



# MEDSIS User Guide for Healthcare Facilities

Overdose and Neonatal Abstinence Syndrome Reporting

# Table of Contents

- Introduction ..... 1
- Overdose and Neonatal Abstinence Syndrome Reporting ..... 1
- Abbreviations, Definitions, Roles, and Icons..... 2
  - MEDSIS Abbreviations and Definitions ..... 2
  - Roles and Associated Functionalities..... 2
  - Icons Used within MEDSIS ..... 3
- New User Requests (Expedited) ..... 4
- Getting into MEDSIS..... 5
- Communicable Disease Reports (CDR) ..... 6
  - Viewing Communicable Disease Reports (CDR) ..... 6
  - Printing a CDR ..... 7
- Navigating the Public Health New Case Entry Screen..... 9
- Public Health Case (PHC) Entry ..... 10
  - Patient Details..... 14
    - Summary* ..... 14
    - Contact Information*..... 15
    - Next of Kin*..... 17
    - Demographics* ..... 20
    - Insurance*..... 22
  - Case Details..... 24
    - Morbidity*..... 24
    - Comments* ..... 25
    - Labs & Observations* ..... 25
- Attachments..... 34
- Provider..... 40
- Reporter..... 45
- Reporting a Public Health Case ..... 45
- Reports..... 47
  - Generating Reports*..... 47

<i>Exporting Reports</i> .....	49
Appendix A.....	51
Appendix B.....	52
Appendix C.....	53

## Introduction

---

The Medical Electronic Disease Surveillance Intelligence System (MEDSIS) is a secure web-based, centralized, person-based disease surveillance system for Arizona. MEDSIS is a statewide system hosted and supported by the Arizona Department of Health Services for use by local and tribal health departments for disease surveillance, and for individuals and institutions responsible for reporting communicable diseases. A list of current reportable diseases may be found in [Appendix A](#) & [Appendix B](#) and at <http://azdhs.gov/phs/oids/pdf/rptlist.pdf>. This HIPAA-compliant system was developed in partnership with local health agencies to enhance disease surveillance and detection of potential outbreaks. MEDSIS is integrated into the Health Services Portal (HSP) and thus, can take advantage of secure e-mail communications, secure data messaging and translation services, role-based public health directory, and backup systems' capacities.

MEDSIS can be used to report all communicable diseases as listed in the reportable disease list EXCEPT Sexually Transmitted Diseases (STD) and HIV. These communicable diseases must be reported to public health in accordance to STD and HIV Programs Policies & Procedures.

Functionalities include:

- Entry of cases directly into system by county and tribal health departments, infection control practitioners, and Arizona Department of Health Services (ADHS)
- Immediate jurisdiction-specific viewing of reported or submitted cases
- Search for cases or patients
- Generation of reports

## Overdose and Neonatal Abstinence Syndrome Reporting

---

On June 5<sup>th</sup>, 2017, Governor Ducey declared a public health emergency in response to the alarming increase in opioid overdoses and deaths in Arizona. This declaration necessitates a rapid response and intervention with targeted solutions, including an enhanced surveillance advisory to allow the Arizona Department of Health Services to rapidly collect essential data in real-time in order to facilitate the implementation of more efficient prevention efforts.

MEDSIS will be used by healthcare providers and facilities for the reporting of suspected opioid overdoses (with or without fatality) and neonatal abstinence syndrome. This user guide provides step-by-step instructions for gaining access and reporting cases into the electronic surveillance system. As of June 13<sup>th</sup>, 2017, the following morbidities have been added to the system to facilitate reporting:

1. Overdose Related Events with Fatality
2. Overdose Related Events without Fatality
3. Neonatal Abstinence Syndrome

## Abbreviations, Definitions, Roles, and Icons

---

### MEDSIS Abbreviations and Definitions

#### **Abbreviations:**

CMR: Confidential Morbidity Report – Electronic version of CDR

CDR: Communicable Disease Report

Morbidity: Reportable disease or condition

#### **Definitions: System Dates**

- *Onset Date:* Date of symptom onset
- *Diagnosis Date:* Date reportable condition was diagnosed by a health care worker
- *Date Collected:* Date specimen was collected for laboratory testing
- *Test Result Date:* Date of final laboratory test results for a given specimen
- *Event Date:* Earliest date of Onset Date, Date Collected, Result Date, or Diagnosis Date
- *Date Reported to County:* Date Local Public Health was notified of case
- *Date Reported to ADHS:* Date ADHS was notified of case
- *Date Entered into MEDSIS:* Date PHC was entered into MEDSIS

#### **Definitions: System Actions**

*Report to Public Health:* Action of sending the CMR to local public health

#### **Definitions: System Person**

*Provider:* Health care worker who diagnoses and/or provides medical care for the case-patient with the reportable disease or condition


*Reporter:* Person who reports the PHC to Public Health. The Reporter is typically associated with a healthcare facility or laboratory.


### Roles and Associated Functionalities

#### **Non-Public Health Care reporter Data Entry (DE) Role:**

1. Enter Public Health Cases (PHC) and Submit to county or tribal public health organizations. Capable only of searching the cases entered by that reporting facility
2. View Communicable Disease Reports (CDR) of Public Health Cases reported by facility
3. Reports: Run reports on PHCs reported by facility

## Icons Used within MEDSIS

Edit: This  icon is used throughout the application to indicate where a user can open a record for editing.

Delete: This  icon is used throughout the application to indicate where a user can delete a record or an association.

Select: This  icon is used throughout the application to indicate where a user can select a record.

## New User Requests (Expedited)

---

Current MEDSIS Policies and Procedures states that each requested MEDSIS user must be approved by their respective local MEDSIS liaison. Due to the urgency for the implementation of overdose reporting, new user approvals will be expedited by ADHS. All communications regarding account creation and communication will include the local MEDSIS liaisons in order to keep distribution lists updated. Further communication regarding MEDSIS will be disseminated through the MEDSIS liaisons.

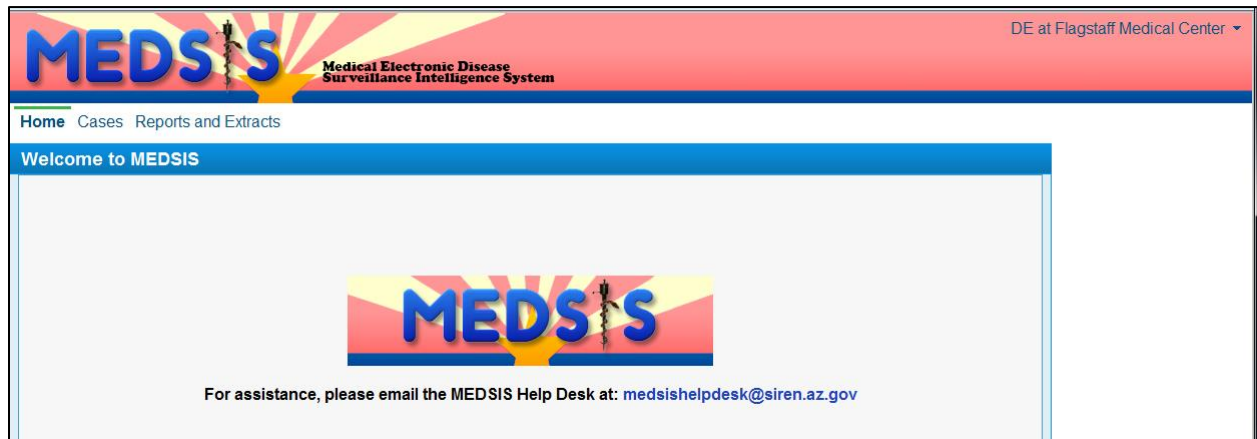
New users are encouraged to reach out to local MEDSIS liaisons for assistance regarding technical use of the system.

