Co-Infection ID, creation date, creator, most recent update date, and user who modified the investigation. STD/HIV support, however, requires additional information in the header.

Jim Morrison | --- | ---		**Patient ID:** 93026
Investigation ID: CAS10064009GA01 | COIN33005GA01	**Created:** 08/26/2015	**By:** Pradeep Sharma
Investigation Status: Open (Field Follow-up)	**Last Updated:** 08/26/2015	**By:** Hugh Kelsey
Investigator: Florence Nightingale	**Case Status:**	**Notification Status:**

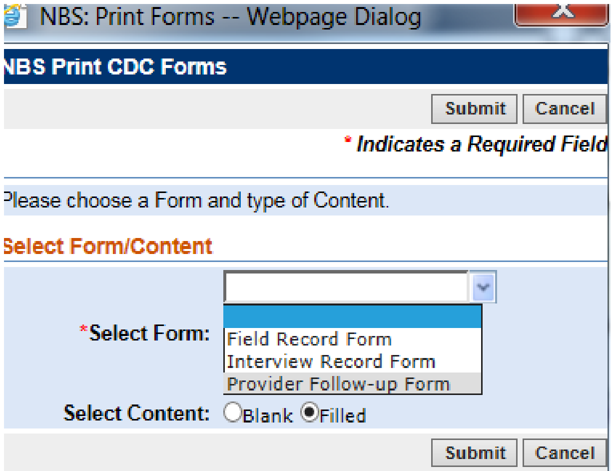
As you can see in the graphic above, in addition to the information found on all investigations, STD/HIV investigations also include the patient's age, the name of the investigator assigned to the investigation, the status of the investigation, the case status, and the notification status.

The form for all investigations includes controls that allow the user to manage associations, create notifications, transfer ownership, edit, delete, and print the investigation. However, the STD/HIV form also allows the user to print CDC forms associated with the condition specified in the investigation.

To print CDC forms, use the following procedure.

1. Choose **Print CDC Forms** at the bottom of the Investigation page.

The system displays the Print CDC Forms popup.



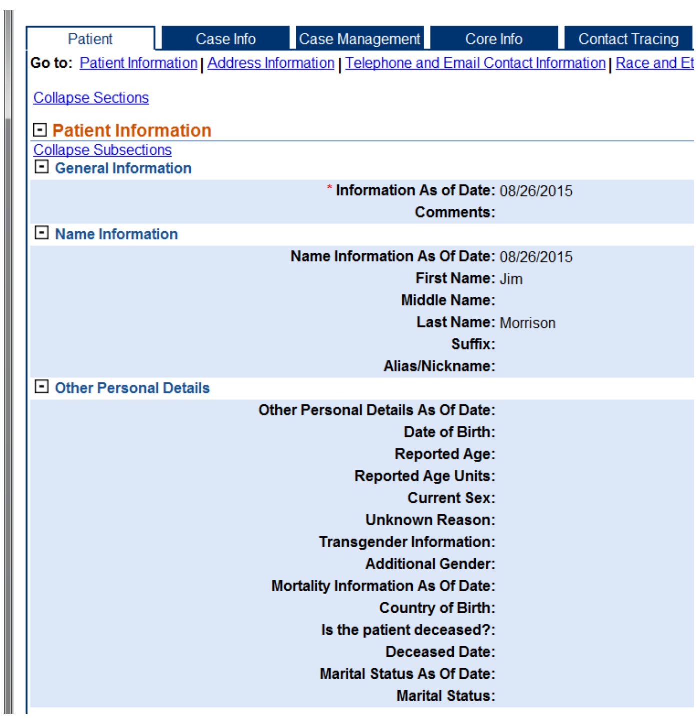
2. Choose a form from the drop down box (*Field Record*, *Interview Record*, or *Provider Follow-up Record*), and choose the content for the form. Your options are *Blank* and *Filled*. Choosing *Blank* will provide a form with none of the fields completed. Choosing *Filled* will provide a form with all of the information contained in NBS for the investigation filled in the appropriate sections of the form.

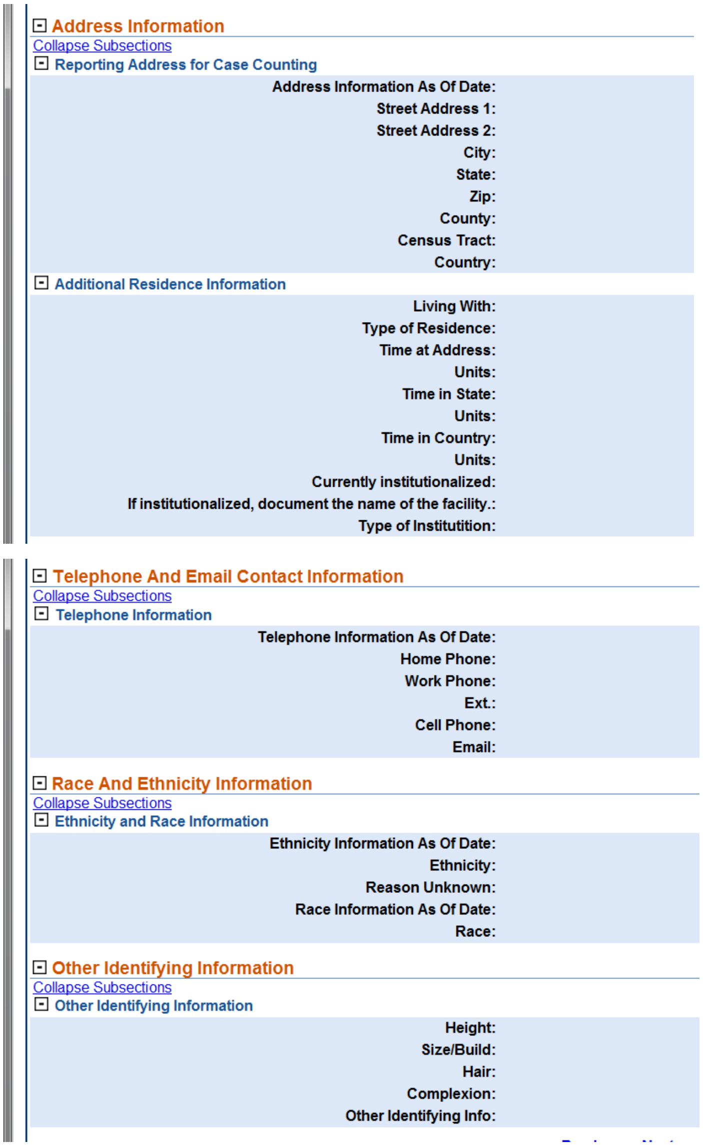
3. Choose **Submit**.

   The system will create a printable .pdf of the form you have chosen.

5.4.2. Patient Tab

The look of the **Patient** tab for an STD/HIV investigation differs from that of the legacy and Page Builder non-STD/HIV investigations you are accustomed to seeing, but the information is much the same, though there are some additional fields.





For both STD/HIV and non-STD/HIV investigations, the **Patient** tab contains the patient's name, demographic information, ID numbers, address information, and telephone contact information. The STD/HIV investigation Patient tab includes additional details such as **Additional Gender**, **Email Address**, **Census Tract**, **State HIV Case ID, Additional Residence Information** and **Other Identifying Information**.

Any changes you make to the information on this tab when creating or editing an investigation are applied to the Master Patient Record.

5.4.3. Case Info Tab

The **Case Info** tab for an STD/HIV investigation contains detailed Investigation, Reporting, Clinical, and Epidemiological information. The fields specified in the Generic STD MMG are displayed on this tab and include many fields that are not part of a non-STD/HIV investigation, such as the referral basis in the **Investigation Information** section, detailed exposure information in the **Reporting Information** section and case status information in the **Epidemiologic** section.


* Indicates a Required Field

Patient | Case Info | Case Management | Core Info | Contact Tracing | Contact Records | Supplemental Info

Go to: Investigation Information | OOJ Initiating Agency Information | Reporting Information | Clinical | Epidemiologic | Comments

Collapse Sections

Investigation Information Back to top

Collapse Subsections

Investigation Details

* **Jurisdiction:**	Fulton County
* **Program Area:**	STD
Referral Basis:	T1 - Positive Test
* **Investigation Status:**	Open
Current Process Stage:	Open Case
Investigation Start Date:	07/15/2015
Investigation Close Date:	
* **Shared Indicator:**	No

Investigator

Current Investigator:	Florence Nightingale, MPH 1405 Clifton Road NE Atlanta, Georgia 30322 404-785-6000

OOJ Initiating Agency Information Back to top

Collapse Subsections

OOJ Agency Initiating Report

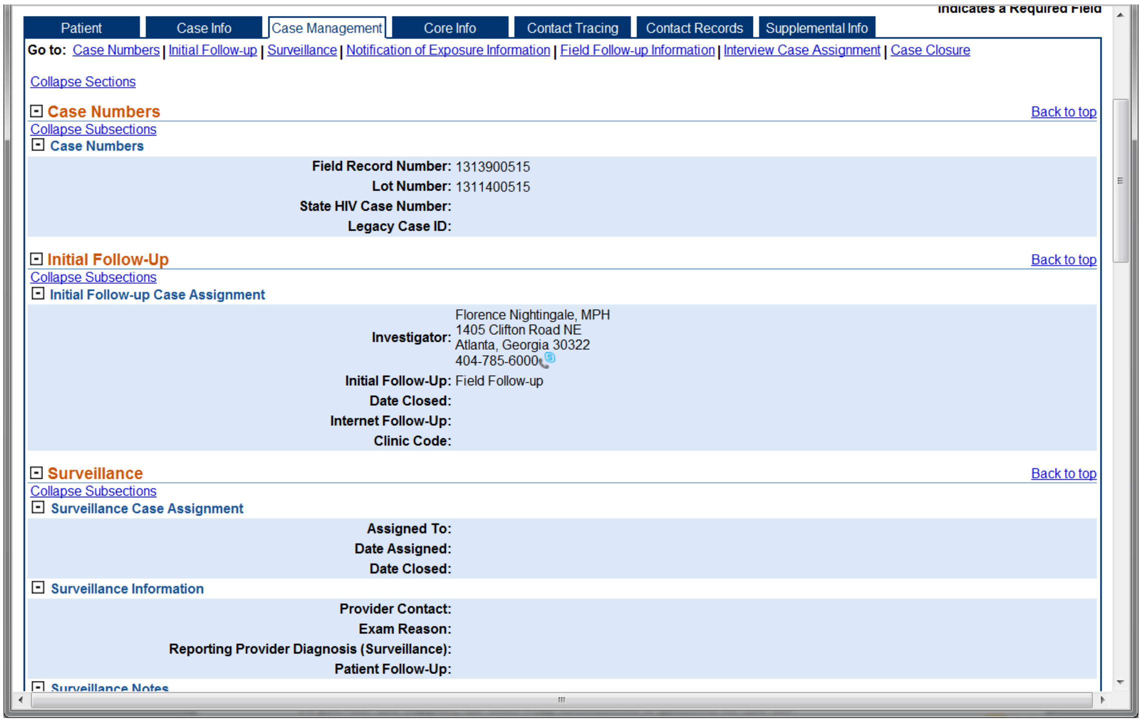
Initiating Agency:	Alabama
Date Received from Init. Agency:	07/15/2015
Date OOJ Due to Init. Agency:	07/31/2015
Date OOJ Info Sent:	07/31/2015

Reported as OOJ Contact

First Sexual Exposure:	
Sexual Frequency:	
Last Sexual Exposure:	
First Needle-Sharing Exposure:	
Needle-Sharing Frequency:	
Last Needle-Sharing Exposure:	

5.4.4. Case Management Tab

The **Case Management** tab for an STD/HIV investigation assists the user in managing assignment and completion of the phases of the investigations from Initial Follow-up to Surveillance to Field Follow-up to Case/Interview Assignment to Case Closure.



To provide this support, the following information is gathered on this tab:

- Initial Follow-up
- Surveillance
- Additional Demographic Information
- Field Follow-up Information
- Field Follow-up Notes
- Case Assignment
- Interview/Investigation Notes
- Case Closure
- Supervisory Review/Comments

The fields on this page are enabled/disabled based on the Processing Decision you chose.

5.4.5. Core Info Tab

The **Core Info** tab contains questions that are common across STDs, but not disease-specific. For the most part, they are found on the CDC Interview Record form. This tab will be the same across Co-Infections. Linked investigations share a common Co-infection ID and maintain synchronization of the answers to these co-infection questions across the investigations. You may see an answer in a field that is not enabled because the question is answered on the linked co-infection investigation and must be edited from that investigation. Similarly, when a value is changed on this investigation, it will be reflected in the other co-infection investigations.

The **Core Info** Tab contains the following information:

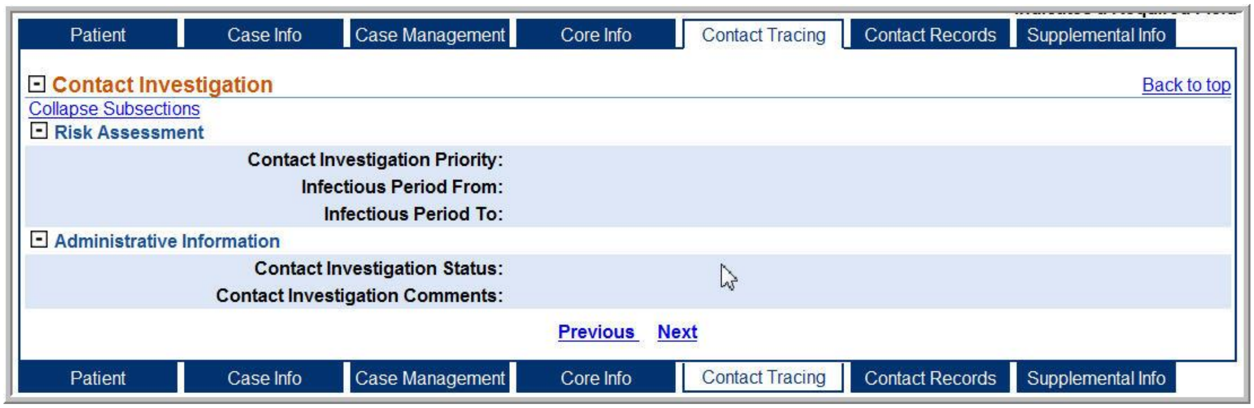
- Demographic Information
- Pregnancy Information
- Partner Information
- Risk Factors
- Target Populations
- Hangouts
- Signs and Symptoms
- STD History
- 900 Partner Services Information

5.4.6. Contact Tracing Tab

The purpose of contact tracing is to record, in a patient's investigation, people who were potentially exposed to the disease or could help the investigator find others who are exposed to the disease. When a patient is interviewed, she or he might name a contact, or an investigator may include someone he or she learned about by other means (e.g., the wife the patient did not mention to the investigator).

The **Contact Tracing** tab in a legacy investigation includes the Risk Assessment and Contact Records (Interviews are not part of a legacy investigation). The **Contact Tracing** tab in a TB or a Varicella investigation includes the Risk Assessment, Interviews, and Contact Records.

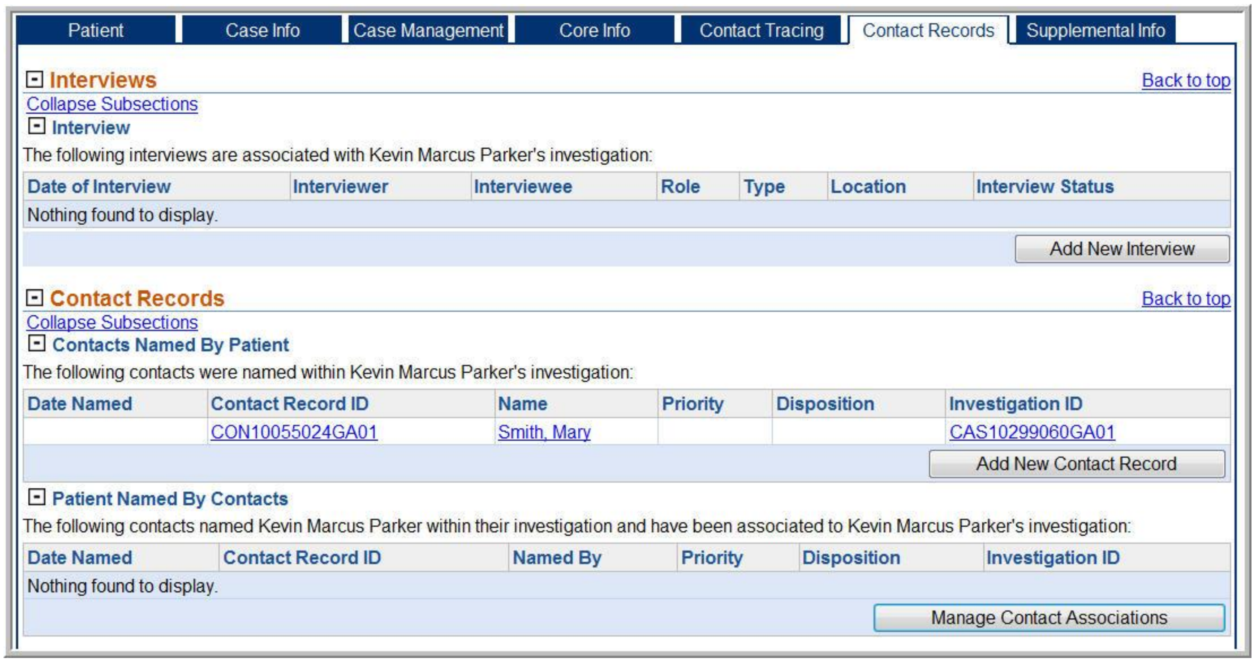
STD/HIV investigations split this information across two tabs**:** **Contact Tracing** and **Contact Records**. **Contact Tracing** contains the Risk Assessment and administrative information.



The **Risk Assessment** section of the **Contact Tracing** tab includes the investigation priority and the period during which the patient was infectious. The Administrative Information section contains the status of the investigation of the contact and any relevant comments about the investigation into the contact.

5.4.7. Contact Records Tab

The **Contact Records** tab includes the functionality to add Interviews and Contact Records and to manage Contact Associations.



The **Interviews** section provides a list of interviews that have been done (if any) and provides access to view those interviews. The table includes the following columns:

- **Date of Interview** (hyperlinked to View Interview page)
- **Interviewer**
- **Interviewee**
- **Role**
- **Type**
- **Location**
- **Interview Status**

The **Contact Records** section of the **Contact Records** tab contains two lists: **Contacts Named by Patient** and **Patient Named by Contacts**. The **Contacts Named by Patient** table includes the following columns:

- **Date Named**
- **Contact Record ID** (hyperlinked to the View Contact Record page)
- **Name** (hyperlinked to the Patient file for the named contact)
- **Priority**
- **Disposition**
- **Investigation ID** (hyperlinked to the named contact's investigation)

The **Patient Named by Contacts** table includes the following columns:

- **Date Named**
- **Contact Record ID** (hyperlinked to the View Contact Record page)

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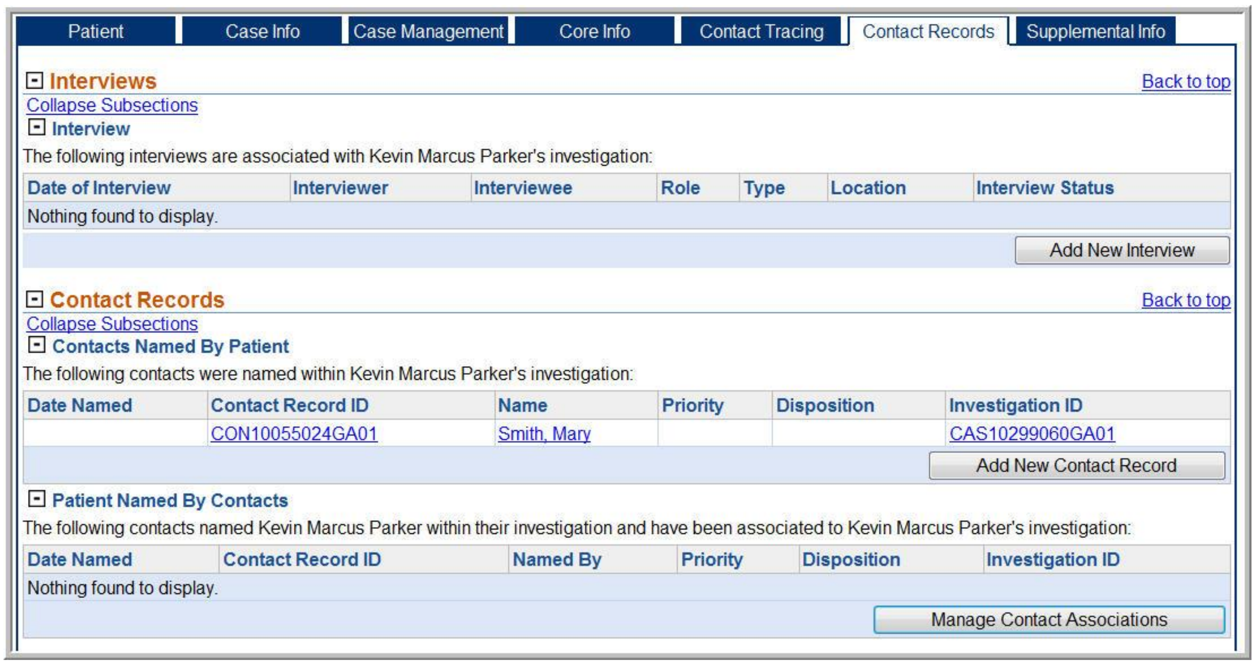
U.S. Centers for Disease Control and Prevention – Department of Health and Human Services.

