NORTH CAROLINA ELECTRONIC DISEASE SURVEILLANCE SYSTEM
NC COVID PRESENTATION

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OBJECTIVES

I. Background and information on NC COVID

II. Fields used to update the dashboard (key/required fields)

III. Discuss recent and upcoming changes

IV. Most frequently omitted fields

V. NC COVID Reports

WHAT IS NC COVID?

✓ NC COVID is the North Carolina Electronic Disease Surveillance System for data on COVID-19 cases.

✓ Since coronavirus disease 2019 became reportable in North Carolina in 2019, the laboratory and case data is stored in the NC COVID application

✓ Data is extracted daily to develop the COVID-19 North Carolina dashboard for media outlets, local partners and others.

✓ The dashboard is located online here: https://covid19.ncdhhs.gov/dashboard

WHAT IS NC COVID?

NC COVID link
https://nccovid.ncpublichealth.com/

NC COVID

Information from laboratory reports and interviews with providers and patients is stored as 'events' in the application.

Events are made up of Person Data, Lab Data, and Question packages.

NC COVID

There are multiple question packages to help collect the required information to conduct surveillance of COVID-19. The question packages include:

1. Administrative
2. Demographic
3. Clinical
4. Risk History

NC COVID

ADMINISTRATIVE PACKAGE

The Administrative package is how the State and Local Health Department (LHD) keep track of reporting aspects of events. How the State confirms the event is ready for review and reports it to CDC.

Some highlights of this package are- information on disease reporting, county of residence, investigation trail, tracking of reporting (ELR/ECR), and the Covid-19 PIN notification

NC County of Residence for the Event   Wake County   ▼

ADMINISTRATIVE PACKAGE

Required: Please ensure that the Disease Report Information & NC County of Residence is complete for the event

Investigation trail is important to help move cases out of a local health departments workflows and assigning it to the correct group

ADMINISTRATIVE PACKAGE

✓ The county of residence must be filled out in order for the event to be moved to the workflow for the county of residence.

✓ You MUST mark confirmed if your lab is positive molecular test (i.e. PCR) or Probable if your lab is a positive Antigen (Ag) test.

✓ Also include your name as the authorized reporter and a phone number so the state can contact you should we have any questions. When you assign your event to the state you MUST complete the classification status.

ADMINISTRATIVE PACKAGE

Covid-19 PIN notification is a new feature.

Once there is a positive lab and the event is marked as confirmed a PIN number will populate at the bottom in the administrative package.

This PIN is needed to activate the app on mobile devices that helps slow the spread #SlowCovidNC

DEMOGRAPHIC PACKAGE

Very important information, most of it displayed from the Person tab on the event summary page (but not edited there).

- Required: Name, date of birth, gender, date of death (if applicable)
- Location information/address is key

- Recommended: Employment Information- Occupation, employer name, in what kind of business or industry does the person work in

CLINICAL PACKAGE

Has all the pertinent clinical information
General Diagnostic Information section is required, this gives us an idea of when illness started.

General Diagnostic Information	
Is / was patient symptomatic for this disease?	Yes ▼
Date that best reflects the earliest date of illness identification	03/15/2020
Illness identification date represents:	Date symptoms began ▼

Some other <u>required</u> fields are:
- Was the patient hospitalized?
- Clinical outcomes- died from illness/ date of death
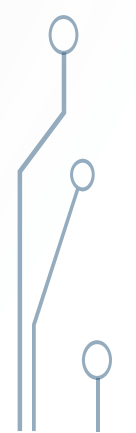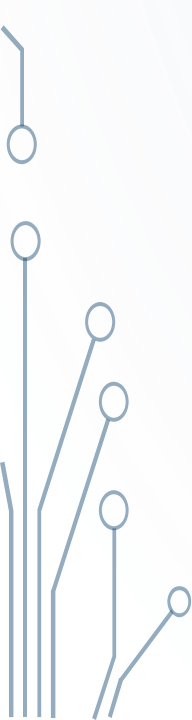
CLINICAL PACKAGE

Some of the recommended fields to fill out are:
- Any information related to hospitalization
- Clinical findings, symptoms
- Any predisposing conditions

Nothing new has been updated or added to the clinical package recently.

RISK HISTORY PACKAGE

This question package covers a lot of details about the cases' exposures- travel, work locations, healthcare visits, living situations, etc.