1. Sign & date the Health Services Portal (HSP) user agreement
  - a. Electronic signatures will NOT be processed. Signatures must be handwritten
2. Return the signed user agreement to the HSP Help Desk by e-mail ([medsishelpdesk@siren.az.gov](mailto:medsishelpdesk@siren.az.gov)); Subject Line: **MEDSIS Overdose Reporting Request**) or by fax to 602-364-3199 (**Attn: MEDSIS Overdose Reporting Request**)
3. User credentials (username and password) will be sent directly to the requesting user as well as local MEDSIS liaisons
  - a. Further communications regarding MEDSIS will be disseminated by local MEDSIS liaison(s)

## Getting into MEDSIS

---

1. Navigate to the Health Services Portal (HSP) website: <https://connect.azdhs.gov>
2. Log in to HSP. If further assistance is needed, please contact MEDSIS Help Desk at [medsishelpdesk@siren.az.gov](mailto:medsishelpdesk@siren.az.gov)
3. To enter the MEDSIS application, click on the MEDSIS (Production) icon
4. Users will be prompted to log in again using the same HSP username and password before accessing the application



5. There are 3 high level options available on the MEDSIS Home Page:
  - a. Home Page – quick access to the home page
  - b. Cases – to view cases entered by the healthcare facility or enter new cases
  - c. Reports & Extracts – to generate reports or export data as an extract for analysis



## Communicable Disease Reports (CDR)

PHCs that have been reported to local public health organizations by a healthcare facility may only be viewed as Communicable Disease Reports.

## Viewing Communicable Disease Reports (CDR)

To view a CDR, click on the PHC from the Case list by clicking on the Patient Name or the MEDSIS ID.

12-2076202 Amebiasis			Case, Example	
added by Teresa Jue 11/4/2012 at 9:38 PM				
Status	Classification	DOB	Age at Onset	
Completed	Confirmed	1/1/1980	32 years	
State Reviewed		Gender	Unknown	
Jurisdiction	Arizona Department of Health Services		Address	
Reporter	Investigator	Event Date	Phone	
Imholte, Sara	Jue, Teresa	11/1/2012	(123) 456-7890	
Onset Date	Diagnosis Date	123 Main St		
11/1/2012	11/1/2012	1		
		Flagstaff, AZ		
		United States		

A pop up window will appear with basic patient and case information.

Close Print

### MEDSIS Communicable Disease Report

MEDSIS ID: 12-09922  
 BANNER DESERT MEDICAL CENTER: 987654321  
 Date Reported: 11/1/2012  
 Onset Date: 11/1/2012  
 Date Diagnosed: 11/1/2012

Morbidity : Amebiasis  
 Type :  
 Classification :  
 Outbreak Name :

Patient Name : Case , Example  
 Gender : Unknown Pregnant :  
 Home Phone :  
 Home Address :  
 123 Main Street 1  
 Flagstaff , AZ 12345  
 United States

County : Coconino County  
 Tribe :  
 Date of Birth : 1/1/1980  
 Patient Age at Onset : 22 years  
 Race Category :  
 Ethnic Group :  
 Died? :  
 Date of Death :

Name	Phone	Organization	Address
Reporter Jue , Teresa		BANNER DESERT MEDICAL CENTER	1400 s DOBSON rd MESA , AZ 85202
Provider New , Provider	(480) 512-3000	BANNER DESERT MEDICAL CENTER	1400 SOUTH DOBSON ROAD MESA , AZ 85202

Specimen Number: 123456789  
 Diagnostic Specimen Type: OTHER SPECIMEN TYPE  
 Test Result Date: 11/1/2012  
 Laboratory Test:  
 Test Performed: Example Test Performed

Result: Example Test Results

Notes: Example Labs & Observations Notes

Printed: 11/27/2012 11:26:02 AM User: Teresa Jue

To close the CDR window, click on “Close” located in the upper left corner of the CDR

## Printing a CDR

To print a CDR, click on “Print” located in the upper left corner of the CDR.

g/Case  
 https://medsisprod.health.azdhs.gov/Training/CDR/Index/9922 - Windows Internet Explorer provided by ADHS

Close Print

### MEDSIS Communicable Disease Report

**MEDSIS ID: 12-09922**  
**BANNER DESERT MEDICAL CENTER: 987654321**  
 Date Reported :  
 Onset Date : 11/1/2002  
 Date Diagnosed : 11/1/2012

**Morbidity : Amebiasis**  
 Type :  
 Classification :  
 Outbreak Name :

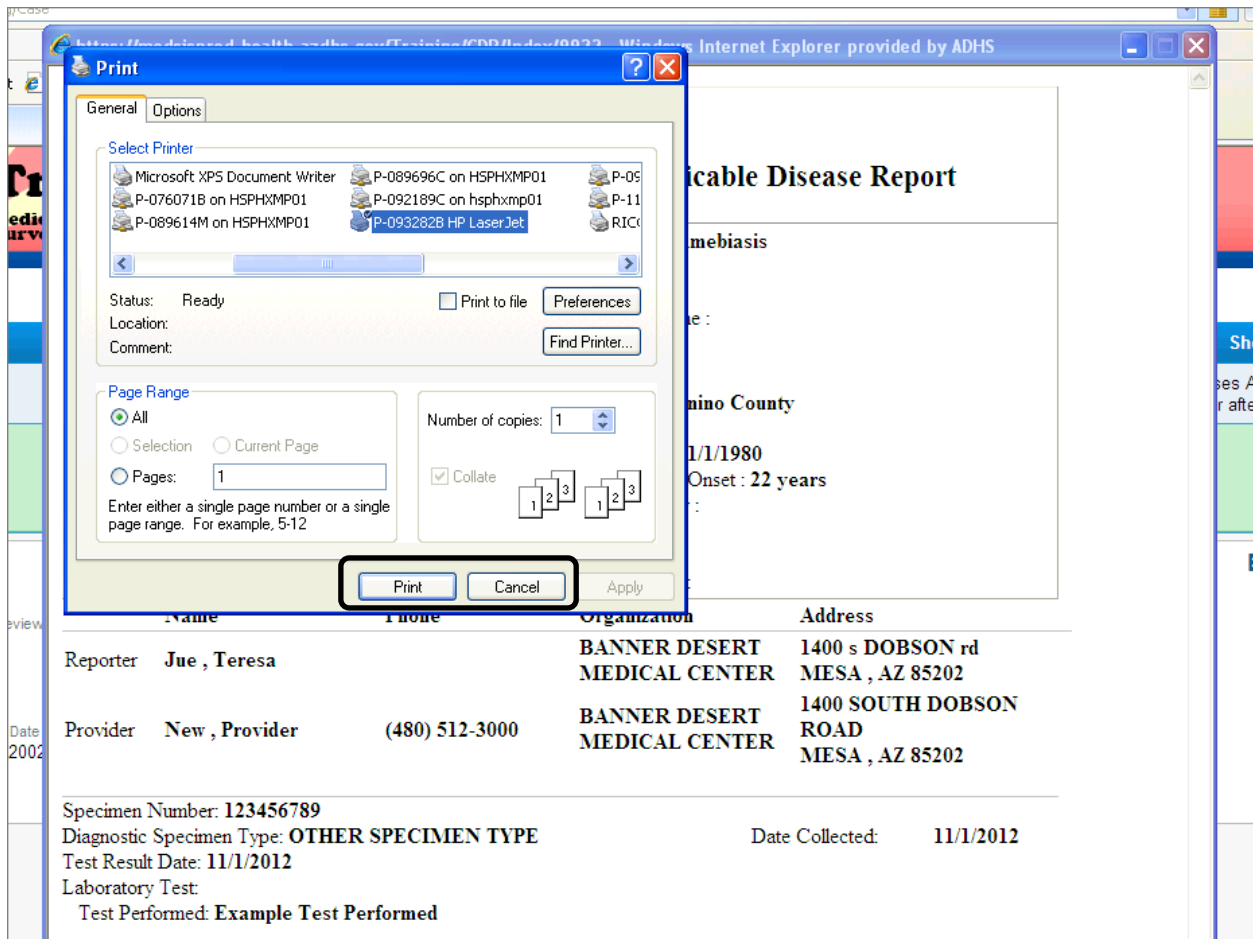
**Patient Name : Case , Example**  
 Gender : Unknown Pregnant :  
 Home Phone :  
 Home Address :  
 123 Main Street 1  
 Flagstaff , AZ 12345  
 United States