- **Named by** (hyperlinked to the Patient file for the contact who named the patient)
- **Priority**
- **Disposition**
- **Investigation ID** (hyperlinked to the investigation associated with the contact who named the patient)

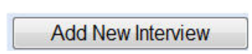
5.4.7.1. Interviews

NBS provides the functionality necessary to add multiple interviews to an investigation. Interview functionality is not applicable to legacy condition pages, but new Generic v2 condition pages and STD/HIV pages, have the Interviews feature. STD/HIV conditions show this functionality on the **Contact Records** tab.



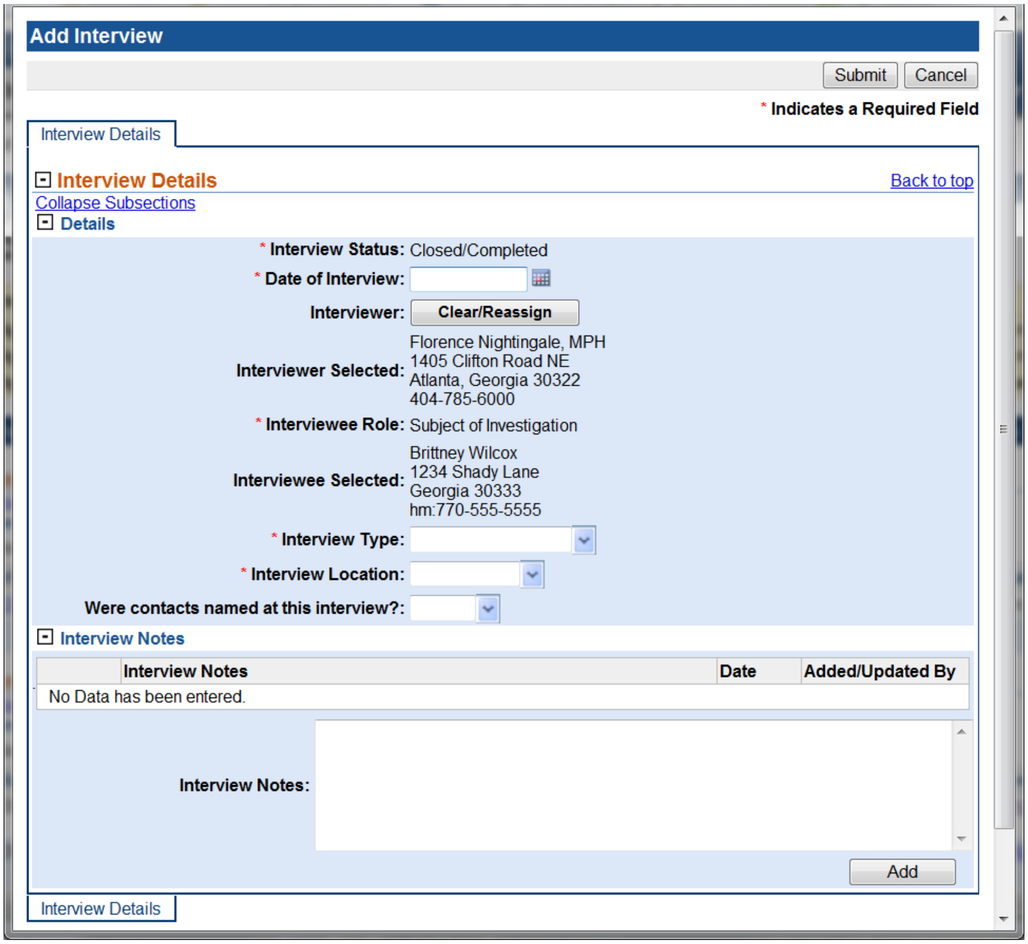
Adding an Interview

To add an interview record to an investigation, use the following procedure.

1. From the **Contact Records** tab, choose **Add New Interview** 

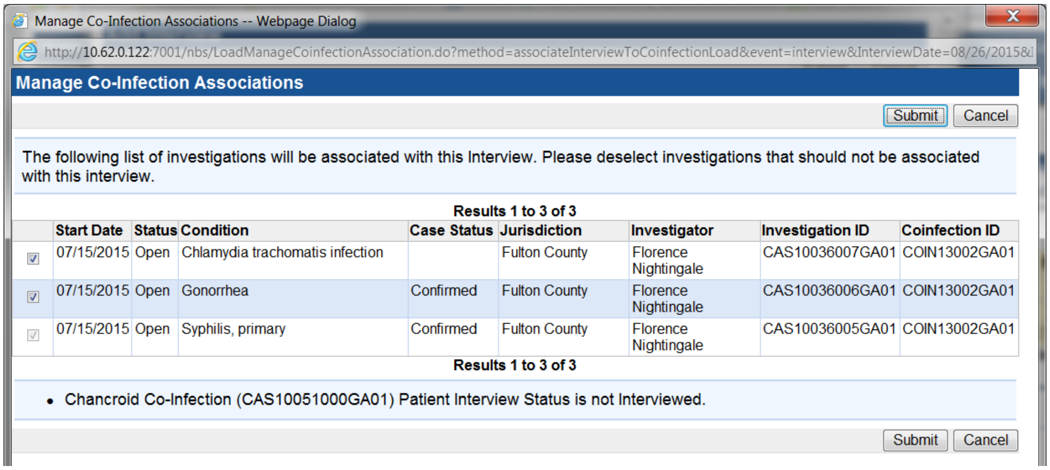
   The system displays the Add Interview page.

This document has been developed by CSRA under a contract with the U.S. Centers for Disease Control and Prevention – Department of Health and Human Services.



2. Add all known relevant information, and choose **Submit**.

3. NBS displays the Manage Co-Infection Associations page. Other open co-infections with a patient interview status of "Interviewed" will display. On creation of the interview, you can choose other co-infection investigations with which to associate the interview record.



4. Check the boxes for any co-infection questions you want to associate the interview record to. Click **Submit**.

   The system adds the interview record to the **Interviews** list on the **Contact Record** tab. To view an interview record from the Contact Records tab, click the hyperlinked **Date of Interview**. If you have chosen to associate the interview record to other co-infection investigations, the interview will also be visible on the Contact Records tab of those co-infection investigations.

5.4.7.2. Contact Records – Contacts Named by Patient

When a patient names a contact, the investigator will enter a contact record associated with the investigation. Creation of a contact record requires the investigator to include exposure and relationship information and permits the inclusion of any additional information related to this investigation. A contact record is composed of four tabs:

- **Patient**: This tab is used to collect demographic information about the named contact. Name, address, phone, and demographic information, such as race, ethnicity, sex, and age.
- **Contact Record**: This tab is used to collect contact and exposure information that was gathered from the index patient (i.e., the patient who named this contact). It also includes security (program area/jurisdiction) and administrative information, such as priority and disposition.
- **Contact Follow Up**: This tab is used to collect specific disease-related information about the contact, such as signs and symptoms, risk factors, testing and evaluation, and treatment information.
- **Supplemental Info**: This tab provides an area for including supporting documentation. A user can also view the revision history of the contact record, including investigator notes, as well as a summary of investigations related to the contact person.

For STDs, a contact is labeled as a Partner or Cluster. Partners are people who have sexual activities or needle sharing with the infected index patient. Social Contacts are people named by an infected person (e.g., the index patient or an infected contact, social contact or associate). Associates are persons named by an uninfected contact, social contact or associate. A Cohort is a person identified through outreach screening efforts as a result of case investigation. This person was not individually named by anyone interviewed during the investigation.

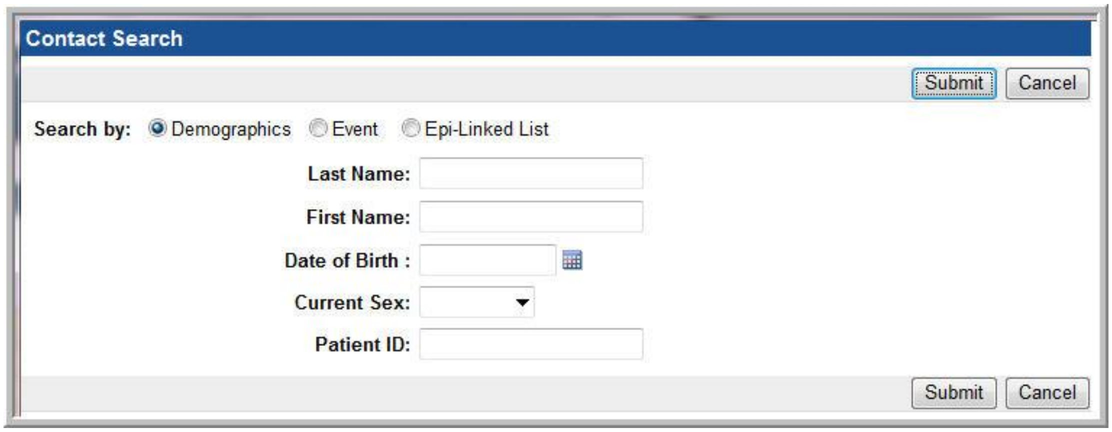
When a patient is interviewed and names direct contacts, the Referral Basis differs if the patient is infected or not infected. As the infected patient names others, a Lot number will be assigned. As the naming progresses the Lot number will be carried to any new patients named and subsequently and new investigations create for that patient. This allows for that patient to name others and continue carrying the Lot number to other named contacts.

Adding a Contact Record

To add a contact record to an STD/HIV investigation, use the following procedure.

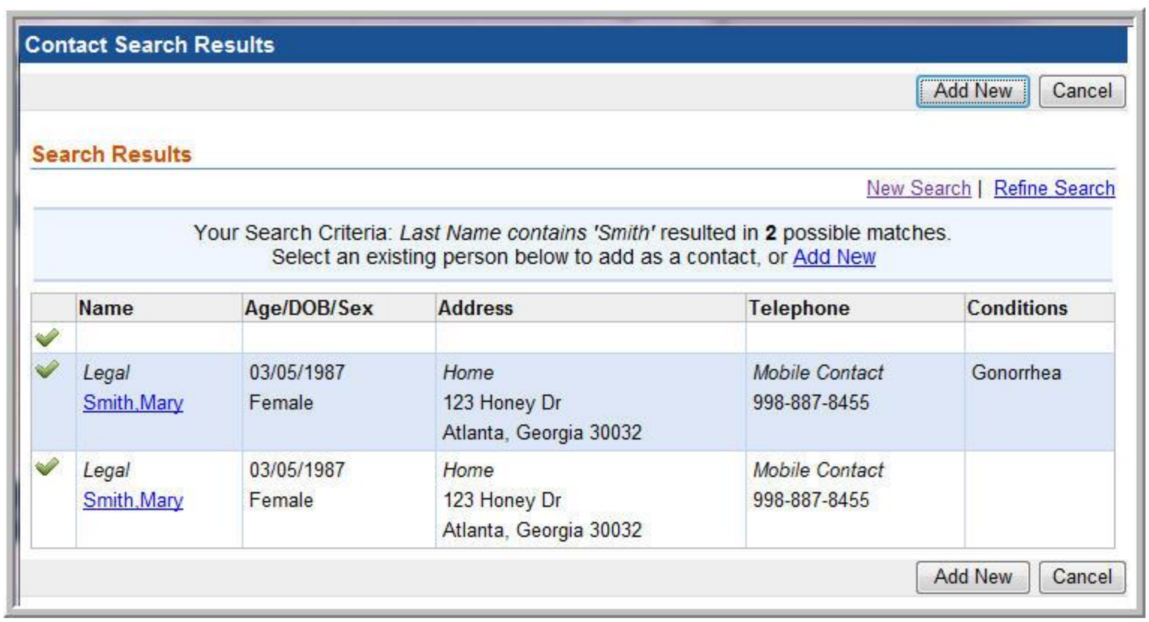
1. On the Contact Records, choose **Add Contact Record** [Add New Contact Record].

Because you must first search NBS for existing patients before adding a new contact to the system, NBS displays the Contact Search window.



2. Enter all known information, and choose **Submit**.

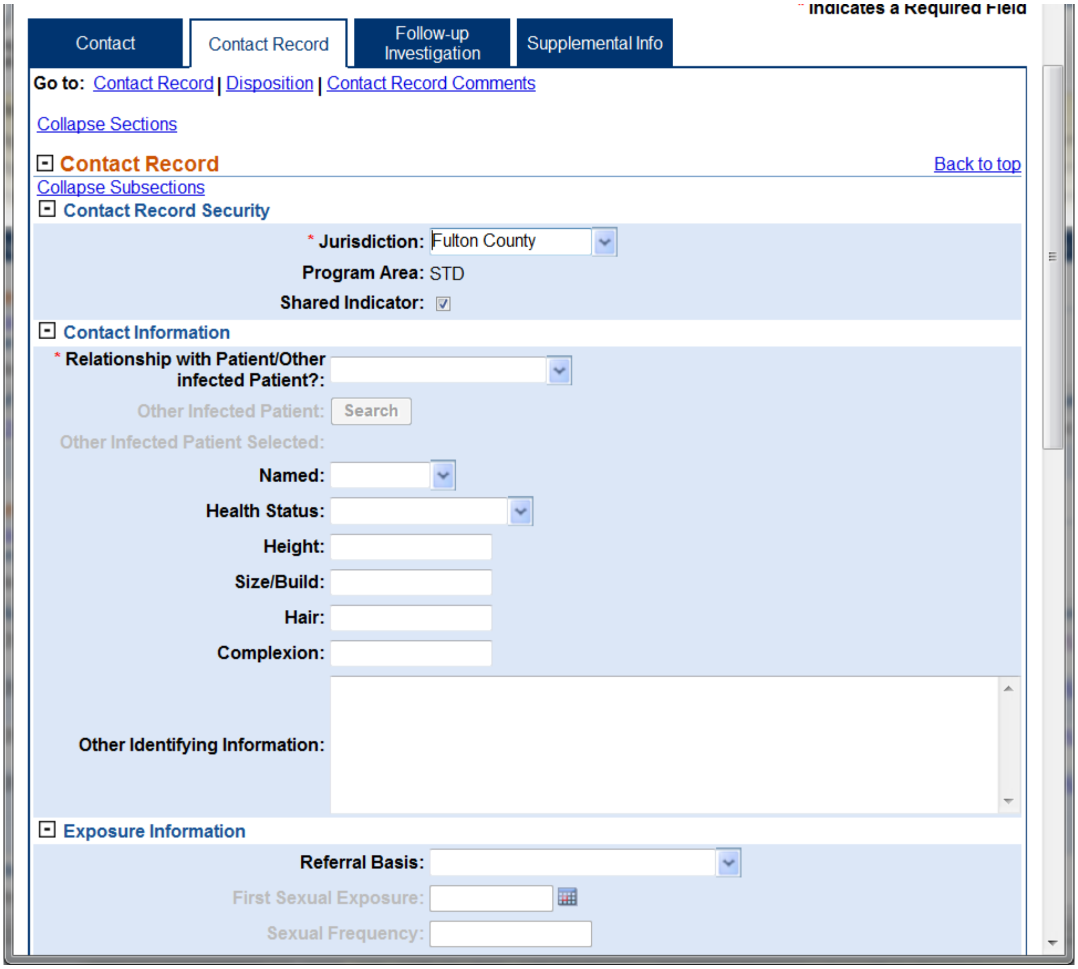
The system will return all matches and allow you to select an existing contact or create a new contact.



3. You can select an existing contact from the list by clicking the check mark beside the contact's name, or you can choose **Add New** to create a new record.

*Note: You can view a basic overview of an existing contact to better determine if the result record is the correct contact (patient) by clicking on the hyperlinked **Name**. NBS will display a read-only version of the Patient File for that contact.*

The system will display the Contact Record form, requiring you to specify relationship and exposure information and allowing you to include additional relevant information for the contact.



4. Include all known information, and choose **Submit**.

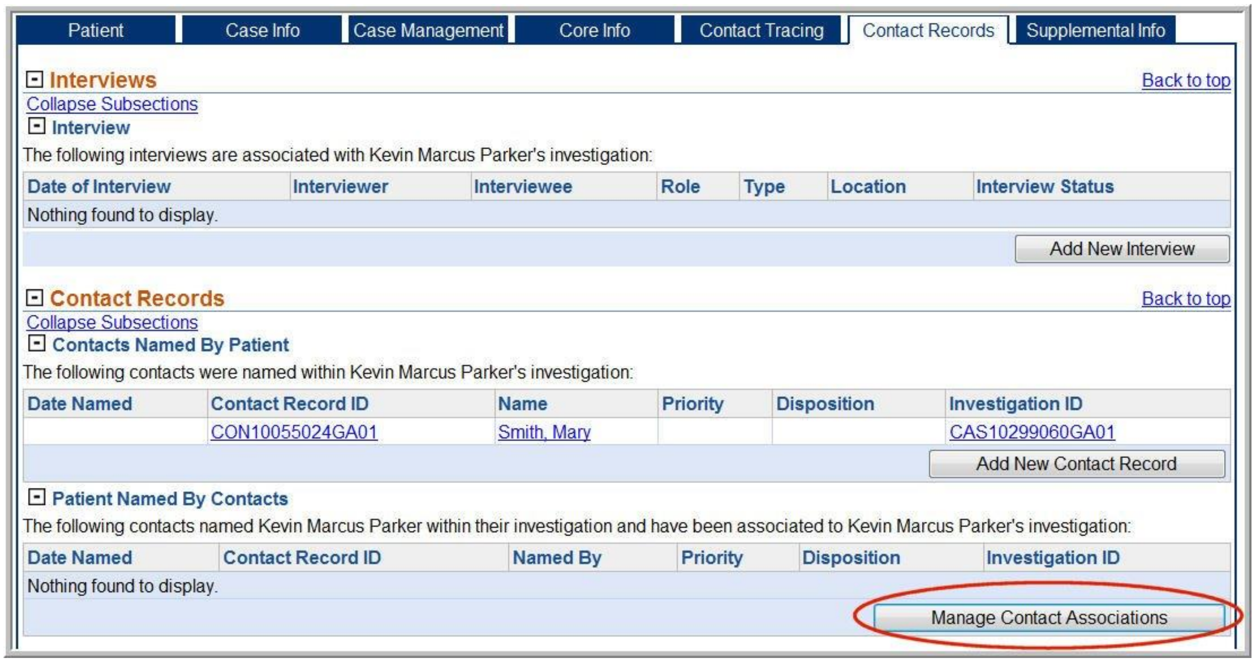
The system will display the new contact in the **Contacts Named by Patient** table.

You can view the contact record by choosing the **Contact Record ID** hyperlink.

5.4.7.3. Contact Records – Patient Named by Contact

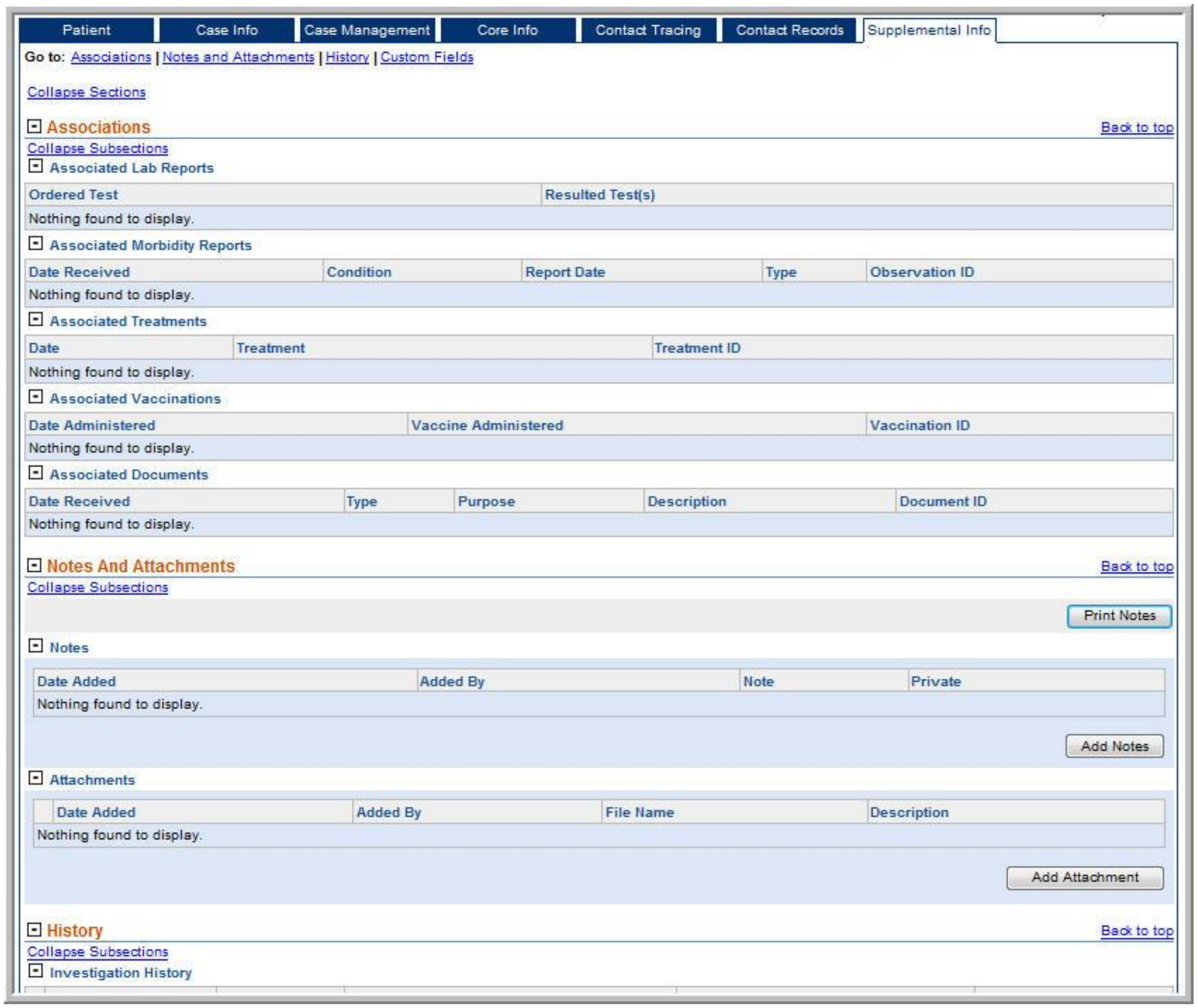
The **Patient Named by Contact** table provides the functionality for you to see the information about contacts (other patients) who have named the index patient as part of their investigations and to manage those associations.