Some of the required fields are:

- *Behavioral Risk and Congregate living* section – if the patient resides in a correctional facility, barracks, homeless shelter, school or assisted living facility please fill it in.
- *Health Care Facility and Blood and Body Fluid Exposure Risks* section

RISK HISTORY PACKAGE

Behavioral Risk and Congregate Living

During the period of interest did the patient stay in any congregate living facilities or other locations that were not their primary residence? ℹ

- 01. Correctional facility
- 02. Barracks
- 03. Shelter
- 04. Commune
- 05. Boarding school
- 06. Camp
- 07. Dormitory, sorority, fraternity
- 08. Assisted Living Facility
- zz_No
- zz_Other

During the timeframe displayed above, did the patient have any of the following health care exposures? (Add new for all that apply)

- Community contact to a known case
- Emergency Department (not hospitalized)
- Hospitalized
- Household contact to a known case
- Long term care facility - resident (e.g. nursing home, rest home, rehab)
- No known exposure
- Outpatient facility - patient (e.g. urgent care, clinic, physician office)
- Under investigation
- Visitor to health care setting
- Worked in a healthcare or clinical laboratory setting
- zz_Other
- zz_Unknown

RISK HISTORY PACKAGE

Some of the recommended fields are:
- Other exposures the case may have, contact to known cases?
- Interview documentation
- Contact documentation – this helps with contact tracing

Contact tracing is new and documentation can start here and be used with the CCTO tool

RISK HISTORY PACKAGE

Childcare/School/College section was updated to help narrow the facility where the student attends

	Child Care / School / College
FROM (14 DAYS PRIOR TO SYMPTOM ONSET): ℹ️	
Does patient attend child care? (Use Add New for each child care center)	⌄
Is patient a child care WORKER / VOLUNTEER ? (Use Add New for each child care center)	⌄
Is patient a student? (Use Add New for each school) ⊟	Yes ⌄ Add New
In what county is the school located?	⌄
Type of school	
Did the patient attend school **in person** during the exposure period (14 days prior to symptom onset or first positive test)	⌄
Is patient a school WORKER / VOLUNTEER in NC school setting? (Use Add New for each school)	⌄
Note/Details about child care or school	

RISK QUESTIONS PACKAGE

This set of questions are from the Part 1 form linked here:
https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/reportable_diseases.html

DATA DASHBOARD

North Carolina
Number of COVID-19 Total Cases*
by County of Residence
10/6/2020 2:00am

Number
- 116 - 700
- 701 - 1,800
- 1,801 - 5,000
- 5,001 - 12,000
- 12,001 - 24,000
- 24,001 - 29,701