**County : Coconino County**  
 Tribe :  
 Date of Birth : 1/1/1980  
 Patient Age at Onset : 22 years  
 Race Category :  
 Ethnic Group :  
 Died? :  
 Date of Death :

	Name	Phone	Organization	Address
Reporter	Jue , Teresa		BANNER DESERT MEDICAL CENTER	1400 s DOBSON rd MESA , AZ 85202
Provider	New , Provider	(480) 512-3000	BANNER DESERT MEDICAL CENTER	1400 SOUTH DOBSON ROAD MESA , AZ 85202

Specimen Number: 123456789  
 Diagnostic Specimen Type: OTHER SPECIMEN TYPE  
 Test Result Date: 11/1/2012  
 Date Collected: 11/1/2012  
 Laboratory Test:  
 Test Performed: Example Test Performed  
 Result: Example Test Results  
 Notes: Example Labs & Observations Notes  
 Printed: 11/27/2012 11:26:02 AM User: Teresa Jue

A Print Dialog Box will appear



Click on “Print” to print the CDR screen or “Cancel” to return to the CDR view without printing

Click on “Close” located in the upper left corner of the window to close the window

# Navigating the Public Health New Case Entry Screen

The PHC consists of 4 main sections:

1. Patient Details
2. Case Details
3. Provider
4. Reporter

The right side tree menu allows users to easily navigate throughout PHC by clicking on the name of the section. Several sections within the right side tree menu are defaulted to collapsed, to expand these sections, **double click on the “+” icon located to the left of the section name or single click on the section name**. Collapsible sections within the right side tree menu include:

- Patient Details
- Case Details

MEDSIS Medical Electronic Disease Surveillance Intelligence System DE at Flagstaff Medical Center

Home Cases Reports and Extracts

New Case Patient Details

Summary

Prefix \*First Middle \*Last Suffix

--Select-- --Select-- --Select-- --Select--

\*Gender Date of Birth

--Select-- Date of Birth is unknown

Contact Information

Home Address Work Address

Street Unit Street Unit

City State ZIP Code City State ZIP Code

AZ AZ

County --Select-- County --Select--

Country Reservation Country Reservation

United States United States

Address Notes Address Notes

Phone Number Phone Number

Phone Notes Phone Notes

Demographics

Occupation --Select--

School Name \*If Other, Specify School

--Select--

Patient Details Summary Contact Information Demographics Case Details Morbidity Labs and Observations Provider Reporter

Version 4.1, build 4693 update 31379

## Public Health Case (PHC) Entry

**\*\*Reporting of suspected overdose related events with or without fatality and Neonatal Abstinence Syndrome shall be provided to public health within 5 business days of initial identification.**

**Reports shall be submitted by healthcare reporters electronically through the Medical Electronic Disease Surveillance Intelligence System (MEDSIS)\*\***

1. Optional: Ensure PHC was not previously entered by or reported to local public health, by reviewing the case list on the Cases screen

The screenshot shows the 'My Current Cases And Contacts' interface. At the top, there is a search bar with the criteria 'My Current Cases And Contacts, Date Entered is on or after 9/6/2012'. Below the search bar, there are three case entries:

- 12-2076202 Amebiasis**: Status: New, Classification: Confirmed, State Reviewed, DOB: 1/1/1980, Age at Onset: 32 years, Gender: Unknown. Jurisdiction: Coconino County Public Health Services District. Reporter: Imholte, Sara, Investigator: Jue, Teresa, Event Date: 11/1/2012, Onset Date: 11/1/2012, Diagnosis Date: 11/1/2012. Contact: Case, Example.
- 12-2076118 Cholera**: Status: New, Classification: Confirmed, State Reviewed, DOB: [blank], Age at Onset: 45 years, Gender: Male. Jurisdiction: Coconino County Public Health Services District. Reporter: Hare, Tania, Investigator: Jue, Teresa, Event Date: 10/1/2012, Onset Date: [blank], Diagnosis Date: [blank]. Contact: Manning, Peyton.
- 12-2076106 Contact**: Status: New, Classification: Confirmed, State Reviewed, DOB: [blank], Age at Onset: 111 years, Gender: Male. Jurisdiction: Coconino County Public Health Services District. Reporter: [blank], Investigator: [blank], Event Date: [blank], Onset Date: [blank], Diagnosis Date: [blank]. Contact: Northman, Eric.

Use the Search Filter Criteria and Sort Filter Criteria options to limit the number of cases being displayed on the screen.

1. Click on the “Enter New Case” located above the Search Menu Tree.

The screenshot shows the 'All Cases And Contacts' interface. At the top, there is a search bar with the criteria 'All Cases And Contacts, Date Entered is on or after 9/28/2012'. The 'Enter New Case' button is highlighted with a red box. Below the search bar, there is one case entry:

- 12-09922 Amebiasis**: Status: New, Classification: Confirmed, State Reviewed, DOB: 1/1/1980. Jurisdiction: Coconino County Public Health Services District. Reporter: [blank], Investigator: [blank], Event Date: [blank], Onset Date: [blank], Diagnosis Date: [blank]. Contact: Example, Case.