From the **Contact Records** tab, you will choose Manage Associations to launch the window that allows you to work with the table of contacts.



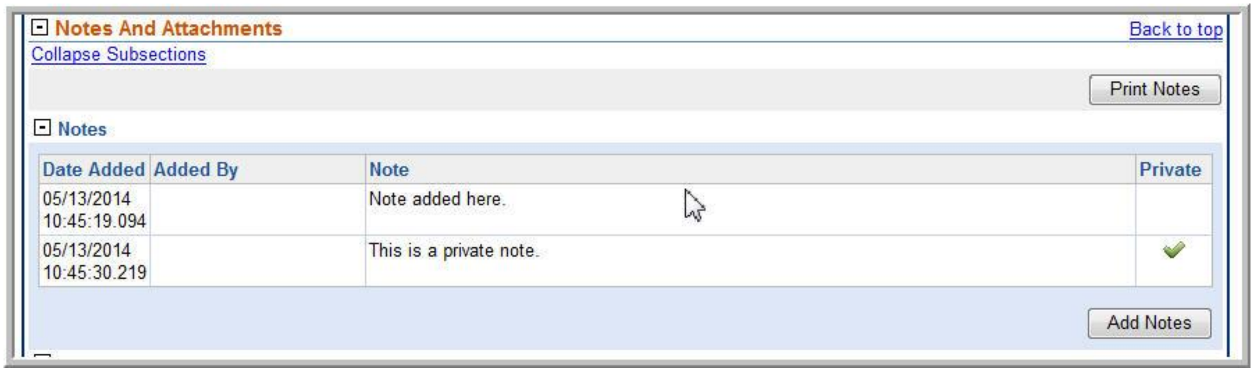
5.4.8. Supplemental Tab

The **Supplemental Info** tab contains lists of associations (i.e., laboratory reports, morbidity reports, treatments, vaccinations, and other documents associated to the investigation), a section allowing you to enter and review notes and attachments, and the investigation and notification history of the investigation. Previously, this tab was accessible only from the View Investigation page. This tab is also available when editing an investigation.



5.4.8.1. Notes

The Notes table is a means of providing additional information about the investigation. Each noted is time/date stamped in the table.



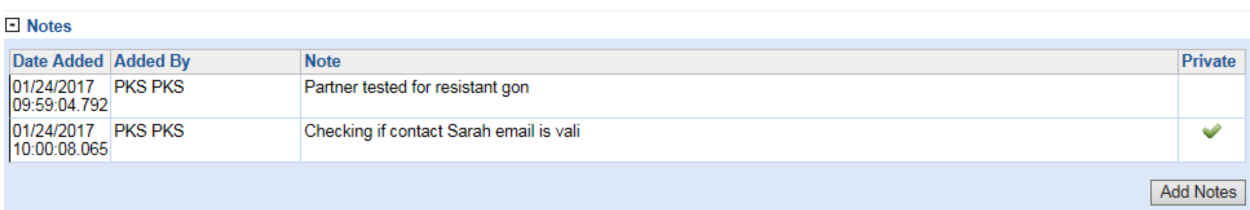
To add a note, use the following procedure.

1. In the **Notes** section, choose **Add Notes** .

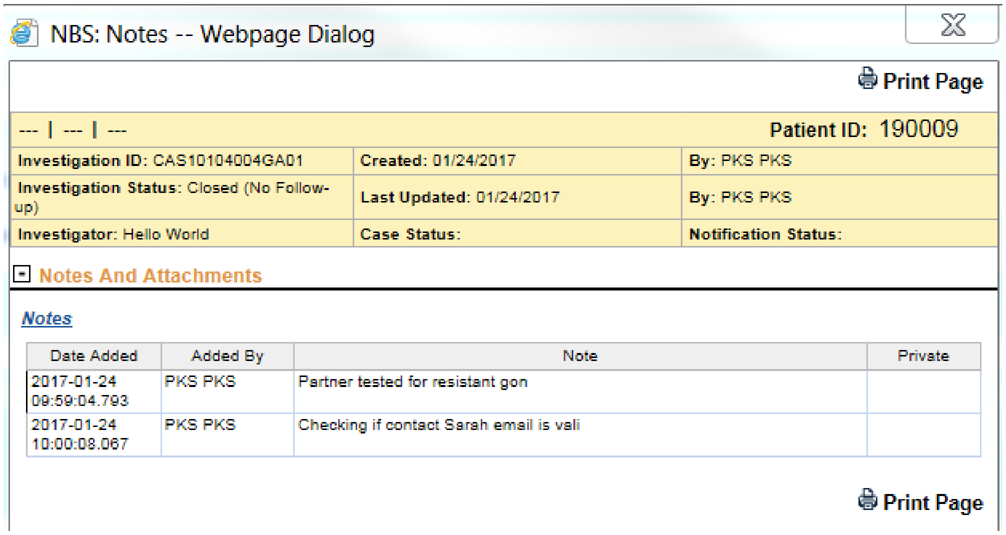
   The system displays the **Add New Notes** section, allowing you to enter text notes in the **Notes** area. You can also indicate that a note should be private, should you wish to do so.

2. Enter your note, and choose **Submit**.

   The system adds the note to the **Notes** table.



You can print all the notes from the **Supplemental Info** tab. Choose **Print Notes** in the **Notes and Attachments** section. The system displays a popup window showing the **Notes** table and allowing you to print the page.



5.4.8.2. Attachments

The **Attachments** section allows you to include supplemental files that are relevant to the investigation. The table shows included attachments and provides the means of accessing the files or deleting them. To access a file, choose the hyperlinked file name. To delete a file, choose **Delete** next to the **Date Added** of the file.

Use the following procedure to add an attachment.

1. In the **Attachments** section, choose **Add Attachment** 

.

   The system displays the **Attach New File** section, allowing you to browse to the file or enter the path name. Also, you can provide a description of the document to provide context within the investigation, should you wish to do so.

2. Select your file, and choose **Submit**.

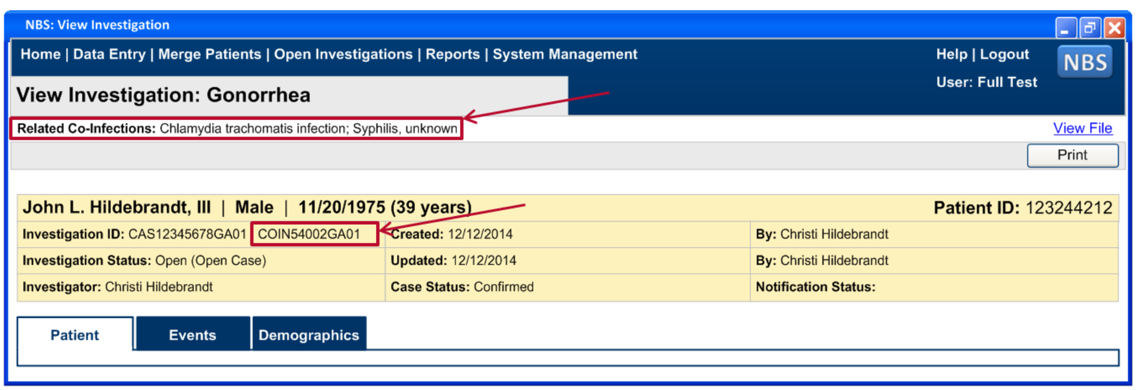
   The system adds the attachment to the **Attachments** table.

5.5. STD/HIV CO-INFECTION FUNCTIONALITY

Functionality for co-infection investigations is available to assist with elimination of duplicate data entry.

5.5.1. Co-infection Detail on Investigations

When a patient has multiple co-infection investigations (multiple disease investigations occurring at the same time), the co-infections are visible at the top of the investigation. Users can easily navigate between the co-infection investigations by clicking on the hyperlink for each condition. The co-infection ID is also present in the header next to the Investigation ID.



5.5.2. Core Questions

Core or co-infection questions are data elements that are shared across STD and HIV co-infections. In general, questions found on the CDC Interview Record are not condition specific and are common/shared across co-infections. Below is a listing of co-infection questions.

Question ID	Question Name
CURRENT SEX REASON UNKNOWN	
NBS272	Unknown Reason
ADDITIONAL RESIDENCE INFORMATION	
NBS201	Living With

NBS202	Type of Residence
NBS203	Time at Address
NBS204	Time at Address Units
NBS205	Time in State
NBS206	Time in State Units
NBS207	Time in Country
NBS208	Time in Country Units
NBS209	Currently institutionalized
NBS210	Name of Institution
NBS211	Type of Institution
PREGNANT INFORMATION	
NBS216	Pregnant at Exam
NBS217	Weeks Pregnant at Exam
NBS218	Pregnant at Interview
NBS219	Weeks Pregnant at Interview
NBS220	Currently in Prenatal Care
NBS221	Pregnant in Last 12 Months
NBS222	Pregnancy Outcome
BEHAVIORAL RISK INFORMATION	
NBS229	Was Behavioral Risk Assessed
STD107	Had Sex with Male Past 12 Months
STD108	Had Sex with Female Past 12 Months
NBS230	Had Sex with Transgender Past 12 Months
STD109	Had Sex with Anonymous Partner Past 12 Months
NBS231	Had Sex Without a Condom Past 12 Months
STD111	Had Sex While Intoxicated/High Past 12 Months
STD112	Exchanged Drugs/Money for Sex Past 12 Months
STD113	Females - Had Sex with Known MSM Past 12 Months
STD110	Had Sex with Known IDU Past 12 Months
STD118	Been Incarcerated Past 12 Months
STD114	Injection Drug Use Past 12 Months
NBS232	Shared Injection Equipment Past 12 Months
NBS233	No Drug Use Indicator
NBS237	Cocaine Use Indicator
NBS235	Crack Use Indicator
NBS239	Heroin Use Indicator
NBS234	Methamphetamines Use Indicator
NBS236	Nitrates/Poppers Use Indicator
NBS238	Erectile Dysfunction Meds Use Indicator
NBS240	Other Drug Use Indicator
STD300	Specify Other Drug Used (STD)
HANGOUTS	
NBS242	Places to Meet Partners
NBS243	Meetup Place

NBS244	Places to Have Sex
NBS290	Sex Place
PARTNER INFORMATION	
NBS223	Female Partners Last 12 Months
NBS224	Number Female Last 12 Months
NBS225	Male Partners Last 12 Months
NBS226	Number Male Last 12 Months
NBS227	Transgender Partners Last 12 Months
NBS228	Number Transgender Last 12 Months
STD120	Total number of sex partners last 12 months?
NBS129	Female Period Partner Indicator
NBS130	Number Female Period Partners
NBS131	Male Period Partner Indicator
NBS132	Number Male Period Partners
NBS133	Transgender Period Partner Indicator
NBS134	Number Transgender Period Partners
STD119	Met Sex Partners through the Internet
TARGET POPULATIONS	
NBS271	Target Populations
STD TESTING	
NBS246	Source of Sign/Symptom
NBS247	Observation/Onset Date of Sign/Symptom
INV272	Sign/Symptom
STD121	Anatomic Site of Sign/Symptom
NBS248	Anatomic Site Other Specified
NBS249	Duration (Days) of Sign/Symptom
PREVIOUS STD HISTORY	
STD117	Previous STD history?
NBS250	Previous STD Condition
NBS251	Previous STD Diagnosis Date
NBS252	Previous STD Treatment Date
NBS253	Previous STD Confirmed Indicator
900 PARTNER SERVICES INFORMATION	
NBS257	Enrolled in Partner Services
NBS254	Previous 900 Test
STD106	Self-reported 900 Result
NBS259	Date last 900 Test
NBS260	Refer for 900 Test
NBS261	Referral Date
NBS262	900 Test
NBS263	900 Result
NBS265	Result provided
NBS264	Post-test Counselling
NBS266	Refer for Care

NBS267	Keep Appointment
NBS255	Anti-viral Therapy - Last 12 Months
NBS256	Anti-viral Therapy - Ever

5.5.3. Associate Laboratory Reports Across Co-Infection Investigations

Laboratory reports, both those entered manually and those received electronically, can be associated across multiple co-infection investigations. This functionality is available for all conditions using Page Builder pages. This allows users to enter information one time and associate it to multiple investigations to prevent duplicate data entry. In NBS, one laboratory object exists and can be linked to multiple investigations. For information on how to use this functionality, see the section entitled "Associate a Lab Report to an Investigation".

5.5.4. Associate Treatment Across Co-Infection Investigations

Treatment records can be associated across multiple co-infection investigations. This functionality is available for all conditions using Page Builder pages. In NBS, one treatment record is entered and associated to multiple investigations. For information on how to use this functionality, see the section entitled "Associate/Disassociate Treatment to Investigation(s)".

5.5.5. Associate Interview Across Co-Infection Investigations (STD/HIV Only)

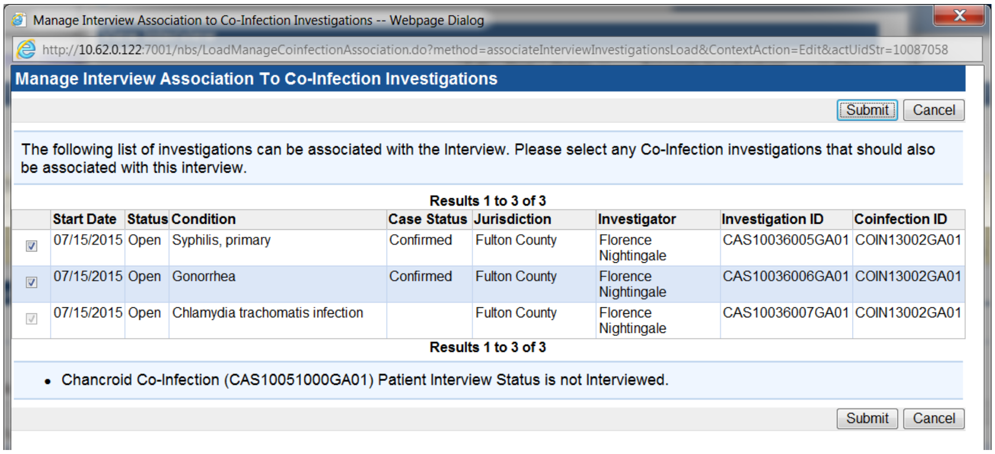
NBS allows an interview record to be associated to multiple investigations. This functionality is available for STD/HIV co-infection investigations only. A single interview record is entered on an investigation, then associated to multiple investigations. The interview is automatically associated to the co-infection investigation from which it is created and cannot be disassociated from that investigation. It can only be removed by disassociating it from other investigations and then deleting it from the investigation where it was originally entered.

Use the following procedures to manage interview record associations to one or more investigations.

5.5.5.1. Associate an Interview Record to Co-Infection Investigation

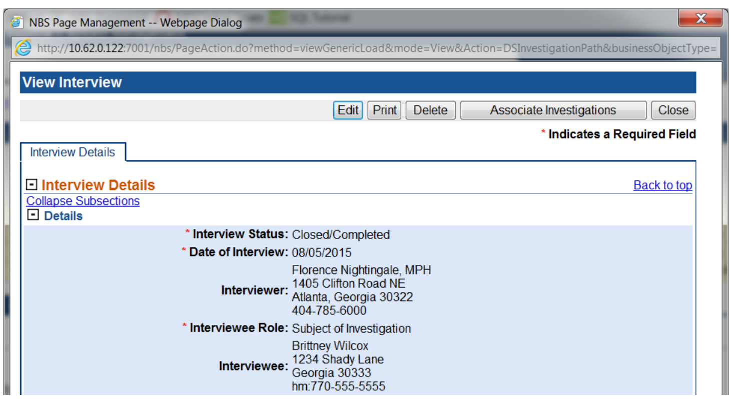
1. From View Investigation, navigate to the Contact Records tab. Select the interview you would like to associate to other investigations.
2. Choose **Associate Investigations**.

The NBS displays the Manage Interview Association To Co-Infection Investigations page.



3. Select the checkbox for the investigation(s) to which you would like to associate the Interview Record. The investigation from which the interview is created is automatically checked and disabled.

4. Choose **Submit**. The View Interview page is displayed.



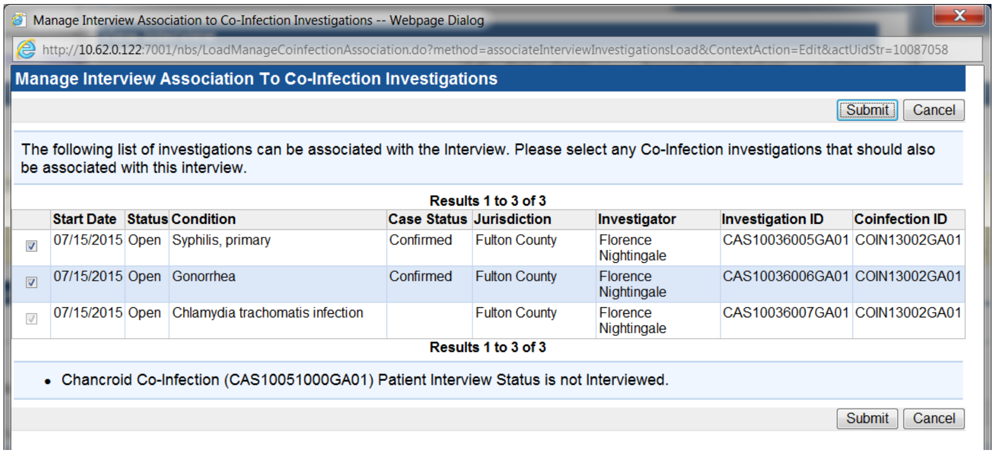
5.5.5.2. Remove an Interview Record Association from an Investigation

Should you need to remove an Interview Record's association from a co-infection investigation (excluding the investigation from which it was created) use the following procedure.

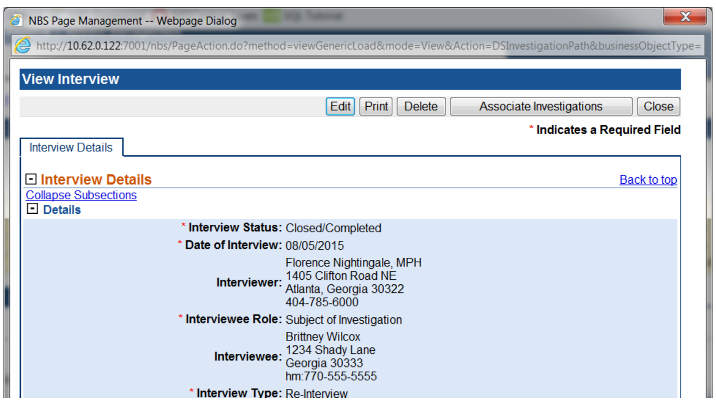
1. View the Interview you would like to disassociate from the investigation by going to the Contact Records tab from View Investigation.

2. Choose **Associate Investigations**.

   The NBS displays the Manage Interview Association To Co-Infection Investigations page.



3. Deselect the checkbox for each investigation from which you would like to remove the association to the Interview record. The investigation from which the interview record was created will be checked and greyed out. Follow the instructions below for deleting an interview record.
4. Choose **Submit**. The View Interview page is displayed.