*Includes molecular PCR and antigen positive cases

State Center for Health Statistics

DATA DASHBOARD

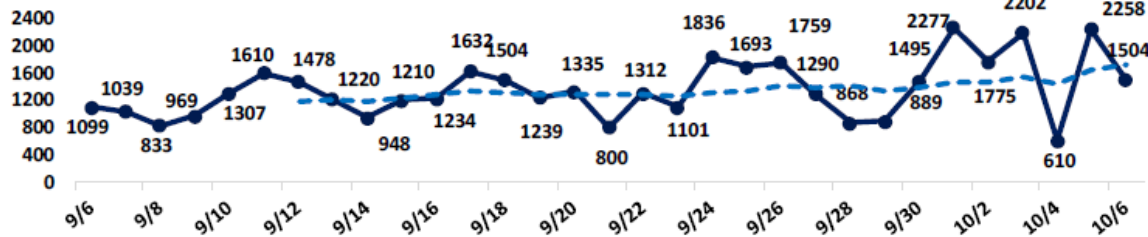Total COVID-19 cases by date of specimen collection
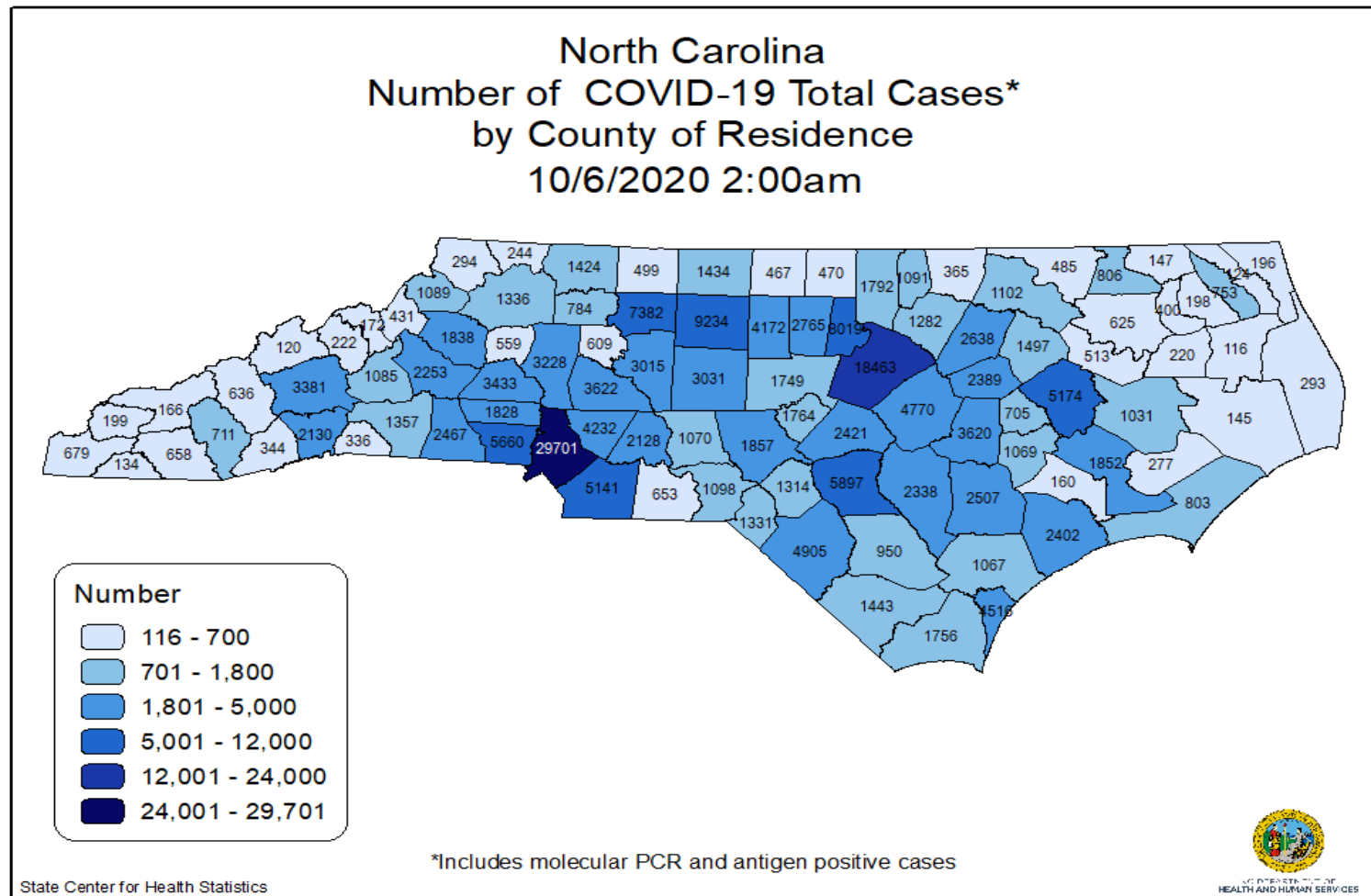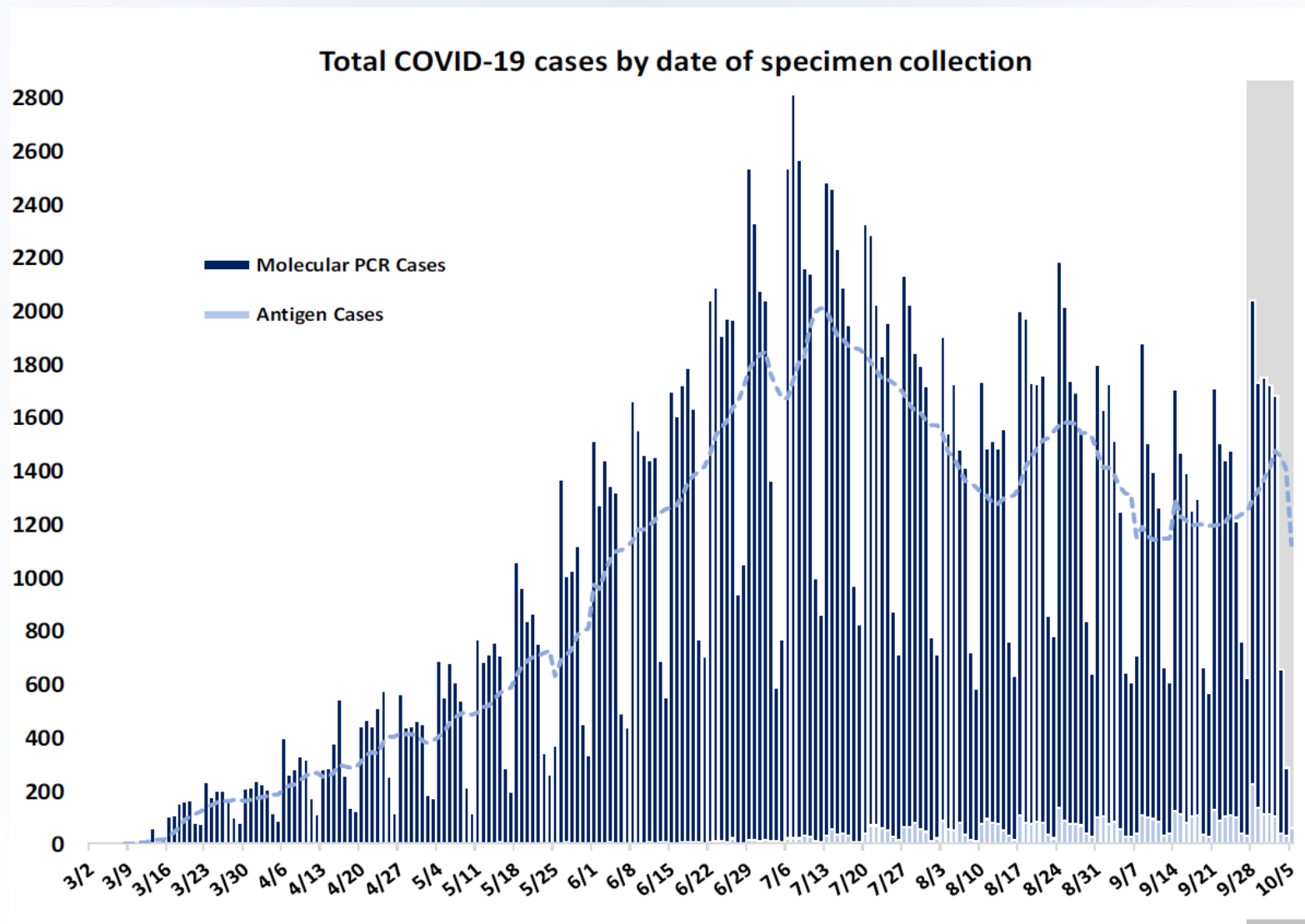
Date of specimen collection is missing for 75 patients. Total cases includes both molecular PCR and antigen positive cases.