- In the Patient Search Screen, enter search criteria in at least one of the available fields (Patient First Name, Patient Last Name, Date of Birth)

Click on “Search” to display existing patient records and associated cases or “Cancel” to return to the Cases screen

*Healthcare users are limited to searching for person and case records that have been previously reported by their facility*

- Review the search results to determine if the person to be entered matches any existing patient records

New Case Entry - Patient Search						
Search Result						
	First Name	Middle Name	Last Name	Date of Birth	Gender	
Select	Case		Example		Male	, , AZ
Cases:						
	MEDSIS ID	Morbidity	Event Date	Report Date	Reporter	
	16-2796439	Elevated Blood Lead - Child (< 16 years)	12/7/2016	12/8/2016	Teresa Jue	
Select	Case 1		Example	1/1/2000	Male	, , AZ
Cases:						
	MEDSIS ID	Morbidity	Event Date	Report Date	Reporter	
	17-2798904	Overdose Related Events without Fatality	6/12/2017	6/12/2017	Teresa Jue	
Select	One		Example	1/1/2000	Unknown	, , AZ
Cases:						
	MEDSIS ID	Morbidity	Event Date	Report Date	Reporter	
	17-2798584	Overdose Related Events with Fatality	6/7/2017	6/8/2017	Teresa Jue	
Select	Two		Example		Male	, , AZ
Cases:						
	MEDSIS ID	Morbidity	Event Date	Report Date	Reporter	
	17-2798759	Overdose Related Events with Fatality	6/7/2017	6/8/2017	Teresa Jue	

If the patient to be entered DOES NOT appear in the list, “New Patient” and skip to step 5

If the patient to be entered DOES appear in the list, proceed to step 4

To go back to the patient search screen, click on “Cancel”

- If the patient appears in the search results, click on “Select” to open the New Case Entry Form

New Case Entry - Patient Search						
Search Result						
Select	Case	Example	Male	, , AZ		
Cases:						
	MEDSIS ID	Morbidity	Event Date	Report Date	Reporter	
	16-2796439	Elevated Blood Lead - Child (< 16 years)	12/7/2016	12/8/2016	Teresa Jue	
Select	Case 1	Example	Male	, , AZ		
Cases:						
	MEDSIS ID	Morbidity	Event Date	Report Date	Reporter	
	17-2798904	Overdose Related Events without Fatality	6/12/2017	6/12/2017	Teresa Jue	
Select	One	Example	Unknown	, , AZ		
Cases:						
	MEDSIS ID	Morbidity	Event Date	Report Date	Reporter	
	17-2798584	Overdose Related Events with Fatality	6/7/2017	6/8/2017	Teresa Jue	
Select	Two	Example	Male	, , AZ		
Cases:						
	MEDSIS ID	Morbidity	Event Date	Report Date	Reporter	
	17-2798759	Overdose Related Events with Fatality	6/7/2017	6/8/2017	Teresa Jue	
<input type="button" value="New Patient"/> <input type="button" value="Cancel"/>						

5. Enter applicable data on the New Case Entry Form by scrolling or tabbing through the relevant fields.

**Summary**

First  Middle  Last  Birth   
 Gender  Date of Birth  State of Birth

**Contact**

**Home Address**  
 Street  Unit   
 City  State   
 ZIP Code  Country

**Work Address**  
 Business Name   
 Street  Unit   
 City  State   
 ZIP Code  Country

Country  State/Province   
 State  Country  State/Province

Phone Number   
 Phone Number   
 Phone Number

---

**Next of Kin**

Order	Primary	Name	Relationship	Address	Phone/Emails	Comments
1	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship  Primary next of kin?   
 Same as patient primary address   
 Organization Name   
 Street  Unit   
 City  State  ZIP Code  Country  County

Home Phone  Work Phone  Cell Phone  Other Phone   
 E-mail address

Comments

[Save](#) [Cancel](#)

---

**Demographics**

Occupation   
 Patient Name   
 Living Situation  Race Category  Ethnic Group  Tribal Affiliation   
 Primary Language  Can Interview in English?  Date of Death  Death Certificate Number

---

**Insurance**

Order	Primary	Funding Source/Insurance Type	Insurance ID	Plan Name	Notes
1	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Funding Source/Insurance Type  Primary for this case?   
 Plan Name   
 Notes

[Save](#) [Cancel](#)

---

**Morbidity**

Neurology  Street Date  Discharge Date  Event Date   
**Neonatal Abstinence Syndrome**   
 Age at Onset  Age Unit  Medical Record Number

Comments

---

**Tests and Observations** [Cancel](#) [Save](#)

CLIA Region	Date Collected	Test Result	Specimen Number	Specimen Type	Test Performed	Test Results	Notes

**Add EMR Observation**

Specimen Number  Specimen Type   
 Test Performed  **Neonatal Abstinence Syndrome** Test Performed  **Neonatal Abstinence Syndrome**  
 Date Collected  Test Result Date   
 Type of Identification

Identify all confirmatory levels ordered for the patient (select all that apply):  
 Hair  Urine  Meconium  Umbilical cord  Other  Placenta

Does the patient have clinical signs consistent with NAS?   
 Are any other observation elements for diagnosis present? (check all that apply):  
 Maternal reported symptoms  Maternal reported pain  Maternal therapy for symptoms   
 Maternal reported symptoms  Maternal reported pain  Maternal therapy for symptoms   
 Maternal use of prescription substances without prescription   
 Maternal use of non-prescription substances

Prescription drug used without prescription:  
 Second-line opiate  Carbamazepine  Fentanyl  Hydrocodone  Morphine  Oxycodone  Tramadol   
 Other

Maternal use of non-prescription substances:  
 Marijuana  Heroin  Cocaine  Methamphetamines  Ecstasy  Synthetic Cannabinoid   
 Other

Unknown exposure but signs consistent with neonatal abstinence syndrome   
 Signs consistent with neonatal abstinence syndrome   
 Signs consistent with neonatal abstinence syndrome

Has the mother's prescription history been checked in the prescription drug registry (PDMP)? (Did the mother have any opioid prescriptions in the PDMP in the 12 months prior to delivery?)

Notes

---

**Attachments** [New Attachment](#)

---

**Provider Details**

Provider:  
 Last Name  First Name  Healthcare Facility  Outside Jurisdiction  County   
 State

[Search](#)

---

**Reporter**

Reporting Organization:  
 BANNER GOOD SAMARITAN MEDICAL CENTER  
 Street   
 Unit  State  ZIP Code   
 City  PHOENIX, AZ 85006  
 First Name Last Name Report Date  
 Name  Joe  8/13/2017

[Continue](#) [Cancel](#)



Applicable data include details about the PHC, including morbidity, labs & observations, provider information, and reporter information.

Required fields include Patient First Name, Patient Last Name, Patient Gender (can be Unknown), Patient Date of Birth (can be Unknown,) Morbidity, at least 1 observation record, an associated Reporter, and **at least one of the following 4 dates:**

- Onset Date **\*\*Date of overdose should be entered into this field\*\***
- Diagnosis Date
- Date Collected (for at least 1 observation)
- Result Date (for at least 1 observation)

Dates can be entered using the Calendar which pops up when clicking into the date field or manually using the MM/DD/YYYY format. Event date is an auto-calculated field and is the earliest date associated with the case.

## Patient Details

The Patient Details section consists of the five subsections:

1. Summary
2. Contact Information
3. Next of Kin
4. Demographics
5. Insurance

## Summary

The Summary section allows for basic patient information to be entered into the New Case Entry Form.