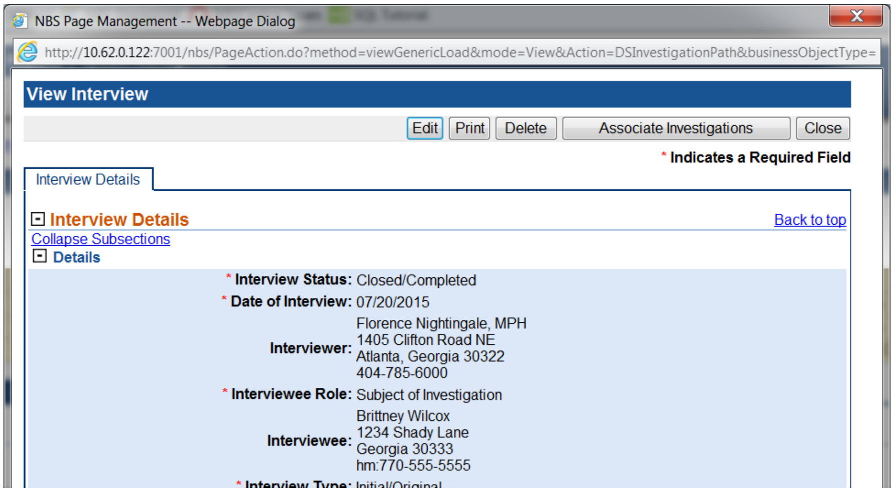
5.5.5.3. Delete an Interview Record from a Co-Infection Investigation

To remove an interview record from the investigation from which it was created, it cannot be disassociated; it must be deleted. It should be disassociated from other co-infection investigations prior to deletion.

Note: If the deleted interview is referenced in a contact record, the **Named** field on the contact record will need to be modified next time the contact record is opened.

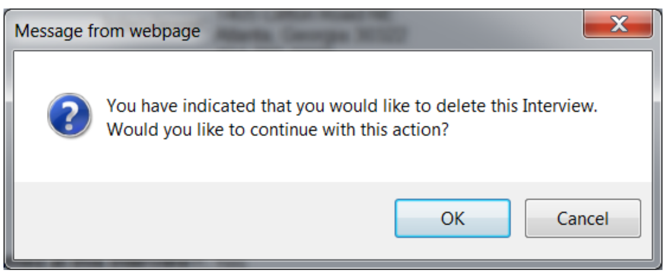
Follow the procedure below to delete an interview record.

1. View the Interview you would like to delete from the investigation where it was created by going to the Contact Records tab from View Investigation.
2. NBS will display that interview record.



3. Click **Delete**.

4. The system will display a pop-up to verify that you would like to delete the interview record.



5. Click **OK**.

The system will return to the Contact Records tab on View Investigation.

5.5.6. Associate Contact Records Across Co-Infection Investigations (STD/HIV Only)

NBS allows a contact record to be copied to multiple investigations. This functionality is available for STD/HIV co-infection investigations only. A contact record is entered on an investigation and then copied to other co-infection investigations. Unlike treatment and interview records in which there is one record that is associated to multiple investigations, additional contact records are created when ‘copied’ to other co-infection investigations. This allows information to be different across co-infections, such as processing decision.

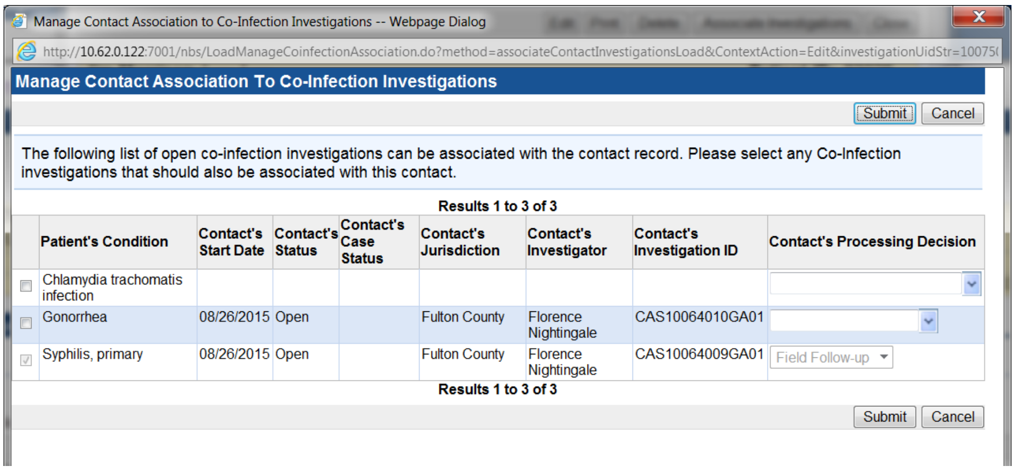
A contact records cannot be disassociated once copied to a co-infection investigation. It can only be removed by deleting it from the investigation that it applies to.

Use the following procedure to copy a contact record to one or more investigations.

5.5.6.1. Copy a Contact Record to Co-Infection Investigation(s)

1. From View Investigation, navigate to the Contact Records tab. Select the contact record you would like to copy to other investigations.
2. Choose **Associate Investigations**.

The NBS displays the Manage Contact Association To Co-Infection Investigations page.



3. Select the checkbox for the investigation(s) to which you would like to copy the contact record. The investigation from which the contact is being copied is automatically checked and disabled.

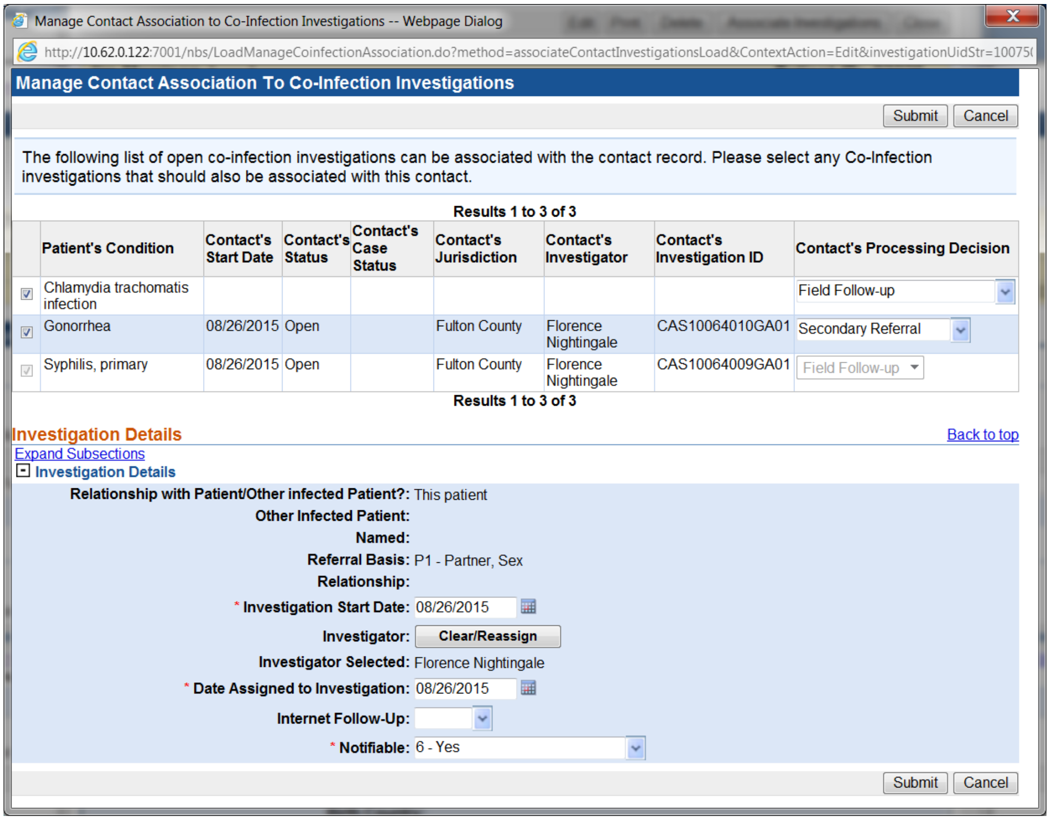
   The list of investigations on the far left of the page show other co-infection investigations for the patient whose investigation you are in (the original patient in this example) which are eligible to copy the contact record to. Which investigations are eligible are driven by the criteria below:

   - Open investigations in the same co-infection group
   - If the contact record you are copying references an interview, only co-infection investigations which have that same interview associated will show in the list.
   - If the contact record you are copying does not reference an interview (i.e. initiated without interview), the interview status and associated interview are irrelevant.

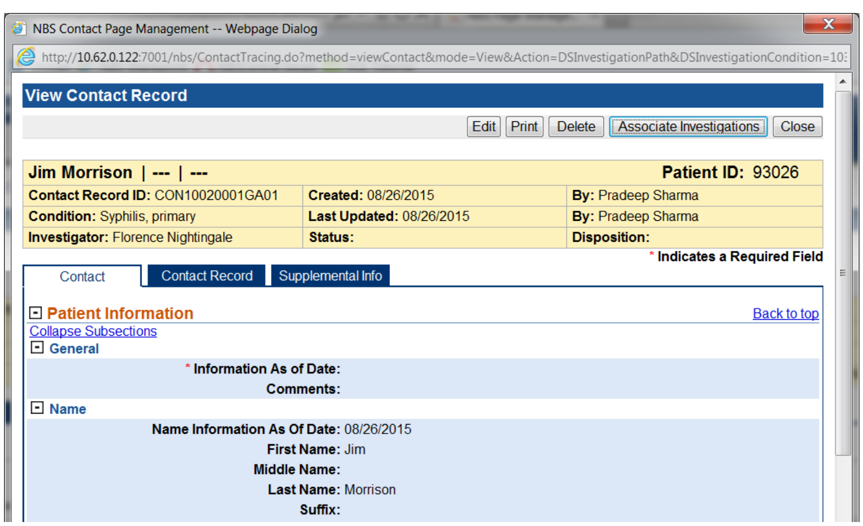
   The information on the right side of the table (beginning with Contact's Start Date) shows any investigations for that condition that the contact may have.

   Note: *The system does not prevent you from creating multiple contact records between the same 2 patients. For example, if Patient A names Patient B in an interview on 8/1/2015, a contact record can be created with that information. If Nurse A from the reporting facility says that Patient A and Patient B are cohorts, you can create a contact record between Patient A and B with that information.*

4. You must also choose a processing decision for each co-infection investigation checked. If Field Follow-up is chosen for any of the Contact's Processing Decisions, the Investigation Details section will display on the Manage Contact Association to Co-Infection Investigations page. If the contact record you are copying had a processing decision of field follow-up, the Investigation Details will prepopulate with the information on the contact record that you are copying. You can edit the information.



5. Choose **Submit**. The View Contact Record page is displayed.



Note: If Field Follow-up was chosen as the Contact's Processing Decision for any of the co-infection investigations, an investigation is created for the contact and the contact record is automatically linked to both the original patient's and the contact's investigations. When creating an investigation for the contact in this manner, the investigation is automatically added to the same co-infection id if the contact has any other open STD conditions.

Note: If Field Follow-up was chosen as the Contact's Processing Decision for any of the co-infection investigations, an investigation is created for the contact and the contact record is automatically linked to both the original patient's and the contact's investigations. When creating an investigation for the contact in this manner, the investigation is automatically added to the same co-infection id if the contact has any other open STD conditions.

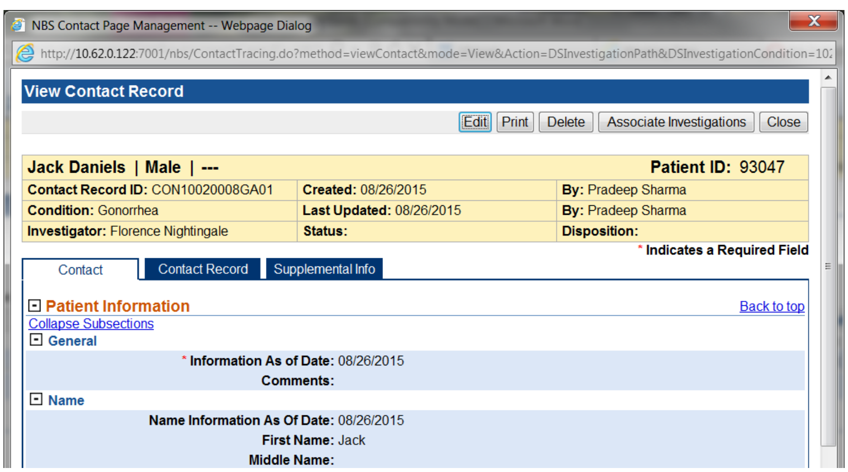
5.5.6.2. Delete a Contact Record from a Co-Infection Investigation

To remove a contact record from the investigation from which it was created, it cannot be disassociated; it must be deleted. It should be disassociated from other co-infection investigations prior to deletion.

Note: If the deleted interview is referenced in a contact record, the **Named** field on the contact record will need to be modified next time the contact record is opened.

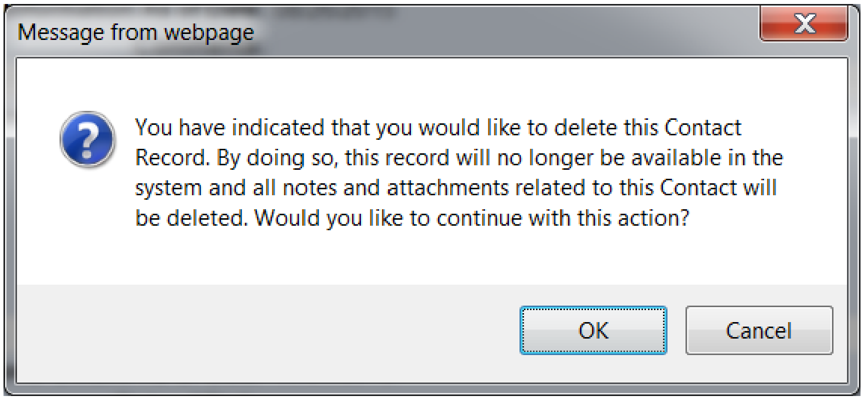
Follow the procedure below to delete a Contact record.

1. View the Contact record you would like to delete from the investigation where it was created by going to the Contact Records tab from View Investigation.
2. NBS will display that contact record.



3. Click **Delete**.

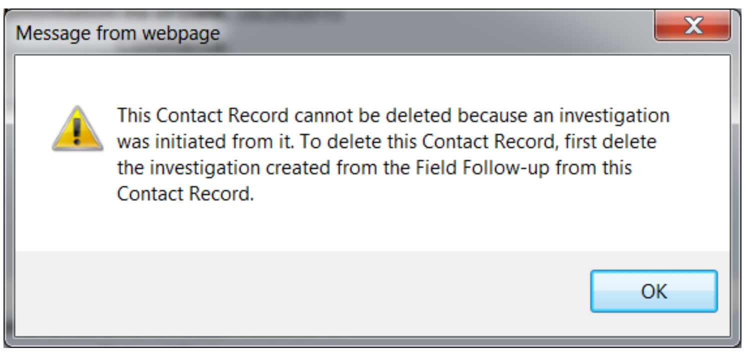
4. The system will display a pop-up to verify that you would like to delete the contact record.



5. Click **OK**.

The system will return to the Contact Records tab on View Investigation.

Note: If the contact record initiated an investigation in a contact's record (processing decision was field follow-up), you must first delete the investigation before deleting the contact record.



5.6. PARTNER SERVICES FUNCTIONALITY IN NBS

NBS produces a partner services file extract to upload to CDC's EvaluationWeb.

5.6.1. Data Entry Workflow

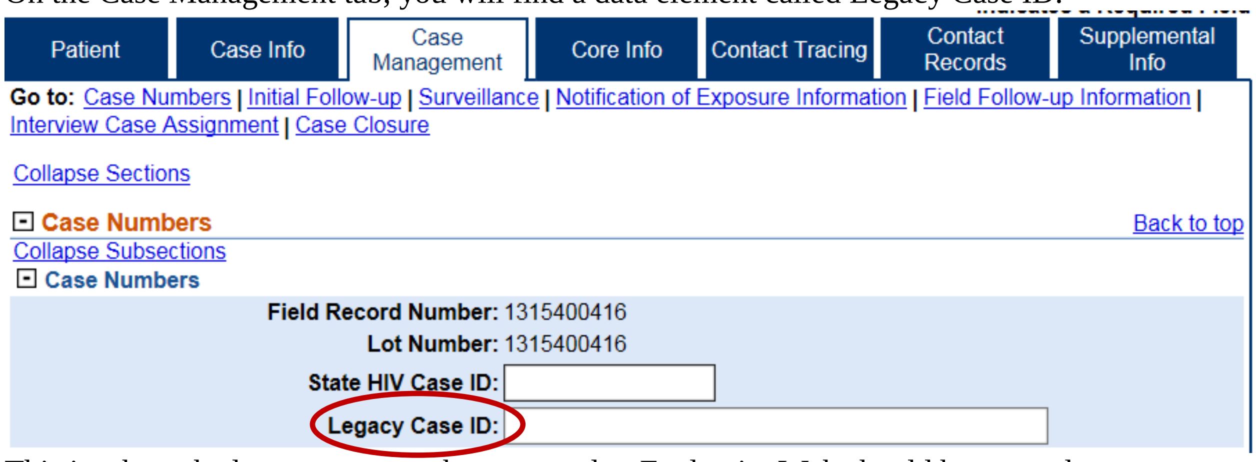
5.6.2. Entering Identifiers for Patients Previously Reported through EvaluationWeb

For HIV cases that have been previously reported to CDC through EvaluationWeb (e.g. through the STD*MIS Partner Services extract or from another legacy system), the legacy Case Number and Patient Number should be entered into NBS. This prevents duplicate counting of HIV cases in EvaluationWeb. For example, let's say your system reported an HIV case with partner information to CDC from STD*MIS, prior to using NBS. The Patient Number used was 10629874 and the Case Number was 80928374. The patient has now been reported to NBS for a gonorrhea infection and you need to follow-up on the patient's contacts for HIV infection. NBS will assign new patient and case numbers to any person in the system. When reported to CDC, this will look like a duplicate case.

If you have migrated legacy STD data into NBS from STD*MIS, the system can pull the patient and case numbers used by the legacy system automatically. If not, you will need to enter the information for any case previously reported to avoid duplication. If the case has not been reported previously, the NBS patient and case numbers will be used and no updates are needed. States can download an extract from EvaluationWeb that contains patient and case numbers to check to see if a case has been reported previously. This is currently a manual process.

5.6.2.1. To Enter a Legacy Case Number Previously Reported to EvaluationWeb

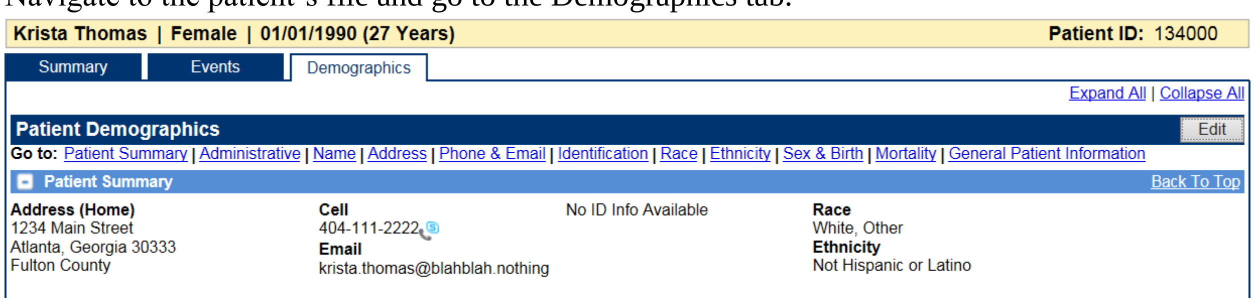
1) Navigate to the patient's HIV investigation and click Edit.
2) On the Case Management tab, you will find a data element called Legacy Case ID.



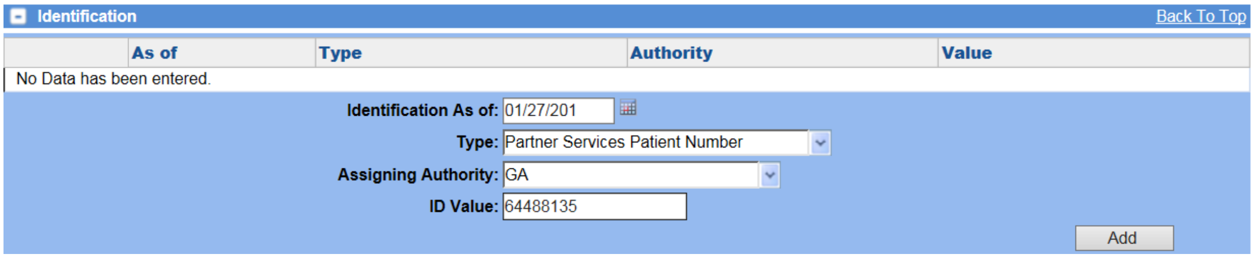
3) This is where the legacy case number reported to EvaluationWeb should be entered.
4) Note: This is the logic that NBS uses to pull the case number for the partner services file:
   a. If Legacy Case ID is populated, use this value;
   b. If not, pull the first HIV case number from legacy data that was migrated into the system;
   c. If no legacy HIV case data were migrated into the system, use the NBS Case ID.

5.6.2.2. To Enter a Legacy Patient Number Previously Reported to EvaluationWeb

1) Navigate to the patient's file and go to the Demographics tab.



2) Click Edit.
3) In the Identification section, enter the legacy Partners Services Patient Number information and click Add.