TLP: White

DATA DASHBOARD
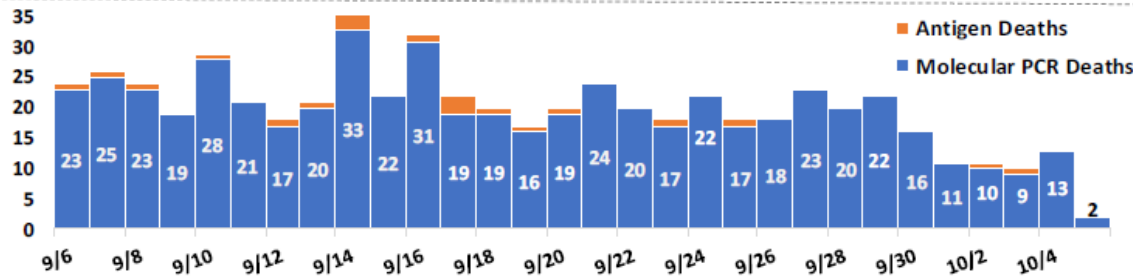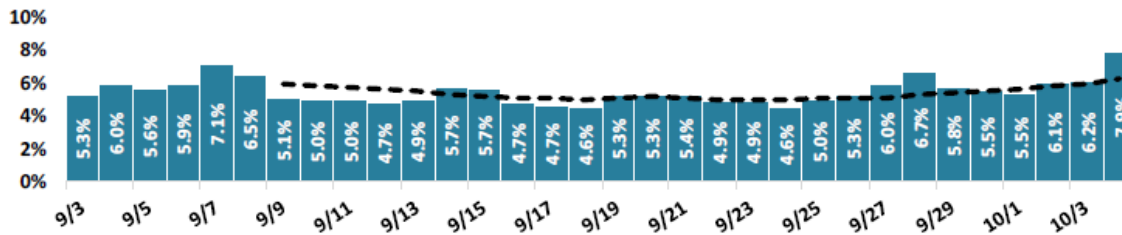
MOST FREQUENTLY MISSED FIELDS