**Summary**

Prefix <sup>1</sup>  \*First <sup>2</sup> **REQUIRED**  Middle <sup>3</sup>  \*Last <sup>4</sup> **REQUIRED**  Suffix <sup>5</sup>

\*Gender <sup>6</sup>  Date of Birth <sup>7</sup> **REQUIRED**   Date of Birth is unknown

**REQUIRED**

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Patient Prefix	Doctor Mr. Mrs. Ms.	
2	Patient First Name		<b>*REQUIRED FIELD*</b>  The patient first name displayed in this section is the patient's primary name associated with the patient record.
3	Patient Middle Name		The patient middle name displayed in this section is the patient primary name associated with the patient record

4	Patient Last Name		*REQUIRED FIELD  The patient last name displayed in this section is the patient primary name associated with the patient record
5	Patient Suffix	Junior Medical Doctor MPH PHD Second Senior Third	
6	Patient Gender	Male Female Unknown	*REQUIRED FIELD* Patient Gender is a required field but may be "Unknown"
7	Patient Date of Birth (DOB)		MM/DD/YYYY Format
8	Pregnant	Yes No Unknown	This field will only display if Patient Gender is "Female"

### Contact Information

The Contact Information section allows for basic patient contact information to be entered into the New Case Entry Form. Only one home address and one work address may be entered in the New Case Entry Form. If additional contact information is available, users should enter the information into the Comments Section of the New Case Entry Screen.

County is **required** for new cases entered by Health Care Facilities

County is based on the following:

- County or Tribal Reservation of case-patient's self-defined primary residence, if available, ELSE
- County or Tribal Reservation of case-patient's mailing address, if available, ELSE
- County or Tribal Reservation of case-patient's physician's office, if available, ELSE
- County or Tribal Reservation of clinic/hospital where case-patient was admitted, if available, ELSE,
- County of Tribal Reservation of laboratory that performed diagnostic testing on specimens from case-patient

**Contact Information**

**Home Address**

Street <sup>1</sup>  Unit <sup>2</sup>

City <sup>3</sup>  State <sup>4</sup>  ZIP Code <sup>5</sup>

County <sup>6</sup>

Country <sup>7</sup>  Reservation <sup>8</sup>

Address Notes <sup>9</sup>

Phone Number <sup>10</sup>

Phone Notes <sup>11</sup>

**Work Address**

Business Name <sup>2a</sup>

Street <sup>1</sup>  Unit <sup>2</sup>

City <sup>3</sup>  State <sup>4</sup>  ZIP Code <sup>5</sup>

County <sup>6</sup>

Country <sup>7</sup>  Reservation <sup>8</sup>

Address Notes <sup>9</sup>

Phone Number <sup>10</sup>

Phone Notes <sup>11</sup>

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Street		Patient street address
2	Unit		Patient address unit
2a	Business Name		Work Address Business Name
3	City		Patient City
4	State	State Drop Down	Patient State  This drop down list is populated depending on the Country field
5	Zip		Patient Zip Code
6	County	County Drop Down	Patient County  This drop down list is populated depending on the State field  *REQUIRED FIELD* County is required for PHCs entered by Health Care Facilities reporting to Tribal Public Health Organizations
7	Country	International United States Mexico	
8	Reservation	Ak-Chin Cocopah Colorado River Fort McDowell Fort Mohave Fort Yuma-Quechan Gila River Havasupai Hopi Hualapai Kaibab-Paiute	This field does NOT apply to tribal affiliation. This field is meant to be describe the physical location of the patient during the time of illness  Tribal affiliation may be entered as part of the patient demographics in the following section.

		Navajo Nation Out of State Pasqua Yaqui Salt River Pima – Maricopa San Carlos Apache San Xavier Tohono O’Odham Tonto Apache Unknown White Mountain Yavapai Apache Yavapai-Prescott Zuni	
9	Address Notes		This field can be used to describe any additional information associated with an address.  2000 character maximum
10	Phone Number		(###) ###-#### Suggested Format
11	Phone Number Notes		This field can be used to describe any additional information associated a phone number.  2000 character maximum

If users are entering a new case for an existing patient record and the existing contact information is no longer accurate, users may click on the “Create a new primary” radio button to open a new data entry form for the specific section or select from other existing addresses.

**Contact**

Please select a primary home address for this case.

Home Address

	Address	Primary for	Notes	Last Modified
<input checked="" type="radio"/>	AZ Maricopa County United States	16-2796439		12/8/2016 by Teresa Jue
<input type="radio"/>	Create a new primary address			

Historical contact information will continue to be available, however new contact information added during the new case entry process will automatically be assigned as the primary for that specific case.

### Next of Kin

The Next of Kin section allows users to enter contact information for the patient’s next of kin.

To enter a record into the Next of Kin section, click on “Add” to display the data entry form.

**Next of Kin** Add

Primary	Name	Relationship	Address	Phone/Emails	Comments
---------	------	--------------	---------	--------------	----------

1. Enter information into the Next of Kin data entry form




**Next of Kin**

Primary	Name	Relationship	Address	Phone/Emails	Comments
Prefix <b>1</b>	*First <b>2</b>	Middle <b>3</b>	*Last <b>4</b>	Suffix <b>5</b>	
Relationship <b>6</b>	Primary next of kin? <b>7</b>				
Same as patient primary address <b>8</b>					
Organization Name <b>9</b>					
Street <b>10</b>	Unit <b>11</b>				
City <b>12</b>	State <b>13</b>	ZIP Code <b>14</b>	Country <b>15</b>	County <b>16</b>	
Home Phone <b>17</b>	Work Phone <b>18</b>	Cell Phone <b>19</b>	Other Phone <b>20</b>		
E-mail address <b>21</b>					
Comments <b>22</b>					
<input type="button" value="Save"/> <input type="button" value="Cancel"/>					

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Prefix	Doctor Mr. Mrs. Ms.	
2	First		*REQUIRED FIELD* Next of kin First Name
3	Middle		Next of kin Middle Name
4	Last		*REQUIRED FIELD* Next of kin Last Name
5	Suffix	Junior Medical Doctor MPH PHD Second Senior Third	
6	Relationship		Associate Brother Care giver Child Emergency contact Employee Employer Extended family Father Foster child Friend Grandchild Grandparent Guardian Handicapped dependent Life partner

			Manager Mother Natural child None Other Other adult Owner Parent Self Sibling Sister Spouse Stepchild Trainer Unknown Ward of court
7	Primary next of kin?	Checkbox	Checked if primary next of kin
8	Same as patient primary address	Checkbox	Check if next of kin has the same address as patient
9	Organization Name		
10	Street		
11	Unit		
12	City		Next of kin city
13	State		Next of kin state This drop down list is populated depending on the Country field
14	ZIP code		Next of kin zip code
15	Country		Patient Country
16	County		Next of kin County This drop down list is populated depending on the State field
17	Home Phone		(###) ###-#### Suggested Format
18	Work Phone		(###) ###-#### Suggested Format
19	Call Phone		(###) ###-#### Suggested Format
20	Other Phone		(###) ###-#### Suggested Format
21	E-mail address		
22	Comments		This field can be used to describe any additional information associated to the next of kin 2000 character maximum

- When all information has been entered into the form for a single next of kin record, click on “Save” located in the upper right hand corner of the section, or “Cancel” to close the data entry form without saving the record

Next of Kin						
	Primary	Name	Relationship	Address	Phone/Emails	Comments
 		Example, NK	Friend	150 N 18th Ave Phoenix, AZ 85007 US	Home: 000-000-0000	

Prefix: \*First  Middle  \*Last  Suffix

Relationship:  Primary next of kin?

Same as patient primary address

Organization Name

Street  Unit




City  State  ZIP Code  Country  County

Home Phone  Work Phone  Cell Phone  Other Phone


E-mail address

Comments


3. When a next of kin record has been saved, it will display in the Next of Kin table.

Next of Kin							Add
	Primary	Name	Relationship	Address	Phone/Emails	Comments	
 		Example, NK	Friend	150 N 18th Ave Phoenix, AZ 85007 US	Home: 000-000-0000		

4. Users may enter additional next of kin records following the same procedure above or continue to the Demographics Section.