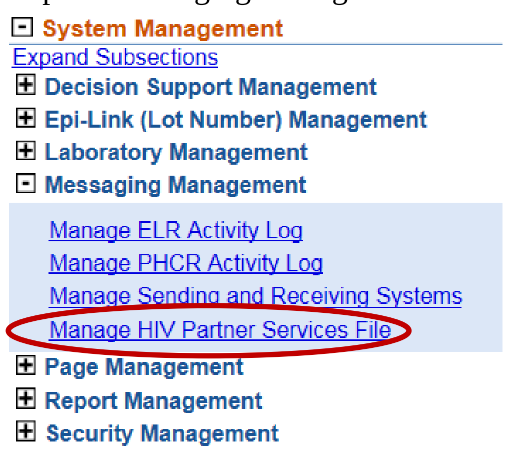


4) Click Sumit to save the legacy patient number from EvaluationWeb.
5) Note: This is the logic that NBS uses to pull the patient number for the partner services file:
    a. If a patient ID where Type=Partner Services Patient Number exists in the patient's demographics, use this value;
    b. If not, pull the patient number from legacy data that was migrated into the system;
    c. If no legacy HIV case data were migrated into the system, use the NBS Person ID.

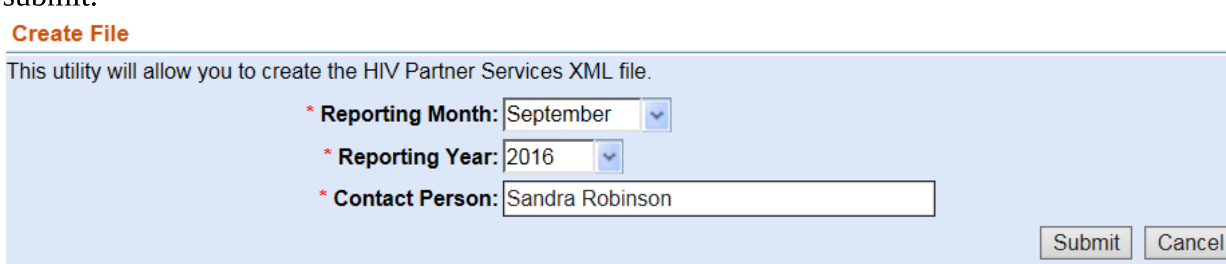
5.6.3. Extracting the Partner Services File

The partner services file may be extracted by anyone with system administrator privileges. Follow the instructions below to extract the file:

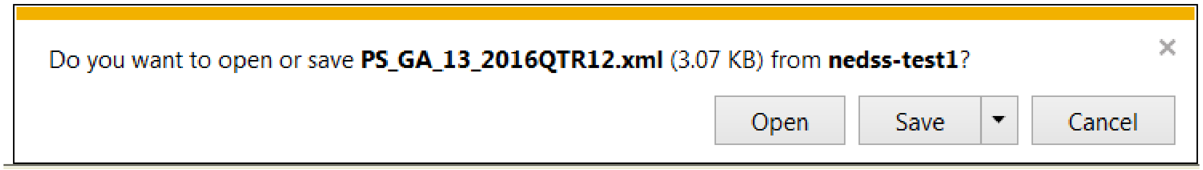
1. Go to the System Management menu
2. Expand Messaging Management and click Manage HIV Partner Services File.



3. Complete the fields regarding reporting period and contact person and click submit.



4. Save the exported file and submit through EvaluationWeb.



5. After you have saved the file, select Cancel to exit.

5.7. STD/HIV NOTIFICATIONS

STD notifications use the existing notification functionality (creation and approval processes) established in NBS for all Program Areas, with the following exceptions:

- Notifications to the CDC HIV Program are not sent using the NBS. Therefore, the Create Notification feature is not available for HIV/AIDS investigations. Instead, the system will create HIV Partner Services Files, which the user will then send to CDC via an application on CDC's SDN (Secure Data Network). [It is expected the STD MMG will be in production and supported in the NBS 5.2 Release.]
- Notifications for Congenital Syphilis cases are not currently supported. The recently updated Congenital Syphilis case notification message mapping guide from CDC is not yet implemented in the system. Congenital Syphilis cases should be sent using legacy NETSS messages until an updated Congenital Syphilis module is available.

5.8. STD/HIV REPORTS

The following STD reports are available on STD Investigations:

Report Name	Report Description
Program Activity Reports	
PA01 - Case Management Report	These reports show two levels of performance. • Program Level: How am I doing? Program Indicators Report, Case Management Report. • Worker Level: How are my workers doing? Field Investigation Outcomes, Worker Interview Activity. Each report appears in the reporting module as follows: • PA01 Case Management Report (Closed Date) - HIV • PA01 Case Management Report (Closed Date) - STD • PA01 Case Management Report (Interview Assign Date) - HIV • PA01 Case Management Report (Interview Assign Date) - STD
PA02 - Field Investigation Outcomes	This report generates a table outlining field record dispositions for all closed field records and speed of exam on those field records with a disposition where the patient was located and examined. The table displays this information by type of field record (i.e., referral basis). PA02 Field Investigation Outcomes Reports • PA02 Field Investigation Outcomes (Dispositioned Date) - HIV • PA02 Field Investigation Outcomes (Dispositioned Date) - STD • PA02 Field Investigation Outcomes (Field Follow-up Assigned Date) - HIV • PA02 Field Investigation Outcomes (Field Follow-up Assigned Date) - STD
PA03 - Internet Partner Services Report	This report shows the number of cases, sexual contacts, social contacts, and associates with and without internet partner services follow-up initiated for a given time period and disease. Initiated partners and clusters (those initiated for Field Follow-up or Secondary Referral) named by the patient are considered. This report provides the contact and cluster indices for cases with and without internet partners. For those cases where internet partner services are utilized, this report also lists the Internet Outcomes by partners, social contacts, and associates.
PA04 - Program Indicators Report	The Program Indicator Report is intended to illustrate the success of a STD Program as a whole rather than by individual worker by outlining program indicator elements. Hence, information in this report is related to the success of interview (original and re-interview) and field efforts, not to the worker responsible for the activity. Indices are computed in the same fashion. All elements are respective of closed cases only. PA04 Program Indicator Reports • PA04 Program Indicator Report (Assigned Date) - HIV • PA04 Program Indicator Report (Assigned Date) - STD • PA04 Program Indicator Report (Closed Date) - HIV • PA04 Program Indicator Report (Closed Date) - STD

Report Name	Report Description
PA05 - Worker Interview Activity	This report details volume of interviews, as well as success and speed of interviewing activity. PA05 Worker Interview Activity Reports • PA05 Worker Interview Activity (Case Close Date) • PA05 Worker Interview Activity (Interview Assign Date)
Case Analysis Reports	
CA01 - Chalk Talk Report: Case	This report gives a brief overview of the information within a lot to aid in case management and lot management. The case report gives more details on the individual cases within the lot (i.e. pregnancy status, marital status, treatment, and symptoms/signs) as well as the breakdowns on who named who. The Named and Nameback sections show different exposure information. The Named section shows what the index patient said as far as exposure and the Nameback section shows what the partner said as far as exposure. The report also shows those who named the Original Patient (OP) but the OP did not name, as well as those named by others as contacts to the OP. These pieces of information can be examined and used in managing the investigation. This report is designed with the worker in mind. Each report appears in the reporting module as follows: 1. CA01 Chalk Talk Report: Diagnosis 2. CA01 Chalk Talk Report: Lot
CA02 - Chalk Talk Report: Lot	This report provides information on the infected patients in the same Lot (Epi-linked group) for a specific disease (e.g., Patient summary, Case information, interview date, who was named, exposure with contact, contact's dispositions, and patient's signs/symptoms). The total count of all partners and social contacts/associates related to the patient's case is also given.
CA03 - Chalk Talk Report: Marginals	This case report lists Patients in the same Lot for a specific disease with some summary case information and any marginal named (Ix date, Marginals name, referral basis, gender, exposure, etc.).
CA04 - Disease by Hangout: Detailed	This report gives a listing of social venues where infected patients claimed to meet sex partners or engage in sexual activities. The listing also displays the number of cases by diagnosis, a listing of associated cases, and a listing of any cases found through screenings completed at the venue. This report also contains a listing of cohorts found through the screening efforts. This report can assist in identifying potential screening sites or to evaluate cases found during screenings.
CA05 - Disease by Hangout: Summary	This report gives a listing of social venues where infected patients claimed to meet sex partners or engage in sexual activities. The listing also displays the number of cases by diagnosis. This report provides the user the flexibility to show only those venues which have at least X number of cases for diagnosis selected.
Quality Assurance Reports	
QA01 - Interview Record Listing	This report generates a list, by name, of individuals interviewed during the specified time period. QA01 Interview Record List Reports 1. QA01 Interview Record List (Assigned Date)

Report Name	Report Description
	2. QA01 Interview Record List (Closed Date) 3. QA01 Interview Record List (OI Date)
QA02 - Interviews - Pregnant/Recent Birth	[Not supported in 5.1 Release] This report generates a list, by name, of females interviewed that have a current or past year pregnancy status of Yes during the specified time period. Current includes at time of initiation of investigation, at time of exam and at time of interview.
QA03 - Case Listing	This report generates a list, by name, of individuals with cases within a designated time period. User selections include a time period (based on confirmation date date) and disease(s). A morbidity/case notification may be created, but not yet sent to CDC. A case is an investigation with case status of probable or confirmed.
QA04 - Cases Missing Lab or Treatment	This report generates a list, by name, of individuals with cases which is not linked to a positive lab test record (for this reported case) or to a treatment record. User selections include a time period (based on confirmation date) and disease diagnosis (one or more)(s). A case is an investigation with case status of probable or confirmed.
QA05 - No. Records Entered by USER_ID	This report produces a table showing data entry user name by the number and type of records the user entered. Types of records include Reactor Reports (Manual Lab Report and Morbidity Reports), Contact Records added to investigations, and OOJ Referrals.
QA06 - Patients with Multiple Cases	This report generates a list, by name, of individuals who have multiple occasions of cases within a time period. Additional filtering for Threshold is provided. The threshold is for whether the patient is listed or not, not to limit the number of diseases to list. (E.g., the patient has 6 Gonorrhea cases in the past year. Setting the threshold at 3 means show me all the patients w/ 3 or more Gonorrhea cases. Since this patient meets those criteria, they would be listed on the report and all 6 Gonorrhea cases would be listed.)
QA07 - Duplicate Cases	This report generates a list, by name, of individuals that have possible duplicate case incidents. User filtering includes a time period (based on case confirmation date), diagnoses and range between occurrences. “Cases” only include investigations with Case Status of Probable or Confirmed. “Duplicate Cases” is the occurrence of the same infection within a certain amount of days within the time period given. For example a patient diagnosed with Gonorrhea June 2nd and again on June 9th of the same year could be considered a duplicate. Each project site establishes their threshold based on local epidemiology. The report should be run one condition at a time. QA07 Duplicate Cases Reports 1. QA07 Duplicate Cases (30 Days) 2. QA07 Duplicate Cases (60 Days) 3. QA07 Duplicate Cases (90 Days)

Report Name	Report Description

6. WORKING WITH REPORTS

6.1. SECTION DESCRIPTION

This section contains descriptive and procedural information about the following functions:

- Viewing and selecting reports
- Running reports using basic and advanced criteria
- Exporting a report's output
- Saving reports
- Deleting reports
- Creating custom reports using report templates

6.2. VIEWING AND RUNNING REPORTS

6.2.1. Description

This section contains descriptive and procedural information about the following functions:

- Viewing and selecting reports
- Running reports using basic and advanced criteria
- Exporting, saving, and deleting a report

Understanding Reports

NBS provides standard reports you can use to view and analyze data. It also provides report templates you can use to create custom reports.

NBS provides the following standard reports:

- SR2, Counts of Reportable Diseases by County for Selected Time Frame
- SR5, Cases of Reportable Diseases by State
- SR7, Bar Graph of Cases of Selected Diseases vs. 5-Year Median for Selected Time Period
- SR8, State Map Report of Disease Cases Over Selected Time Period
- SR9, Bar Graph of Disease by Month
- SR10, Multi-Year Line Graph of Disease Cases
- SR11, Cases of Selected Diseases by Year Over Time
- SR12, Cases of Selected Disease by County by Year
- SR13, Cases of Selected Diseases by Case Status
- SR14, Interview Record Listing (Specific to STD/HIV)
- SR15, Interviews – Pregnant/Recent Birth (Specific to STD/HIV)

- SR16, Case Listing (Specific to STD/HIV)
- SR17, Cases Missing Lab or Treatment (Specific to STD/HIV)

To run a report, you perform the following procedures:

- View the available reports and select the report you want.
- Select the basic filter criteria.
- Optionally, select advanced filter criteria.
- Run the report.

You can also

- Create a custom report using a report template.
- Export a report.
- Save a report.
- Delete a report.

6.2.2. Viewing and Selecting Reports

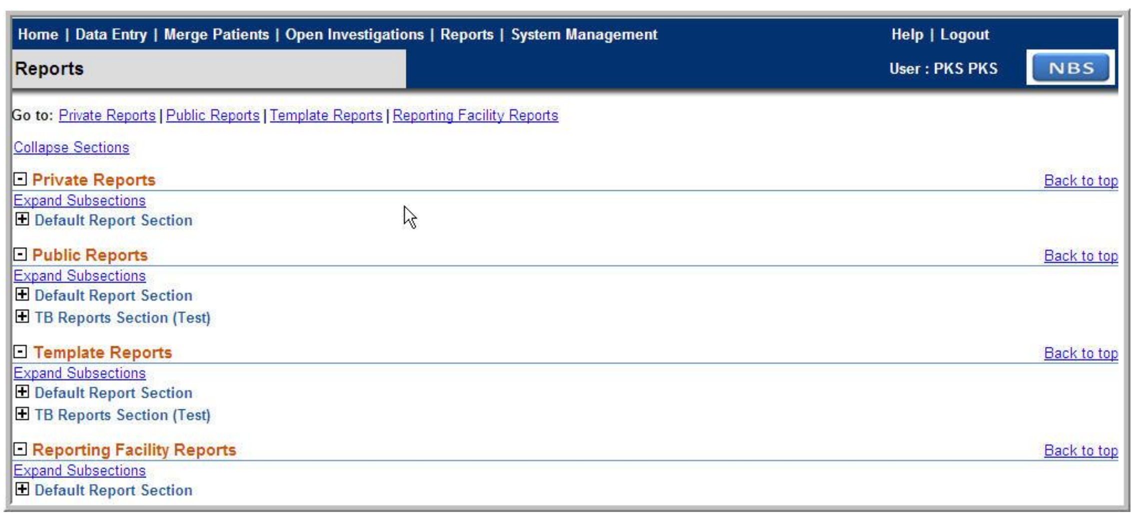
You can view and select a report using the Reports page. The Reports page displays the Reports List and includes a list of the following items:

- Public and private reports accessible only to you in the My Reports section.
- Public reports accessible to any user in the Public Reports section.
- Report templates you use to create a custom report in the Report Templates section.

To view and select a report, perform the following procedure:

1. Click **Reports** on the navigation bar.

   NBS displays the Reports page.



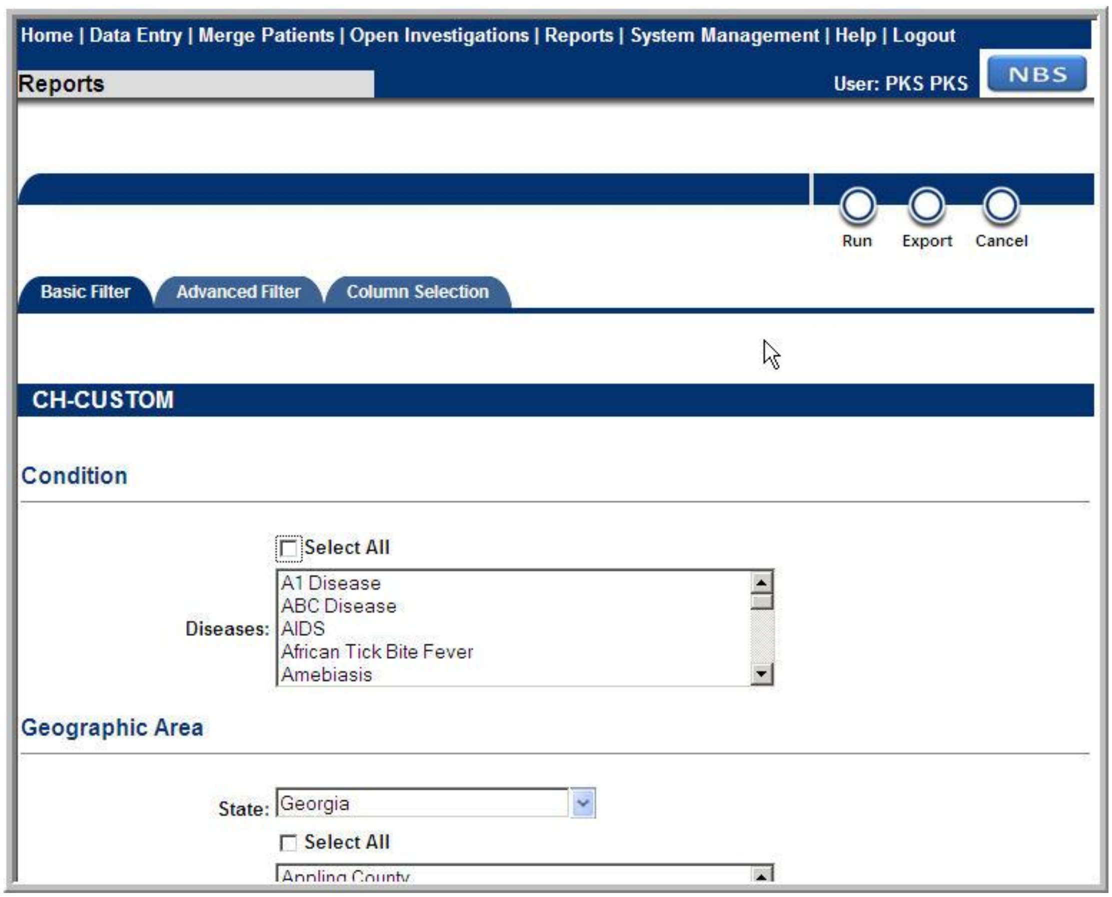
The Reports page is organized by the following sections:

Item	Description
Private Reports	Displays a list of public and private reports you created or modified. This list is unique to you and is not available to any other user.
Public Reports	Displays a list of reports available to all users with appropriate permissions.
Template Reports	Displays a list of report templates you use to create a custom report.
Reporting Facility Reports	Displays a list of reports configured for the individual user from his/her reporting facility only.

Beneath each section name, the Reports Page displays a list of available reports. You can run a report or delete a report.

Note: *Click the navigation links at the top of the page to display the section you want. Click **Back to Top** to return to the navigation links.*

2. Click the **Run** link next to the report you want to run. NBS displays the **Basic Filter** tab on the Reports page for the report you selected.



Once you select the report, you are ready to select the reporting criteria and run the report.

6.2.3. Running a Report Using Basic Filter Criteria

You can run a report using the basic filter criteria provided in the Basic Filter tab.

Note: *The available criteria depend on the report you choose. Not all sections and their associated criteria are available for all reports.*

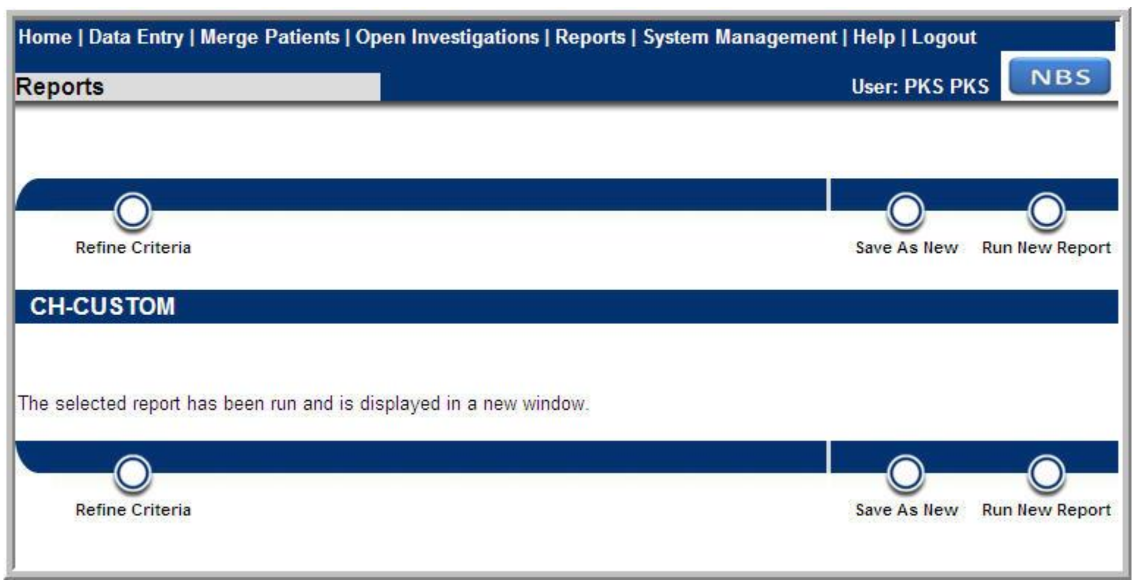
To run a report using basic filter criteria, perform the following procedure:

1. Select a report using the procedure described in "Viewing and Selecting Reports" in this section.
2. Choose the **Condition**.