✓ The data entered accurately has such a huge impact on decisions being made for all NC residents.

✓ If there is too much information missing, the event will be returned to the LHD by the state.

ADMINISTRATIVE PACKAGE

- IMPORTANT - the Authorized reporter field is meant for the person who completes the event and submits the event. The person the case reviewer can call if they have questions!

- Name and phone number – we need to know who to contact

- Mark the classification status – (both state and county boxes should be the SAME)

ADMINISTRATIVE PACKAGE

- Add Disease Report Information- events missing this will be returned to the LHD

Disease Report Information	
Initial Source of Report to Public Health	⌄
Date of Initial Report to Public Health (Required)	MM/DD/YYYY
Initial method of report	⌄

DEMOGRAPHIC PACKAGE

- Race and Ethnicity are very common to be blank.

- Gender – if you have it, fill it

Events missing gender and date of birth will be returned to the LHD

| Race | ⌄ |
| Hispanic ethnicity | ⌄ |

CLINICAL PACKAGE

- Was the patient symptomatic?

- General Information:
  - Illness onset date
  - Illness identification date represents?

Is patient symptomatic for this disease?	
Date that best reflects the earliest date of illness identification	MM/DD/YYYY
Illness identification date represents:	Date symptoms began
	signs,
Indicate each of the clinical findings that the patient had associated wit	
Fever	Date symptoms began
Sweats (diaphoresis)	Date of diagosis by health care provider
Chills or rigors	Date of laboratory testing
Headache	Date of report to public health

CLINICAL PACKAGE

- Was the patient hospitalized?
  - If yes, complete the drop down
- **Clinical Outcome:** Did the patient die?
  - If yes, complete the dropdowns

CLINICAL PACKAGE

- About 50% of the time we are missing comorbidity related data (underlying conditions). If you have it or can easily attain it, please fill it out.

RISK HISTORY PACKAGE

This package will get a facelift pretty soon.

***All risk history section is important for completion as it provides a lot of information for contact tracing**

Here are the common ones missed-

- Was the patient interviewed?
- Did the patient have close contact with anyone that has been diagnosed with COVID-19?

RISK HISTORY PACKAGE

- School and childcare questions.
  - These were recently changed, but still are most commonly missed.

- To help with the contact tracing with school outbreaks (and others) we will provide instructions on how to link cases

REPORTS!

We often get questions on reports-
- What can we pull?
- How can we organize the data?
- How to replicate the state dashboard at the county level?

**Reminder: Please do not run reports for more than 1 month at a time, it causes system issues.
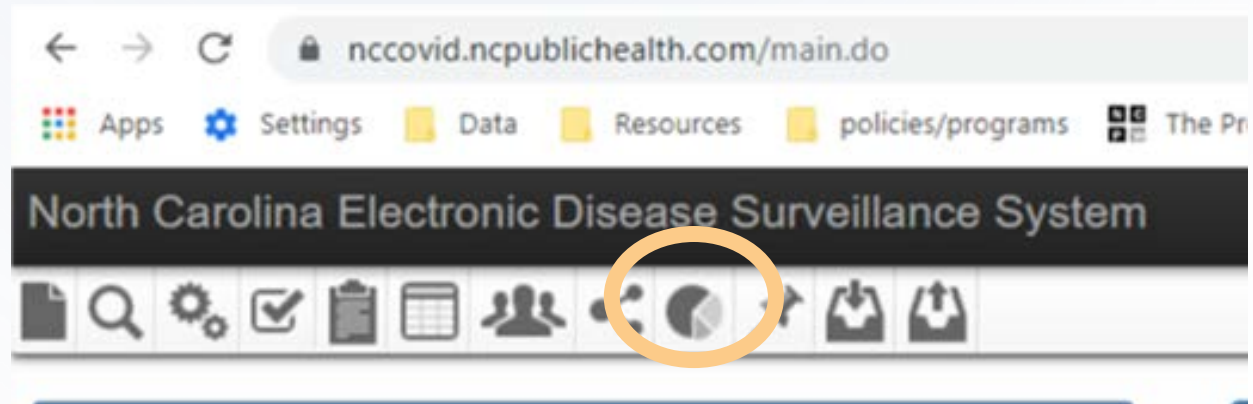
REPORTS!