Users may edit or delete existing next of kin records in the table by clicking on the edit icons located in the first column of the record row. To edit the existing next of kin row, click on the  icon to expand the data entry form and edit the field.

Click on “Save” to save all changes to the next of kin record or “Cancel” to close the data entry form without saving changes to the next of kin record.

To delete an existing next of kin record, click on the  icon. A dialog box will appear to confirm that the record should be deleted. Click on “OK” to delete the next of kin record of “Cancel” to return to the section without deleting the record.

## Demographics

The Demographics section allows for basic patient demographic information to be entered into the New Case Entry Form.

**Demographics**

Occupation <sup>1</sup>  
 --Select--

School Name <sup>2</sup> \*If Other, Specify School <sup>2a</sup>

Living Situation <sup>3</sup> Race Category <sup>4</sup> Ethnic Group <sup>5</sup> Tribal Affiliation <sup>6</sup>  
 --Select--

Primary Language <sup>7</sup> Can Interview in English? <sup>8</sup> Died? <sup>9</sup>

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Occupation	Food Handler, Healthcare Worker, and School/Daycare Worker have been listed at the top of this drop down menu	Bureau of Labor Statistics List  If an occupation is not listed, users should enter occupational information in the Comments Section.
2	School Name		Intellisense field  Options will display once the user starts typing into the field.
2a	Other "If Other, Specify School"		If the School Name is not an available choice within the drop down list, users may choose "Other" and specify the School Name in the "Other" field
3	Living Situation	Correctional Facility Crisis Center Homeless Hospital Long Term Care Military Base Multi-Family Dwelling Residential Rehab/Halfway House Residential School Single Family Housing Unknown	
4	Race	American Indian or Native Alaskan Asian Black Hawaiian or Pacific Islander Other White	
5	Ethnic Group	Hispanic or Latino Not Hispanic or Latino Unknown	
6	Tribal Affiliation	Ak-Chin Cocopah Colorado River	Please select tribal affiliation regardless of patient's current residence



		Fort McDowell Fort Mohave Fort Yuma-Quechan Gila River Havasupai Hopi Hualapai Kaibab-Paiute Navajo Nation Out of State Pasqua Yaqui Salt River Pima – Maricopa San Carlos Apache San Xavier Tohono O’Odham Tonto Apache Unknown White Mountain Yavapai Apache Yavapai-Prescott Zuni	
<b>7</b>	Primary Language	Language List	Please see data dictionary for list of available language options
<b>8</b>	Can Interview in English?	Yes No	
<b>9</b>	Died	Yes No	This field indicates whether or not the patient is deceased, regardless of disease outcome. If disease outcome is “Died,” this field will automatically update to “Yes.”
<b>9a</b>	Date of Death		If Died is “Yes,” the Date of Death field will become visible  MM/DD/YYYY Format
<b>9b</b>	Death Certificate Number		If Died is “Yes,” the Death Certificate Number field will become visible

## Insurance

The Insurance section allows for basic insurance information to be entered into the New Case Entry Form.

To enter a record into the Insurance section, click on “Add” to display the data entry form.

Insurance						<input type="button" value="Add"/>
Edit	Primary	Funding Source/Insurance Type	Insurance ID	Plan Name	Notes	

1. Enter information into the Next of Kin data entry form

The screenshot shows the 'Insurance' form with the following fields and annotations:

- Funding Source/Insurance Type:** A dropdown menu with a red circle '2' next to the label.
- Primary for this case?:** A checkbox with a red circle '1' next to it.
- Plan Name:** A text input field with a red circle '3' next to the label.
- Notes:** A large text area with a red circle '4' next to the label.
- Buttons:** 'Save' and 'Cancel' buttons are located at the bottom left.

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Funding Source/ Insurance Type	Public Insurance Private Insurance Self-pay Workplace monitoring Other Unknown	
2	Primary for this case?		Check if record is the patient's primary insurance plan
3	Plan Name		Intellisense field  Options will display once user enters text into this field. If the plan name does not exist, select Other to enter a new plan name.  New plan names will be added to the dropdown list for future entry
4	Note		This field can be used to describe any additional information associated to the patient's insurance 2000 character maximum

- When all information has been entered into the form for an insurance record, click on "Save" located in the upper right hand corner of the section, or "Cancel" to close the data entry form without saving the record


The screenshot shows the 'Insurance' form with the following fields and annotations:

- Funding Source/Insurance Type:** A dropdown menu showing 'Public Insurance' with a red circle '2' next to the label.
- Primary for this case?:** A checked checkbox with a red circle '1' next to it.
- Insurance ID:** A text input field containing '123456' with a red circle '3' next to the label.
- Plan Name:** A text input field containing 'AHCCCS Eligibility' with a red circle '4' next to the label.
- Notes:** A large text area.
- Buttons:** 'Save' and 'Cancel' buttons are located at the bottom left. The 'Save' button is highlighted with a black border.


- When an insurance record has been saved, it will display in the Insurance table.

Insurance					Add
Edit	Primary	Funding Source/Insurance Type	Insurance ID	Plan Name	Notes
		Public Insurance	123456	AHCCCS Eligibility	

- Users may enter additional Insurance records following the same procedure above or continue to the Case Details Section.

Users may edit or delete existing insurance records in the table by clicking on the edit icons located in the first column of the record row. To edit the existing insurance row, click on the  icon to expand the data entry form and edit the field.

Click on “Save” to save all changes to the next of kin record or “Cancel” to close the data entry form without saving changes to the insurance record.

To delete an existing insurance record, click on the  icon. A dialog box will appear to confirm that the record should be deleted. Click on “OK” to delete the next of kin record or “Cancel” to return to the section without deleting the record.

## Case Details

The Case Details section consists of 2 subsections:

- Morbidity
- Labs & Observations

### Morbidity

This section displays the Morbidity and PHC associated dates

**Morbidity**

\*Morbidity 1  Onset Date 2  Diagnosis Date 3  Event Date 4

Age at Onset 5  Age Unit 5a  Medical Record Number 6

**Morbidity**

\*Morbidity  Onset Date  Diagnosis Date  Event Date

Age at Onset  Age Unit  Medical Record Number

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Morbidity	<i>For Enhanced Surveillance:</i> Overdose Related Events with Fatality Overdose Related Events without Fatality Neonatal Abstinence Syndrome	

2	Onset Date		Date of overdose MM/DD/YYYY Format
3	Diagnosis Date		Date reportable condition was diagnosed by a health care worker MM/DD/YYYY Format
4	Event Date		*NOT EDITABLE*  This date is calculated as the earliest date of Onset Date, Date Collected, Result Date, Diagnosis Date, Date Reported to County, Date Submitted to State, Date Reported to ADHS, or Date entered into MEDSIS and cannot be edited within the PHC.
5	Age at Onset		If Patient Date of Birth is unknown, users may enter the patient's age at disease onset.
5a	Age at Onset – Age Unit	Unknown Days Weeks Months Years	Age at Onset Unit
6	Medical Record Number		

**Comments**

The Comments section allows users to enter any other information related to the PHC that does not have a field. Examples include additional occupational information, demographic or contact information, or medical record information.