   Note: ***Condition*** *includes disease-related information.*
3. Choose a **Geographic Area**.

   Note: ***Geographic Area*** *includes state, county, or jurisdiction information.*
4. Choose a date range in the **Time** section.
5. Click **Run**.

NBS prompts you that the report is run in a new window and to save or display the report output.



Note: *Click* ***Export*** *to export and save the report output to your workstation. To export a report, refer to "Exporting Reports" in this section.*

NBS also displays the report output in a new browser window.

Note: *The viewer in which the output displays depends on your workstation's configuration.*

6. Click **Close** to close the browser window displaying the report output.
7. To refine the report criteria, click **Refine Criteria** and repeat steps 2 – 6.
8. To run a new report. To run a new report, click **Run New Report** and repeat steps 2 – 6.
9. To save the report, refer to "Saving Reports" in this section.

NBS performs the selected function.

6.2.4. Running a Report Using Advanced Filter Criteria

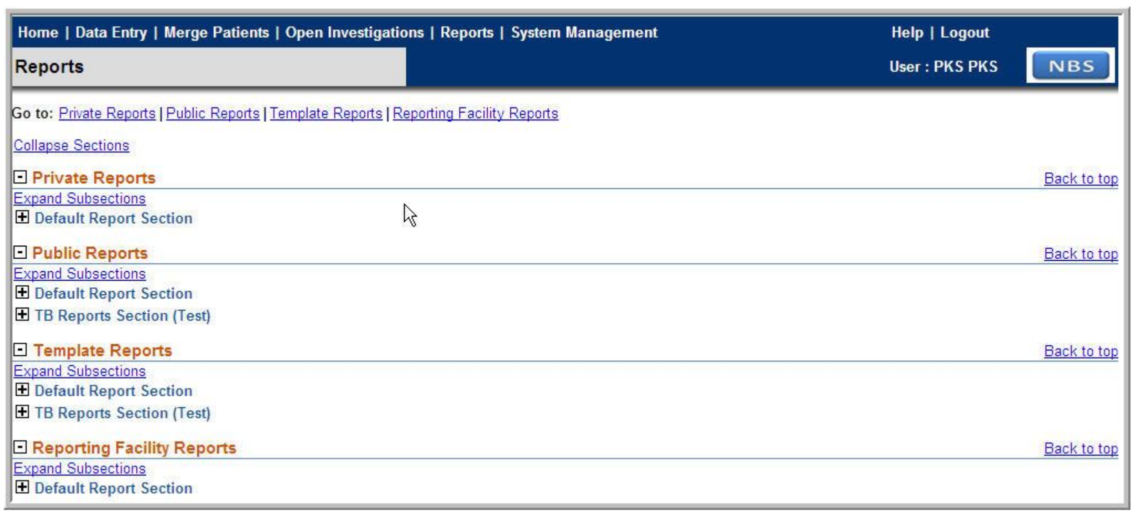
Once you enter basic filter criteria, you have the option of entering advanced filter criteria to further refine your report.

Note: *While the use of advanced criteria is optional, you must enter the basic criteria before entering advanced criteria.*

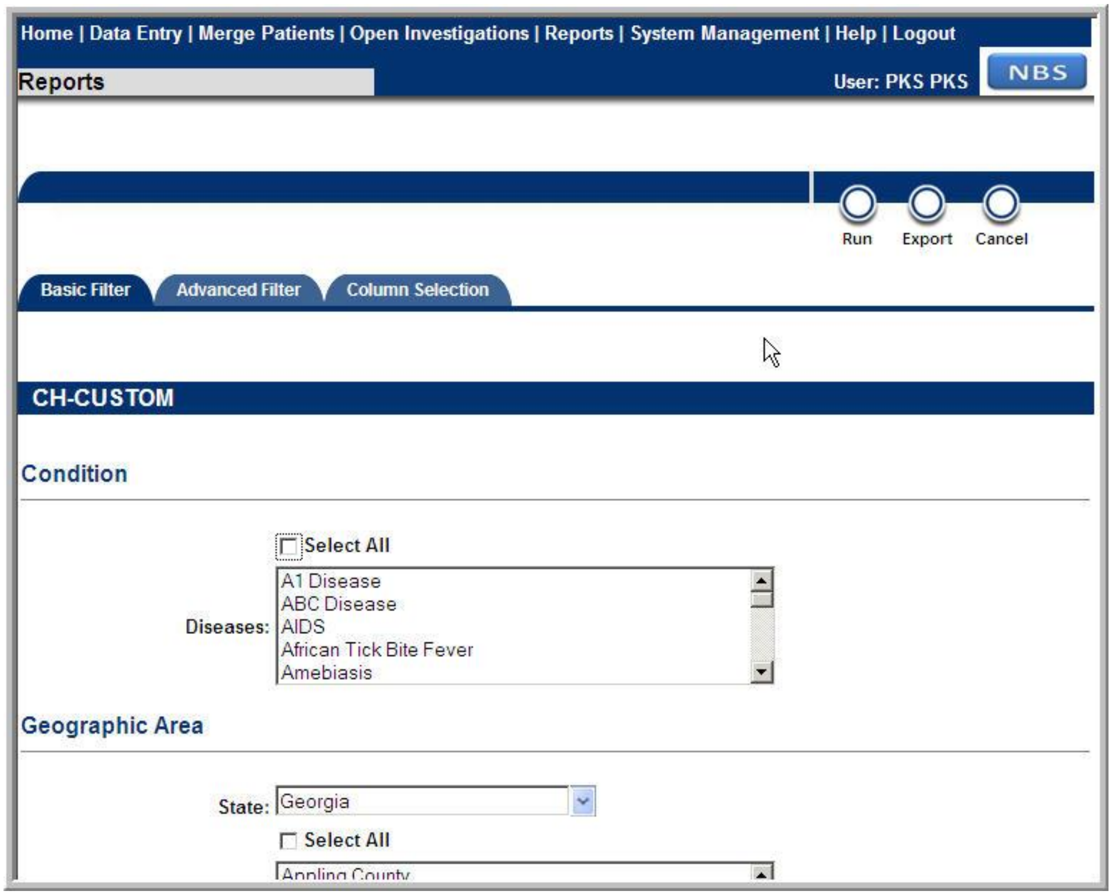
To run a report using advanced filter criteria, perform the following procedure:

1. Click **Reports** on the navigation bar.

   NBS displays the Reports page.



2. Click the **Run** link next to the report you want to run. NBS displays the **Basic Filter** tab on the Reports page for the report you selected.



3. Choose the **Condition**.

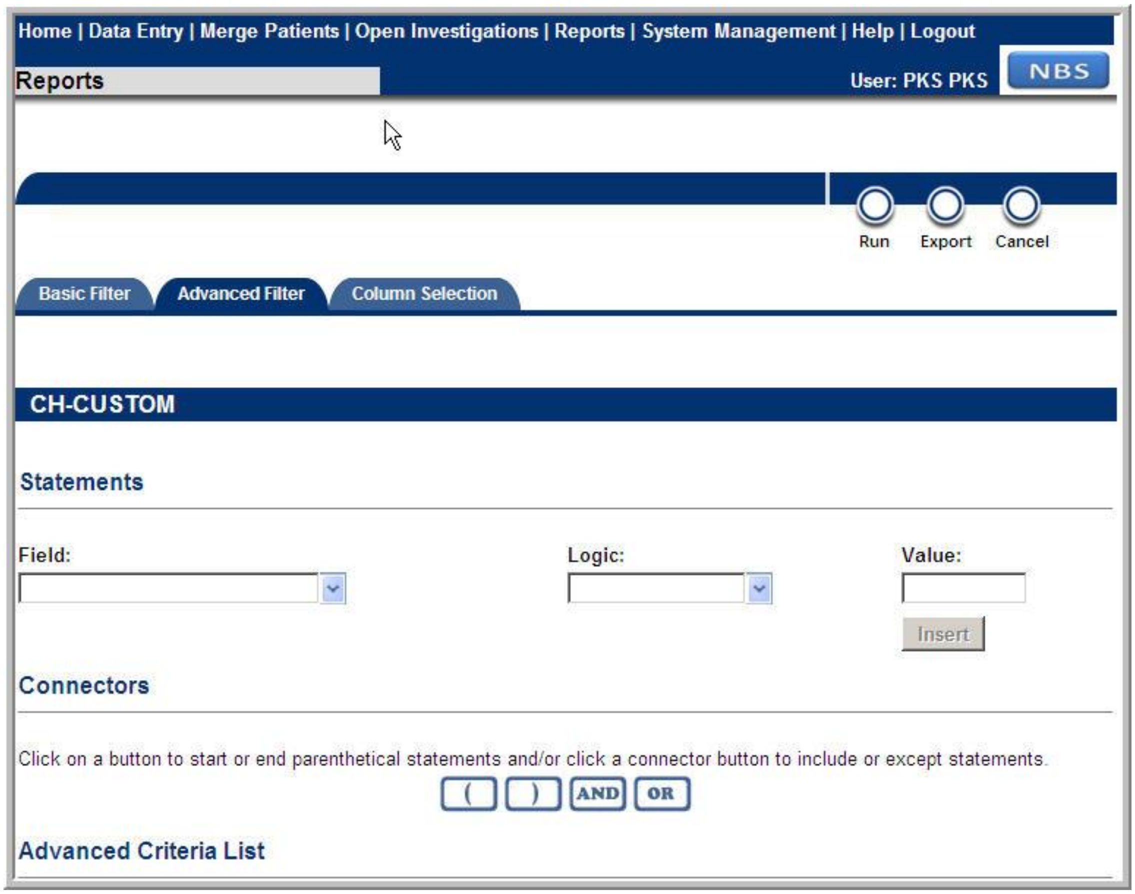
Note: ***Condition*** *includes disease-related information.*

4. Choose a **Geographic Area**.

Note: ***Geographic Area*** *includes state, county, or jurisdiction information.*

5. Choose a date range in the **Time** section.
6. Choose the **Advanced Filter** tab in the Reports page.

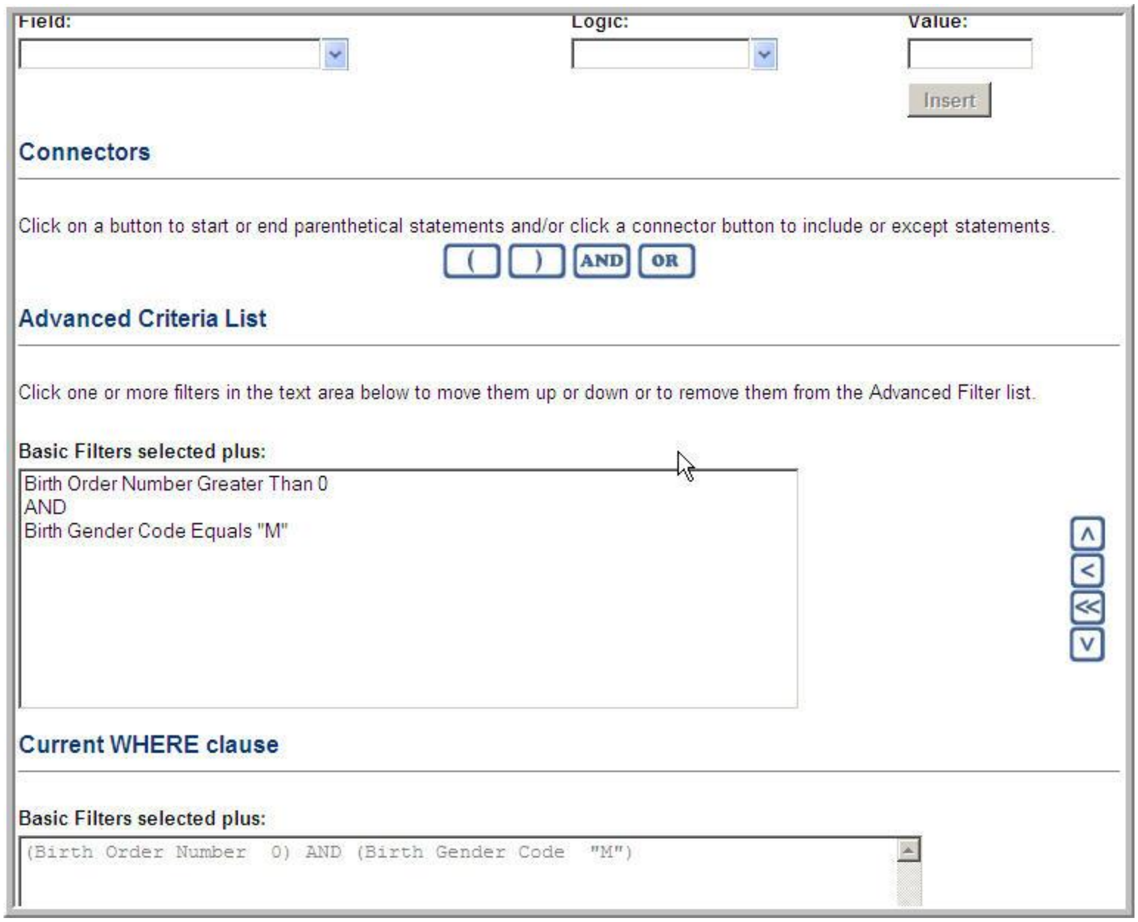
NBS displays the contents of the Advanced Filter tab.



The **Statements** section contains options for you to input the field, logical operator, and value you want.

7. Choose a **Field** name and a **Logic** operator and enter a **Value**, then click **Insert**. Repeat this process for each query you want to run as part of the report.

NBS displays your query statement(s) in the **Advanced Criteria List** and the **Current WHERE clause** sections.



8. If you have entered more than one query statement, choose the operator you want in the **Connectors** section to specify how the system should interpret the query statements for the filter.

The following table list the connectors displayed on the **Advanced Filter** tab and describes their function:

Item	Description
(	Opened parenthetical connector. Used to start a parenthetical statement.
)	Closed parenthetical connector. Used to end a parenthetical statement.
AND	Concatenation. The AND Boolean operator that requires both of two inputs to be present or two conditions to be met for an output to be made or a statement to be executed.
OR	Alternation. The OR Boolean operator requires either of two inputs to be present or conditions to be met for an output to be made or a statement to be executed.

9. Click the buttons to the right of **Basic Filters Selected Plus** list in the **Advanced Criteria List** section to organize or remove the criteria you want.

The following table list the buttons displayed on the **Advanced Criteria List** section and describes their function:

Item	Description
^	Move Up. Moves the selected item up.
v	Move Down. Moves the selected item down.
<	Remove. Removes the selected item.
<<	Remove All. Removes all items.

10. Click **Run**.

NBS displays the report output in a new browser window and updates the Reports page.

Note: *Click **Export** to export the report output and save the output to your workstation. To export a report, refer to "Exporting Reports" in this section.*

Note: *The viewer in which the output displays depends on your workstation's configuration.*

11. Click **Close** to close the browser window displaying the report output.

12. To refine the report criteria, click **Refine Criteria** and repeat steps 1 – 9.

13. To run a new report, click **Run New Report** and repeat steps 1 – 9.

14. To save the report, use the procedure described in "Saving Reports" in this section.

6.2.5. Saving Reports

You can save a new report or overwrite a previously saved report. When you save a report, you can give the report a Private or Public status. Private reports are not available to other users and display in the **Private Reports** section.

Note: *The Private Reports section display a list of public reports you have customized and the private reports you created.*

Any user with the appropriate permissions can access public reports. They display in the Public Reports section.

Note: *The Public Reports section displays a list of all public reports created by all users, as well as the standard reports provides with the NBS.*

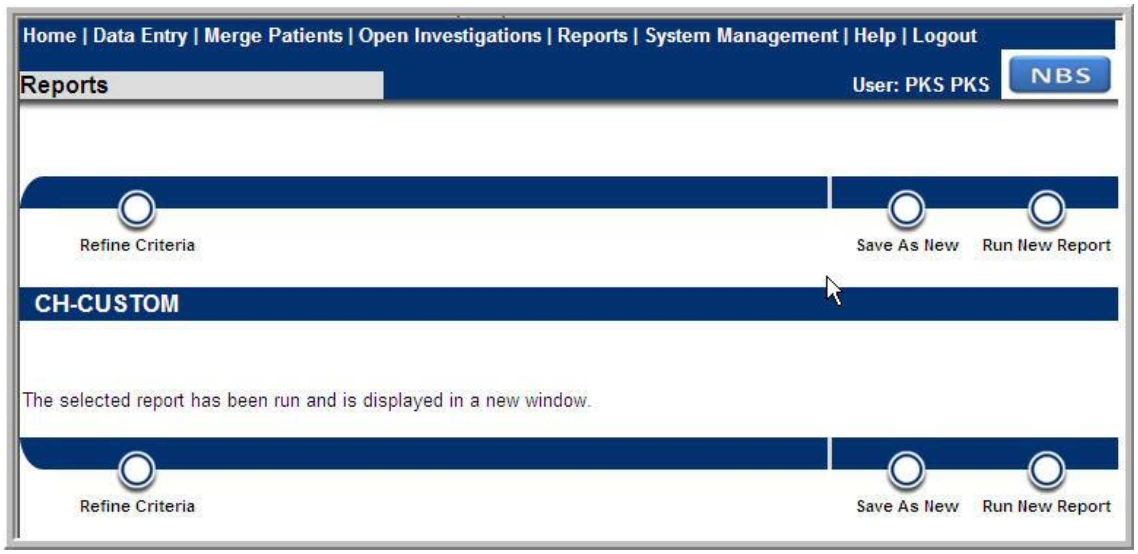
You can save new reports, or overwrite existing reports.

6.2.5.1. Saving a New Report

To save a new report, perform the following procedure:

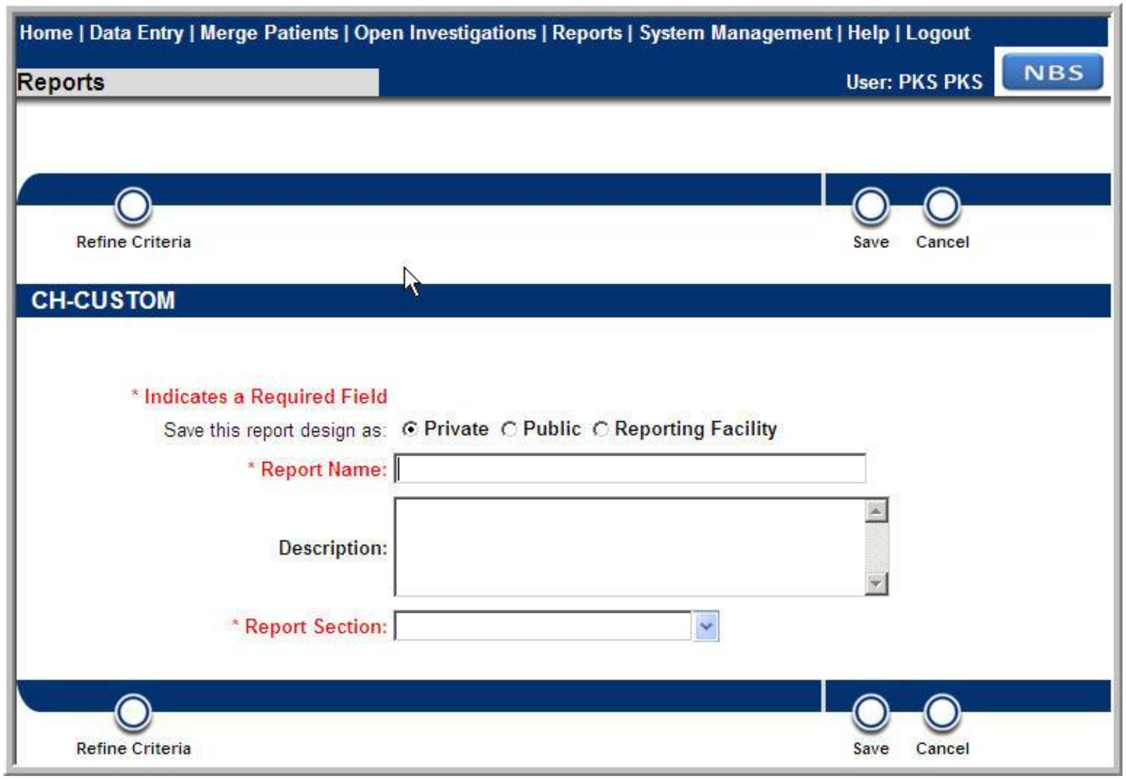
1. Select a report using the procedure described in "Viewing and Selecting Reports" in this section.
2. Choose **Basic Filter** criteria using the procedure described in "Running a Report Using Basic Filter Criteria" in this section.
3. Optionally, choose **Advanced Filter** criteria using the procedure described in "Running a Report Using Advanced Filter Criteria" in this section.
4. Optionally, when working with report templates, select columns using the procedure described in "Creating Custom Reports" in this section.
5. Run the report.

NBS displays the confirmation that the report has run and provides the option of **Save as New** to allow you to save the criteria you specified as a report in the **Reports** list.



6. Click **Save as New**.

NBS displays the Reports page and the fields you use to save the report.