Most NC COVID users at the local health department have access to much of the same reports as they did in NCEDSS, as local health clinician II.

Depending on what variables you want to review you can pull a number of reports and organize the way you want to

- Start by asking what you want to know
- Look for existing questions in NC COVID that can help get you the answers you need
- Organize in order of importance for your audience
- Be open to add/update data points as needed

REPORTS!

Frequently used reports:

- Active Surveillance – *All Models Identified Cases and Contacts Line List by Event Create Date*
  - Major report! Answers most questions
  - This provides key case-level data
  - Provides DOB, age, gender, specimen date, etc.

- Active Surveillance – *GCDC COVID-19 Lab Results Line List by Event Create Date*
  - Provides DOB, age, gender, and more lab specific data
  - Use this to calculate test percent positivity in your county

REPORTS!

- Active Surveillance – *Case Information Extract*
  - This provides an extract from the selected question packages
  - Select the 'event create' dates you want to view data from
  - Select the packages you want to extract data from
  - Error? If the data is too much the system will not load it, select CSV under report format to get the downloaded file

REPORTS!

To look at interview completeness-

- Select Active Surveillance – *All Models Deidentified Cases and Contacts Line List by Data for Reporting*
  - Select your county, confirmed & probable cases and dates you want to see
  - Export the results in excel
  - Use this summary table to look at the number of events by whether the patient was interviewed, or other interviewed variables were marked yes

REPORTS!

- Other reports-
  - There are audit reports – to check on how much work is being done
  - Case information extracts - Produces an extract of all questions from the selected question packages, based on event create date

If you want another report or cannot access a report please email the helpdesk NCEDSSHelpDesk@dhhs.nc.gov
 and we will look into it.

TASKS

Users can create Tasks directly through some workflows:

Lab Results - Viral Diseases - Lab result review required (local)

Or using the Tasks Tab in an event. And you can manage Tasks via Workflows

Create a task for this user: [ ] 🔍 🗑 [Assign to me] Create a task for this group: [ ] 🔍 🗑

TASKS

- There are task specific workflows as well

- If you are using tasks you can go in and see some of the things below:
  - what is assigned to you
  - what you have assigned
  - overdue tasks
  - Completed tasks

Task Specific Monitors (Add Task)

1. My Overdue Tasks
4. My Open Tasks
5. My Groups' Open Tasks
6. Overdue Tasks Created by Me
7. Open Tasks Created by Me
8. Completed Tasks Created by Me (less than 30 days old)

TASKS

- If you have not used tasks and would like to you can let the NCEDSS trainers know and we can conduct specialized trainings for your team

- Tasks may seem hard to grasp at first but can be very useful if used properly.

For trainings email: ncedsstrainings@dhhs.nc.gov

WORKFLOWS

Some of the commonly used workflows are:

- **LHD Acknowledgement Needed-** events that need the local health department to acknowledge them. There is an actual question that you can select yes for

- **Outbreaks Currently Assigned to an LHD-** these are the outbreaks assigned to your jurisdiction

WORKFLOWS

- **Lab Results - Viral Diseases - Lab result review required (local)**- mostly commonly used, this is how a case investigator finds events assigned to their county. This can be used by one or many users at the same time in the LHD where you work.

WORKFLOWS

- **CD Events Submitted for Review and Approval (Viral Diseases): 1. Original Assignment-** Exactly what it is, original assignment to your county; events that you have to work on and move out that were originally assigned to your county

- **CD Events Submitted for Review and Approval (Viral Diseases): 2. LHD to LHD Transfer**- if you need to transfer events between different counties this is where they fall.

WORKFLOWS

- **CD Events Submitted for Review and Approval (Viral Diseases): 3. Reassign to LHD from State**- if you have events in this workflow its important for you to go in and review. These are events that were sent back to you from the state.

This means that someone reviewed the event at the state and found some things that needed to be added or changed.

Review these events and then re-assign to the state for closure if possible.