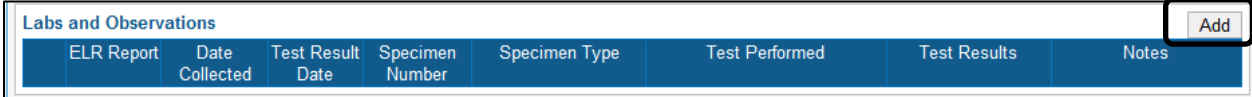
**Labs & Observations**

The Labs & Observations section allows users to enter multiple labs & observations associated with the New Case Entry Form. One row in the Labs & Observations table represents a single observation.

**\*\*A morbidity must be selected prior to adding a lab observation to a case\*\***

Cases will not be saved unless **at least one observation** has been entered into the table. Entry of certain cases may not have laboratory results. Users should enter “PENDING” or symptom information into the Test Result field.

To enter a lab result into the Labs and Observations Section, click on “Add” to display the data entry form.



1. Enter information into the Labs & Observations data entry form

**Labs and Observations** Cancel Save

ELR Report	Date Collected	Test Result Date	Specimen Number	Specimen Type	Test Performed	Test Results	Notes
------------	----------------	------------------	-----------------	---------------	----------------	--------------	-------

**Add/Edit Observation**

Specimen Number 1  Specimen Type 2

\*Test Performed 3  Overdose Related Events without Fatality

\*Test Results 4  Overdose Related Events without Fatality

Date Collected 5  Test Result Date 6

Order	Field Name	Available Drop Down Options (if applicable)	Comments
<b>1</b>	Specimen Number		
<b>2</b>	Specimen Type	Bronch/BAL CSF Lymphnode NP Swab Other Serum Sputum Stool Urine Whole Blood	If the specimen type is not listed, choose 'Other' and a specify field will appear in the form
<b>2a</b>	Specimen Type – If Other, Specify		Enter the specimen type if it is not an available in the drop down options
<b>3</b>	Test Performed	Overdose Related Event without Fatality Overdose Related Event with Fatality Neonatal Abstinence Syndrome	<b>*REQUIRED FIELD*</b> Name of selected morbidity
<b>4</b>	Test Result	Overdose Related Event without Fatality Overdose Related Event with Fatality Neonatal Abstinence Syndrome	<b>*REQUIRED FIELD*</b> Name of selected morbidity
<b>5</b>	Date Collected		Date the specimen was collected for this test  MM/DD/YYYY Format
<b>6</b>	Test Result Date		The date the test result was finalized  MM/DD/YYYY Format
<b>7</b>	Notes		Any relevant information in regards to this lab.  1000 Character limit

Additional information is also requested specifically for suspected overdose and neonatal abstinence syndrome reporting. This information is not required to report the case to public health.

For Overdose Related Event with or without fatality:

Clinical Presentation <sup>1</sup>  
 Opioid

Reporter Type <sup>2</sup>  
 Hospital If other, specify: <sup>2a</sup>

What drug(s) appear to be responsible for overdose? <sup>3</sup>

<sup>3a</sup> Heroin  Fentanyl  Oxycodone  Hydrocodone  Tramadol  Methadone  Other Opiate Medication

Methamphetamine  Marijuana  Cocaine  Benzodiazepine  Unknown

Other, Specify: <sup>3b</sup>

Was alcohol consumed by patient? If yes, blood alcohol level? <sup>4a</sup>  
<sup>4</sup>

Where did patient overdose? Specify: <sup>5a</sup>  
<sup>5</sup>

Was patient recently (within the past 90 days) prescribed opioids or other controlled substances? Was patient alone at time of overdose?  
<sup>6</sup> <sup>7</sup>

Was Naloxone/Narcan administered prior to arrival at your facility?  
<sup>8</sup>

If yes: <sup>8a</sup>  
 By whom? If other, specify: <sup>9a</sup> How many doses?  
<sup>9</sup> <sup>10</sup>

Was Naloxone/Narcan administered by you / your entity?  
<sup>11</sup>

If yes: <sup>11a</sup>  
 How many doses?  
<sup>12</sup>

Does overdose appear to be unintentional or suicide/suicide attempt?  
<sup>13</sup>

Did the patient have pre-existing health conditions (e.g. chronic pain, depression) that may have increased the risk of overdose? If yes, specify: <sup>14a</sup>  
<sup>14</sup>

Is this the first known overdose for this patient? If no, how many others have occurred? <sup>15a</sup>  
<sup>15</sup>

Was the patient referred to behavioral health services?  
<sup>16</sup>

Notes <sup>17</sup>

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Clinical Presentation	Opioid Not Opioid	
2	Reporter Type	Hospital Urgent Care Medical Examiner	

		Behavioral Health Substance Abuse Rehabilitation Centers Pharmacy Corrections Long Term Care/Assisted Living Hospice Other	
<b>2a</b>	If other, specify:		If reporter type not an available in the drop down option, enter the reporter type into the other specify field
<b>3</b>	What drug(s) appear to be responsible for overdose?		
<b>3a</b>	Heroin Fentanyl Oxycodone Hydrocodone Tramadol Methadone Other Opiate Medication Methamphetamine Marijuana Cocaine Benzodiazepine Unknown		Select all that apply
<b>3b</b>	Other, Specify:		Specify drug name if checkbox is not available
<b>4</b>	Was alcohol consumed by patient?	Yes No Unknown	
<b>4a</b>	If yes, blood alcohol level?		
<b>5</b>	Where did patient overdose?	Home Work School Business Public Place Health Care Facility Other Jail/Prison/Detention Shelter Military Installation Tribal Lands Unknown	
<b>5a</b>	Specify:		Describe the location where the patient overdosed
<b>6</b>	Was patient recently (within the past 90 days) prescribed opioids or other controlled substances?	Yes No Unknown	
<b>7</b>	Was patient alone at time of overdose?	Yes No Unknown	
<b>8</b>	Was Naloxone/Narcan administered prior to arrival at your facility?	Yes No Unknown	

<b>8a</b>	If yes:		Sub-Header
<b>9</b>	By whom?	Emergency Medical Services Law Enforcement Other Health Care Professional Bystander / Layperson Other	
<b>9a</b>	If other, specify:		If other is select, specify
<b>10</b>	How many doses?	1 dose 2 doses 3 doses 4 doses 5 or more doses	
<b>11</b>	Was Naloxone/Narcan administered by you / your entity?	Yes No Unknown	
<b>11a</b>	If yes:		Sub-Header
<b>12</b>	How many doses?	1 dose 2 doses 3 doses 4 doses 5 or more doses	
<b>13</b>	Does overdose appear to be unintentional or suicide/suicide attempt?	Unintentional Suicide/Suicide Attempt Unknown	
<b>14</b>	Did the patient have pre-existing health conditions (e.g. chronic pain, depression) that may have increased the risk of overdose?	Yes No Unknown	
<b>14a</b>	If yes, specify:		
<b>15</b>	Is this the first known overdose for this patient?	Yes No Unknown	
<b>15a</b>	If no, how many others have occurred?		
<b>16</b>	Was the patient referred to behavioral health services?	Yes No Unknown	
<b>17</b>	Notes		Any relevant information in regards to this event  1000 Character limit



For Neonatal Abstinence Syndrome:

Type of hospitalization <sup>1</sup>

Identify all confirmatory test(s) ordered for the patient (select all that apply) <sup>2</sup>

Hair <sup>2a</sup>    Urine <sup>2b</sup>    Meconium <sup>2c</sup>    Umbilical cord <sup>2d</sup>    Other <sup>2e</sup>    Specify <sup>2f</sup>