Note: *To modify the criteria for the report, click* ***Refine Criteria****.*

7. Fill in the fields on the Reports page. The following table describes the fields found on the Reports page.

Field Name	Control Description
Report Design	**Required**. Choose the radio button that specifies the list where you want the report to appear. The system default is *Private*.
Report Name	**Required**. Enter alphanumeric characters.
Description	Optional. Enter alphanumeric characters.
Report Section	**Required**. Choose from the drop down list.

8. Click **Save**.

NBS saves the report and displays the report name and description in the **Private Reports** section.

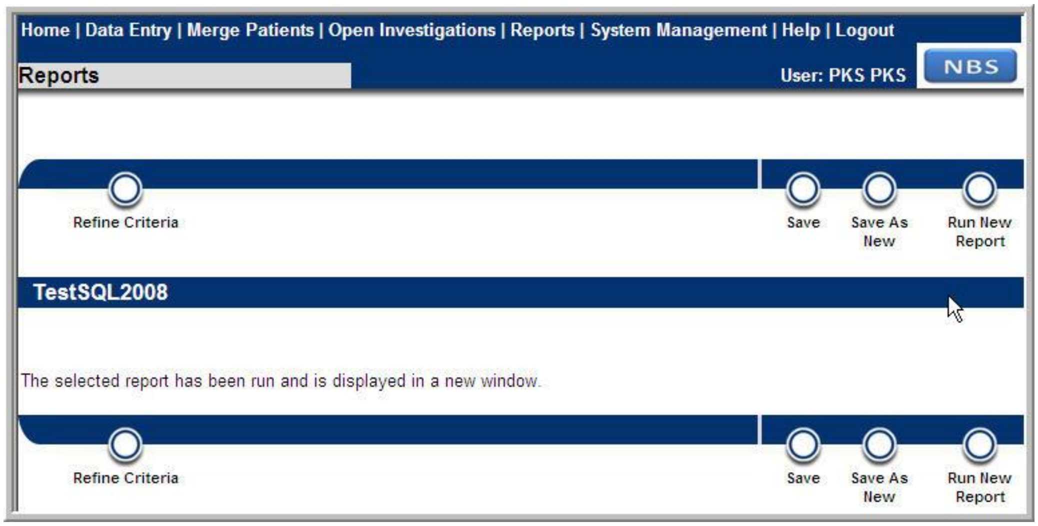
Note: *If you saved the report as public, the report name and description also displays in the Public Reports section.*

6.2.5.2. Overwriting a Previously Saved Report

To overwrite a previously saved report with changes to the criteria, use the following procedure:

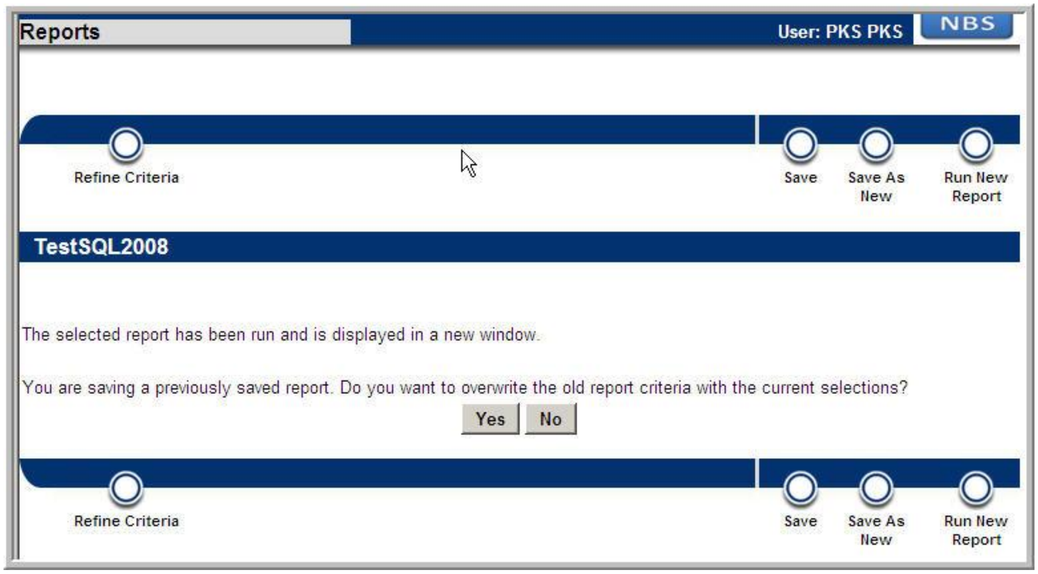
1. Select the report using the procedure described in "Viewing and Selecting Reports" in this section.
2. On the **Basic Filter** tab, make any necessary changes to the basic filter criteria.
3. On the **Advanced Filter** tab, make any necessary changes to the advanced filter criteria.
4. If the report is a template report, select the appropriate columns.
5. Click **Run**.

The system runs the report, displaying the results in a separate browser window and displaying a confirmation message on the main page.



6. Click **Save**.

NBS prompts you to overwrite the file.



7. Choose **Yes** to overwrite the report.

The system saves the changes to the criteria and displays the **Reports List**.

Note: *Click **Save As New** to save the report with a new name, or click **Run New Report** to run a new report.*

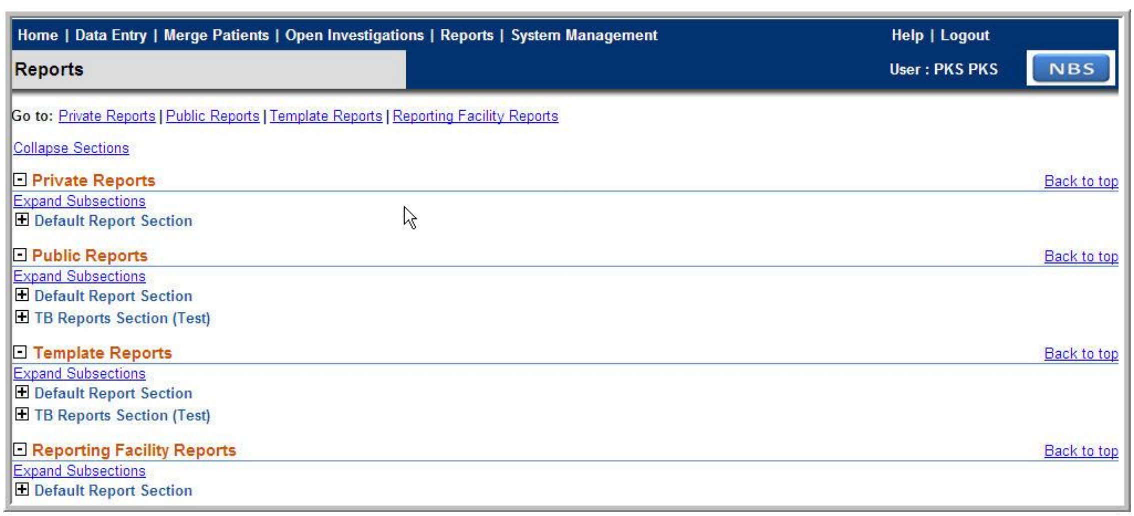
6.2.6. Exporting Reports

You can export the report output and save it to your workstation. Once saved, you can view and manipulate the output using an application such as Microsoft Excel.

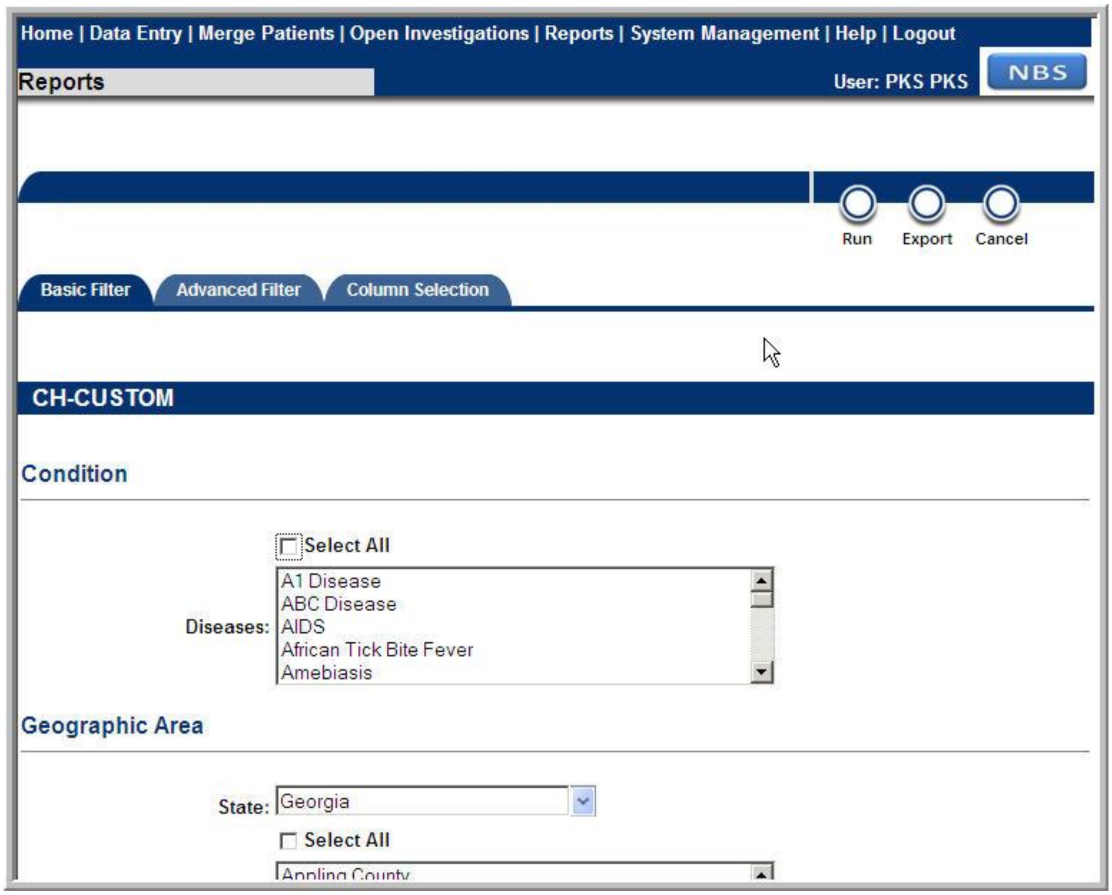
To export a report, perform the following procedure:

1. Click **Reports** on the navigation bar.

   NBS displays the Reports page.



2. Click the **Run** link next to the report you want to run. NBS displays the **Basic Filter** tab on the Reports page for the report you selected.



3. Choose the **Condition**.

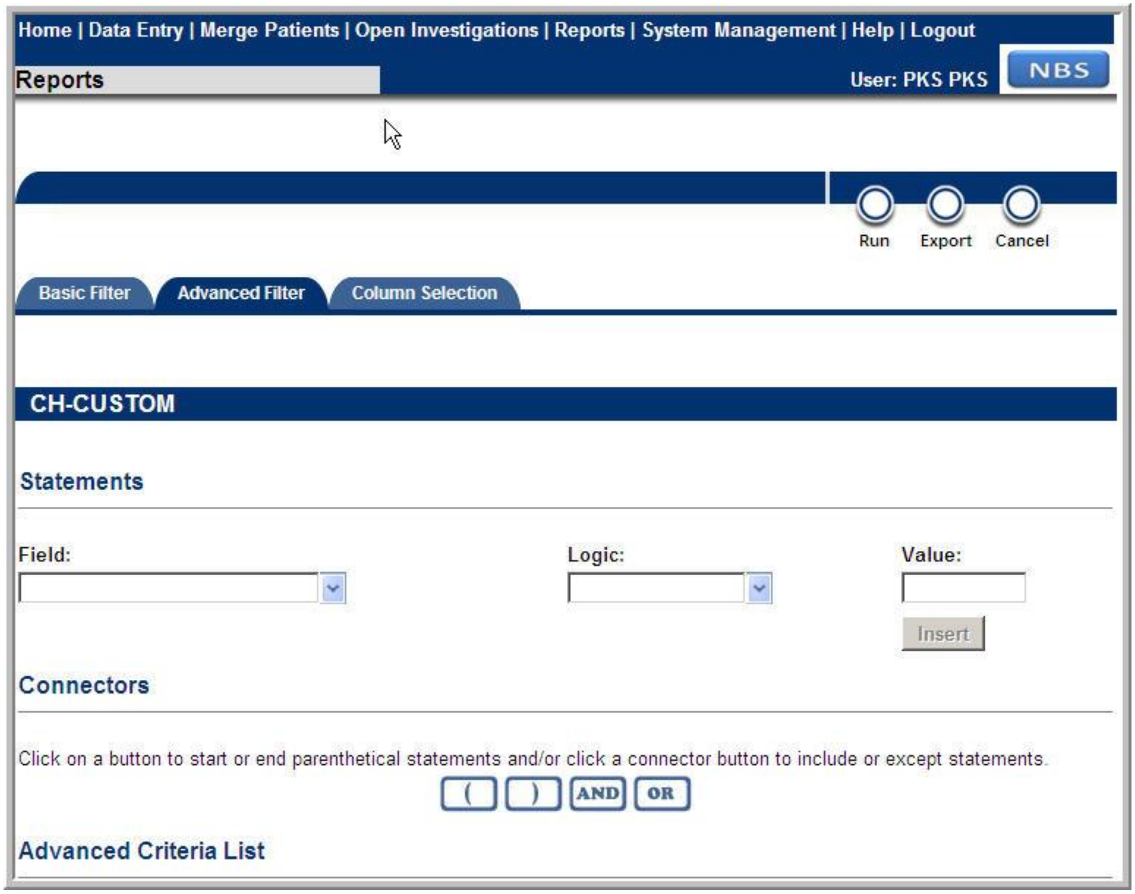
Note: ***Condition*** *includes disease-related information.*

4. Choose a **Geographic Area**.

Note: ***Geographic Area*** *includes state, county, or jurisdiction information.*

5. Choose a date range in the **Time** section.
6. Choose the **Advanced Filter** tab in the Reports page.

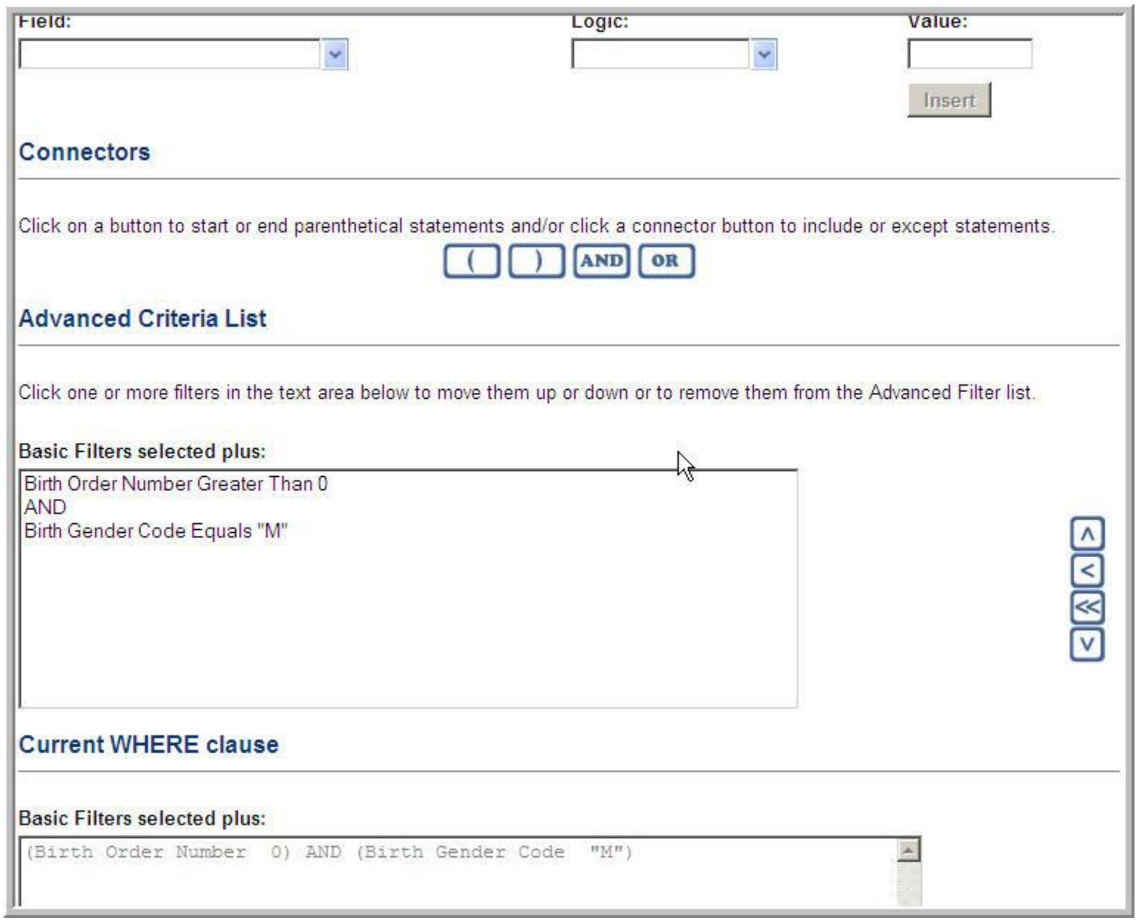
NBS displays the contents of the Advanced Filter tab.



The **Statements** section contains options for you to input the field, logical operator, and value you want.

7. Choose a **Field** name and a **Logic** operator and enter a **Value**, then click **Insert**. Repeat this process for each query you want to run as part of the report.

NBS displays your query statement(s) in the **Advanced Criteria List** and the **Current WHERE clause** sections.



8. If you have entered more than one query statement, choose the operator you want in the **Connectors** section to specify how the system should interpret the query statements for the filter.

The following table list the connectors displayed on the **Advanced Filter** tab and describes their function:

Item	Description
(	Opened parenthetical connector. Used to start a parenthetical statement.
)	Closed parenthetical connector. Used to end a parenthetical statement.
AND	Concatenation. The AND Boolean operator that requires both of two inputs to be present or two conditions to be met for an output to be made or a statement to be executed.
OR	Alternation. The OR Boolean operator requires either of two inputs to be present or conditions to be met for an output to be made or a statement to be executed.

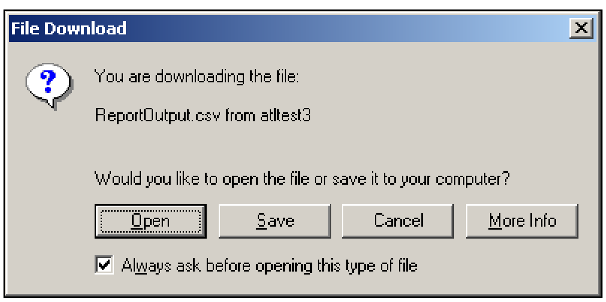
9. Click the buttons to the right of **Basic Filters Selected Plus** list in the **Advanced Criteria List** section to organize or remove the criteria you want.

The following table list the buttons displayed on the **Advanced Criteria List** section and describes their function:

Item	Description
^	**Move Up**. Moves the selected item up.
v	**Move Down**. Moves the selected item down.
<	**Remove**. Removes the selected item.
<<	**Remove All**. Removes all items.

10. Click **Export** when you are finished building your query.

NBS displays the File Download dialog box:



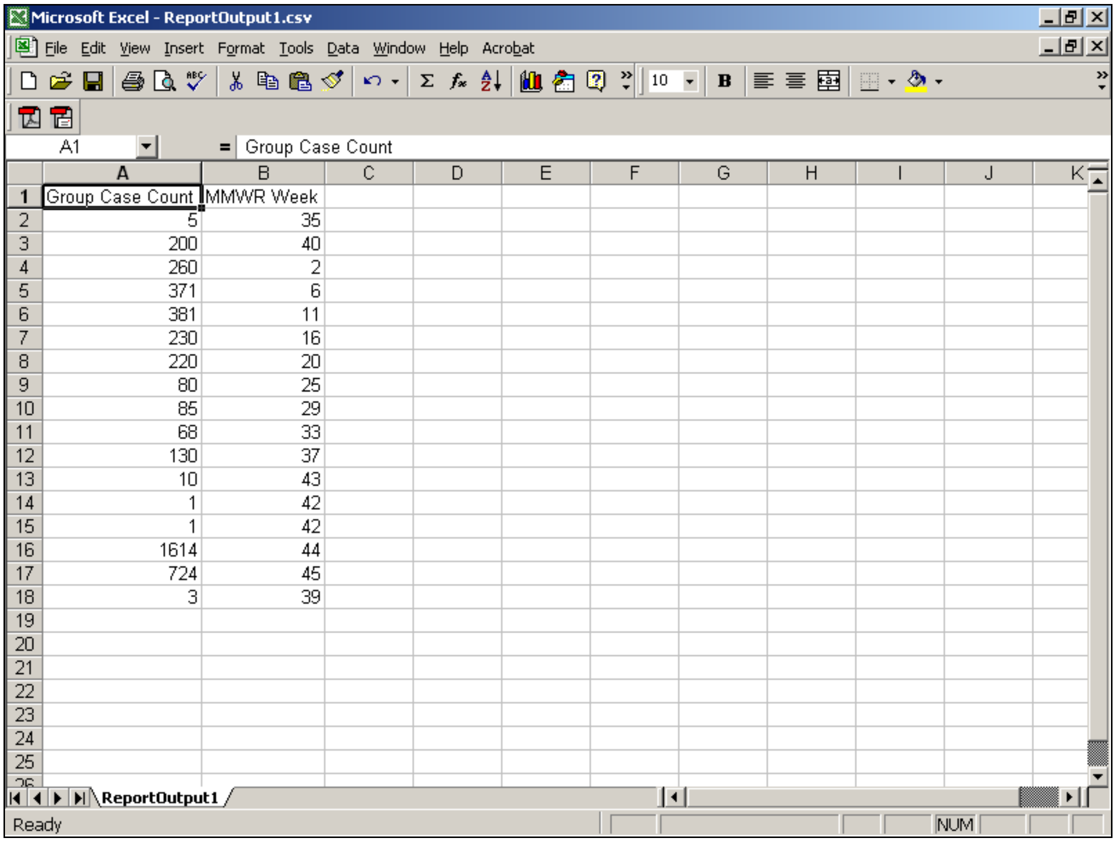
11. Click **Save**.

NBS displays the Save As dialog box and prompts you to save the file.

12. Type the file name you want.

Note: *NBS sets the default type to .csv (comma separated values).*

13. Open the file using a spreadsheet program such as Microsoft Excel.



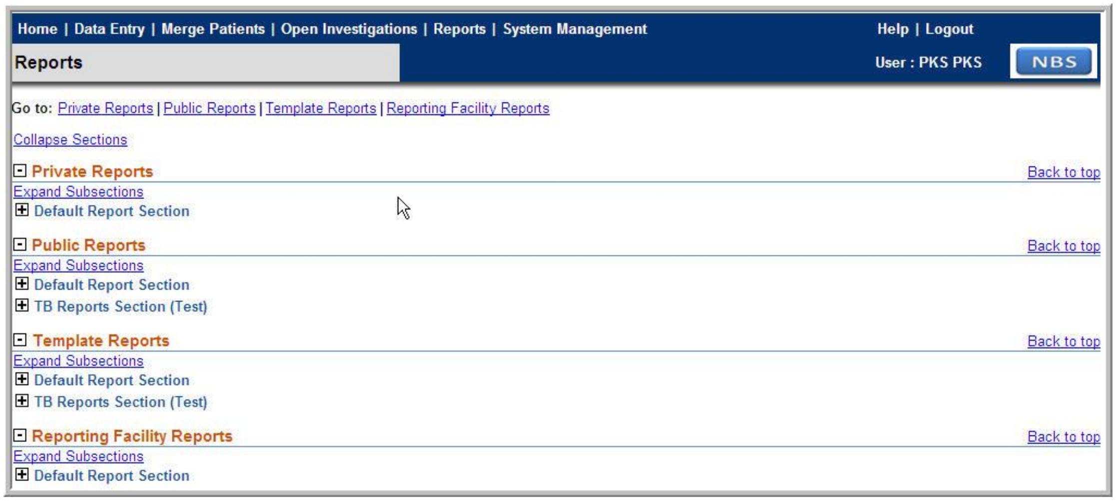
Group Case Count	MMWR Week
5	35
200	40
260	2
371	6
381	11
230	16
220	20
80	25
85	29
68	33
130	37
10	43
1	42
1	42
1614	44
724	45
3	39

6.2.7. Deleting Reports

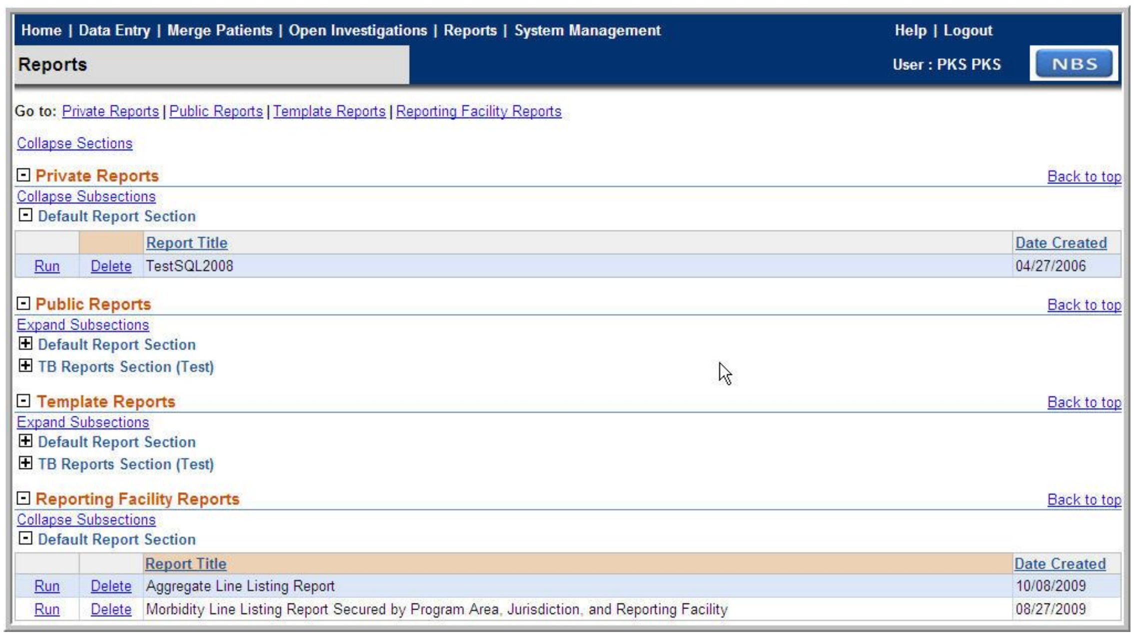
You can delete private and public reports you create. You cannot delete reports created by another person.

To delete a report, perform the following procedure:

1. Choose **Reports** from the navigation bar to display the **Reports** list.

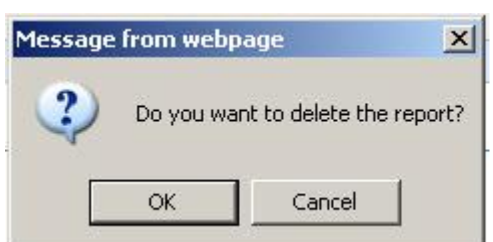


2. Expand the list section (*Private Reports*, *Template Reports*, or *Reporting Facility Reports*) and the subsection where the report you want to delete appears in the list.



3. Click the **Delete** link next to the report you want to delete.

NBS displays a confirmation dialogue.



4. Choose **OK**.

NBS deletes the report and removes it from the list.

This document has been developed by CSRA under a contract with the U.S. Centers for Disease Control and Prevention – Department of Health and Human Services.

6.3. WORKING WITH CUSTOM REPORTS

6.3.1. Description

This section contains descriptive and procedural information about the following function:

- Creating custom report using report templates

6.3.2. Understanding Custom Reports

NBS provides a number of standard reports you use to analyze your data and enables you to use advanced criteria to further refine your reports. You can also create custom reports to access the data you need that may not be readily available using the criteria available through the standard reports. In the current release, the NBS provides three report templates:

- Custom Report for Disease Counts by County
- Line List of Individual Cases with Program Area and Jurisdiction Security
- Line List of Individual Labs with Program Area and Jurisdiction Security

You use these report templates to generate custom reports.

For example, if you wanted view data on all cases of a disease in a given county and time range, you could run the standard report SR2: Counts of Reportable Diseases by County for Selected Time Frame.

The following report displays the total count of Varicella in Hamilton County from January 1 to November 14, 2002.

Disease/Condition	County	Total
	Hamilton County	
Varicella (Chickenpox)	4,383	4,383
Total	4,383	4,383

Using the **Advanced Filter** options, you could further refine this report by to display counts for a specific MMWR week.

The following report displays the total count of Varicella in Hamilton Country in MMWR week 40 for the year 2002.

Disease/Condition	County	Total
	Hamilton County	
Varicella (Chickenpox)	200	200
Total	200	200

While the **Advanced Filter** options enable you to refine the data displayed, the custom report options provided by the NBS give you additional flexibility in controlling the breadth of data displayed. Continuing with our example, you could create a custom report to display the available counts of a disease for each week in the selected date range.

The following report displays the all counts of Varicella in Hamilton County from January 1 to November 14, 2002, arranged by MMWR week.

Group Case Count	MMWR Week
5.00000	35
200.00000	40
260.00000	02
371.00000	06
381.00000	11
230.00000	16
220.00000	20
80.00000	25
85.00000	29
68.00000	33
130.00000	37
10.00000	43
1.00000	42
1.00000	42
1614.00000	44
724.00000	45
3.00000	39

The ability to create custom reports provides you with additional tools for data analysis. When combined with the ability to create logical query statements using the Advanced Filter options, the NBS gives you the flexibility to extract the data you need to conduct analysis without requiring you to resort to third-party analysis, visualization, and reporting tools.

6.3.3. Creating Custom Reports

You create custom reports using the report templates provided with the NBS. A report template page is identical to a standard report page, with the exception of the Column Selection tab.

Note: *The Column Selection tab is only available when you create or edit custom reports using report templates.*

When you create a custom report from a report template, you select and arrange the columns you want displayed in the report output.

To create a custom report, you

- Select the report template
- Select the basic filter criteria
- Optionally, select the advanced filter criteria
- Select and arrange the columns you want on the report

Note: *The available columns depend on the report template you use. In the current release, one custom report template is available.*

To create a custom report using a report template, perform the following procedure:

1. From the Reports page, click the **Template Reports** link to display the **Template Reports** section.

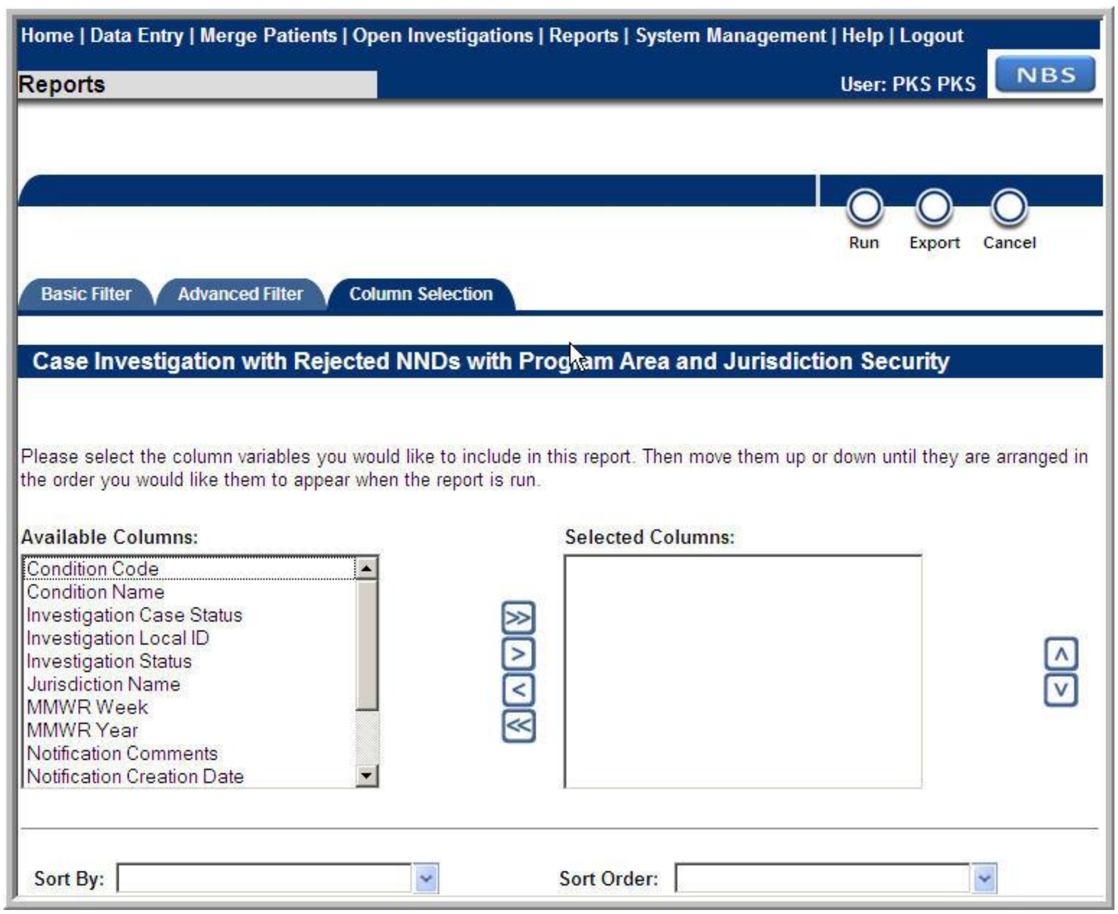
   Note: *You can use the scroll bar to display the Report Templates section.*

2. Click **Run** for the report template you want.

   NBS displays the report template.

3. On the **Basic Filter** tab, choose basic filter criteria.
4. On the **Advanced Filter** tab, choose advanced filter criteria.
5. Choose the **Column Selection** tab.

   NBS displays the contents of the **Column Selection** tab.



6. Choose a column name from the **Available Columns** list.

Note: *You can select multiple column names by holding down the CTRL key while you make your selections from the* ***Available Columns*** *list.*

7. Click >.

NBS displays the column name(s) you selected in **Selected Columns** list and removes the selected column(s) from the **Available Columns** list.

Note: *You can also double-click the column name you want in the **Available Columns** list to display it in **Selected Columns** list.*

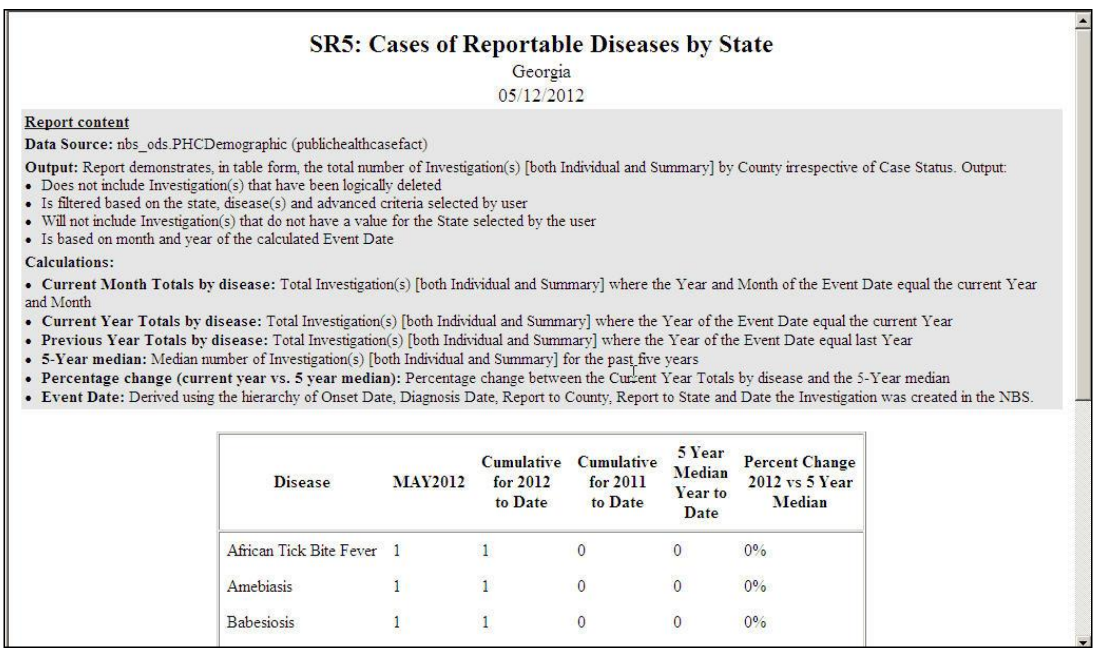
The following table list the buttons displayed between the **Available Columns** and **Selected Columns** lists and describes their functions:

Item	Description
>>	Add All. Adds all items in the Available Columns list to the Selected Columns list.
>	Add. Adds the selected item on the Available Columns list to the Selected Column list.
<	Remove. Moves the selected item on the Selected Columns list to the Available Columns list.
<<	Remove All. Moves all items in the Selected Columns to the Available Columns list.

Note: *Click the field you want and click the ∧ (Move Up) or ∨ (Move Down) buttons to change the order of the columns in the **Selected Columns** list.*

8. Click **Run**.

NBS displays the report output in a new browser window.


SR5: Cases of Reportable Diseases by State

Georgia

05/12/2012

Report content

Data Source: nbs_ods.PHCDemographic (publichealthcasefact)

Output: Report demonstrates, in table form, the total number of Investigation(s) [both Individual and Summary] by County irrespective of Case Status. Output:

- Does not include Investigation(s) that have been logically deleted
- Is filtered based on the state, disease(s) and advanced criteria selected by user
- Will not include Investigation(s) that do not have a value for the State selected by the user
- Is based on month and year of the calculated Event Date

Calculations:

- **Current Month Totals by disease:** Total Investigation(s) [both Individual and Summary] where the Year and Month of the Event Date equal the current Year and Month
- **Current Year Totals by disease:** Total Investigation(s) [both Individual and Summary] where the Year of the Event Date equal the current Year
- **Previous Year Totals by disease:** Total Investigation(s) [both Individual and Summary] where the Year of the Event Date equal last Year
- **5-Year median:** Median number of Investigation(s) [both Individual and Summary] for the past five years
- **Percentage change (current year vs. 5 year median):** Percentage change between the Current Year Totals by disease and the 5-Year median
- **Event Date:** Derived using the hierarchy of Onset Date, Diagnosis Date, Report to County, Report to State and Date the Investigation was created in the NBS.

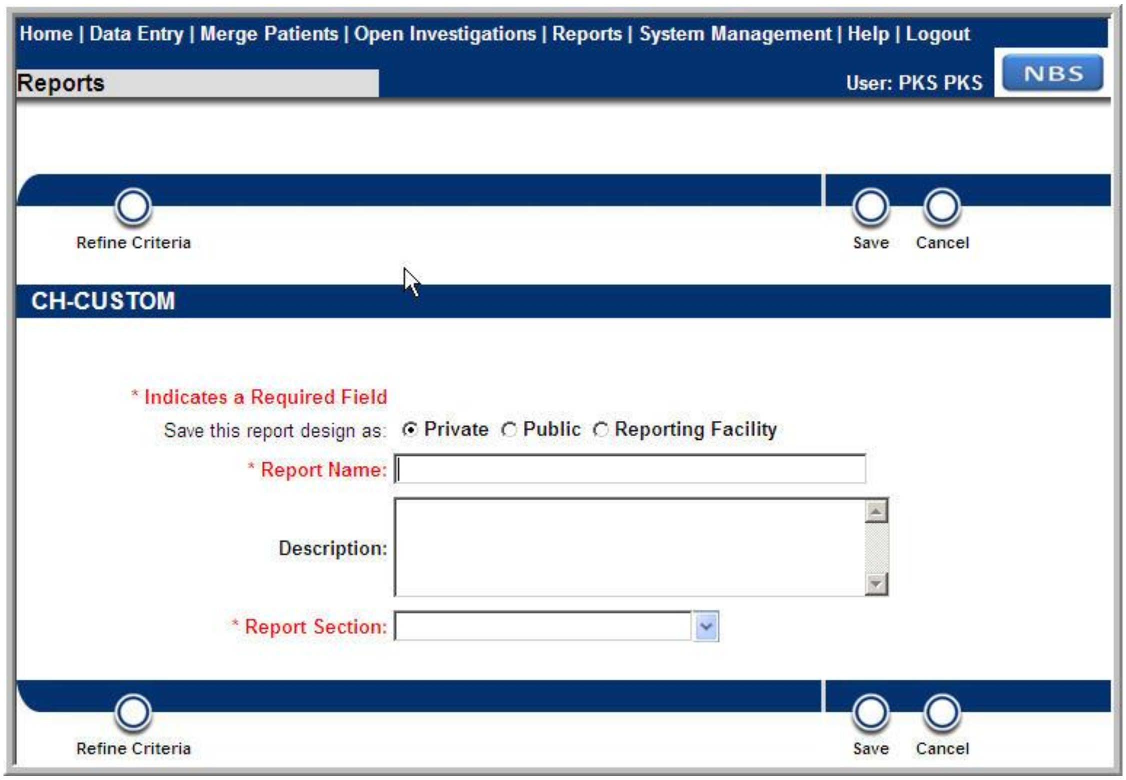
Disease	MAY2012	Cumulative for 2012 to Date	Cumulative for 2011 to Date	5 Year Median Year to Date	Percent Change 2012 vs 5 Year Median
African Tick Bite Fever	1	1	0	0	0%
Amebiasis	1	1	0	0	0%
Babesiosis	1	1	0	0	0%

9. Click **Close** to close the browser window displaying the report output.

NBS displays the Reports page with options to **Refine Criteria**, **Run New Report**, or **Save as New**.

10. Choose **Save as New**.

NBS displays the Reports page and the fields you use to save the report.



11. Fill in the fields on the Reports page. The following table describes the fields found on the Reports page.

Field Name	Control Description
Report Design	**Required**. Choose the radio button that specifies the list where you want the report to appear. The system default is *Private*.
Report Name	**Required**. Enter alphanumeric characters.
Description	Optional. Enter alphanumeric characters.
Report Section	**Required**. Choose from the drop down list.

12. Click **Save**.

NBS saves the report and displays the report name and description in the **Private Reports** section.

Note: *If you saved the report as public, the report name and description also displays in the Public Reports section.*