Does the patient have clinical signs consistent with NAS? <sup>3</sup>

Are any other supportive elements for diagnosis present? (check all that apply) <sup>4</sup>

Maternal history of substance abuse known to cause NAS     Positive maternal screening test for substance abuse known to cause NAS     Positive neonatal screening test for substance abuse known to cause NAS

What is the source of the substance causing NAS, if known? (check all that apply) <sup>5</sup>

Maternal supervised replacement therapy (prescription drug obtained with prescription)     Maternal supervised pain therapy (prescription drug obtained with a prescription)     Maternal therapy for psychiatric or neurological condition (prescription drug obtained with a prescription)

Maternal use of prescription substance obtained without a prescription

Prescription drug used without prescription <sup>5a</sup>

Benzodiazepine     Carisoprodol     Fentanyl     Hydrocodone     Morphine     Oxycodone     Tramadol

Other     If other, specify:

Maternal use of non-prescription substance

Maternal use of non-prescription substance <sup>5b</sup>

Methamphetamine     Cocaine     Heroin     Marijuana     MDMA/Ecstasy     Synthetic cannabinoid

Other     If other, specify:

Unknown exposure but clinically consistent with NAS     Signs consistent with NAS (select this option only if no other options are selected)

Was the mother's prescription history checked in the prescription drug registry (PDMP) <sup>6</sup>

Did the mother have any opioid prescriptions in the PDMP in the 12 months prior to delivery? <sup>7</sup>

Notes <sup>8</sup>

Order	Field Name	Available Drop Down Options (if applicable)	Comments
1	Type of hospitalization	Initial birth hospitalization - patient has never been discharged home from this hospital Transfer from birth facility - patient was born at another facility and transferred to this facility Readmission - patient was discharged home and readmitted to this facility This patient was diagnosed with NAS at an outpatient/non-hospital facility"	
2	Identify all confirmatory test(s) ordered for the patient. (select all that apply)		Sub-Header
2a	Hair	Pending Completed	
2b	Urine	Pending Completed	
2c	Meconium	Pending Completed	
2d	Umbilical cord	Pending Completed	
2e	Other	Pending Completed	
2f	Specify		If other is selected, please specify using this field
3	Does the patient have clinical signs consistent with NAS?	Yes No Unknown	
4	Are any other supportive elements for diagnosis present? (check all that apply)		Sub-Header
	Maternal history of substance abuse known to cause NAS		
	Positive maternal screening test for substance abuse known to cause NAS		
	Positive neonatal screening test for substance abuse known to cause NAS		
5	What is the source of the substance causing NAS, if known? (check all that apply)		Sub-Header
	Maternal supervised replacement therapy (prescription drug obtained with prescription)		
	Maternal supervised pain therapy (prescription drug obtained with a prescription)		
	Maternal therapy for psychiatric or neurological condition (prescription drug obtained with a prescription)		
	Maternal use of prescription substance obtained without a prescription		
5a	Prescription drug used without prescription		Sub -Header
	Benzodiazepine Carisoprodol Fentanyl Hydrocodone Morphine Oxycodone Tramadol		Check all that apply if Maternal use of prescription substance obtained without a prescription is yes

	Other If other, specify:		
	Maternal use of non-prescription substance		
<b>5b</b>	Non-prescription drug used		Sub-Header
	Methamphetamine Cocaine Heroin Marijuana MDMA/Ecstasy Synthetic cannabinoid Other If other, specify:		Check all that apply if Maternal use of non-prescription substance is yes
	Unknown exposure but clinically consistent with NAS		
	Signs consistent with NAS (select this option only if no other options are selected)	Emergency Medical Services Law Enforcement Other Health Care Professional Bystander / Layperson Other	
<b>6</b>	Was the mother's prescription history checked in the prescription drug registry (PDMP)	Yes No Unknown	
<b>7</b>	Did the mother have any opioid prescriptions in the PDMP in the 12 months prior to delivery?	Yes No Unknown	
<b>8</b>	Notes		Any relevant information in regards to this event  1000 Character limit

- When all information has been entered into the form for a single observation, click on "Save" located in the upper right hand corner of the section, or "Cancel" to close the data entry form without saving the observation

**Labs and Observations** Cancel Save

	ELR Report	Date Collected	Test Result Date	Specimen Number	Specimen Type	Test Performed	Test Results	Notes
		6/11/2017	6/12/2017	123ABC		Overdose Related Events with Fatality	Overdose Related Events with Fatality	

**Add/Edit Observation**

Specimen Number:  Specimen Type:

\*Test Performed: Overdose Related Events with Fatality \*Test Results: Overdose Related Events with Fatality

Date Collected:  Test Result Date:

Clinical Presentation:

Reporter Type:  If other, specify:

**What drug(s) appear to be responsible for overdose?**

Heroin  Fentanyl  Oxycodone  Hydrocodone  Tramadol  Methadone  Other Opiate Medication

- When an observation has been saved, it will display in the Labs & Observations table. Cases will not be saved unless **at least one observation** has been entered into the table.

**Labs and Observations** Add

	ELR Report	Date Collected	Test Result Date	Specimen Number	Specimen Type	Test Performed	Test Results	Notes
		6/11/2017	6/12/2017	123ABC		Overdose Related Events with Fatality	Overdose Related Events with Fatality	

- When reporting suspected overdoses or neonatal abstinence syndrome, users may only enter one record in the labs and observations table. If additional lab information is available, please enter this into the comments field.

Users may edit or delete existing labs & observations in the table by clicking on the edit icons located in the first column of the observation row. To edit the existing labs & observations row, click on the icon to expand the data entry form and edit the fields.

Click on “Save” to save all changes to the observation or “Cancel” to close the data entry form without saving changes to the observation.

To delete the existing labs & observations row, click on the icon. A dialog box will appear to confirm that the observation is to be deleted. Click on “OK” to delete the observation row or “Cancel” to return to the section without deleting the observation row.

Labs and Observations								Add
◆	◆ ELR Report	◆ Date Collected	◆ Test Result Date	◆ Specimen Number	◆ Specimen Type	◆ Test Performed	◆ Test Results	Notes
		6/11/2017	6/12/2017	123ABC		Overdose Related Events with Fatality	Overdose Related Events with Fatality	

## Attachments

### Overview

Various file types can be attached to a PHC for easy access and file storage.

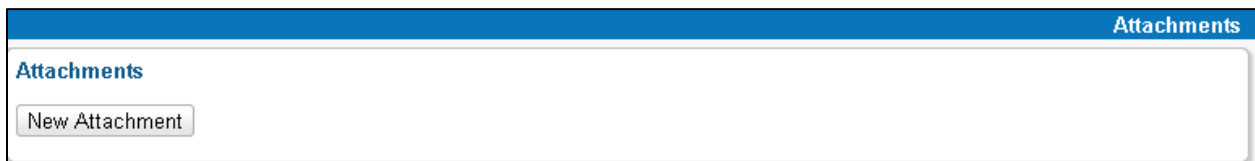
**\*\*Medical Examiners are encouraged to attach PROG report\*\***

File types that may be attached include the following:

Allowable File Types	File Extensions
<b>Word Documents</b>	.doc .docx
<b>Excel Files</b>	.xls .xlsx
<b>PDF Files</b>	.pdf
<b>TIFF Image Files</b>	.tiff

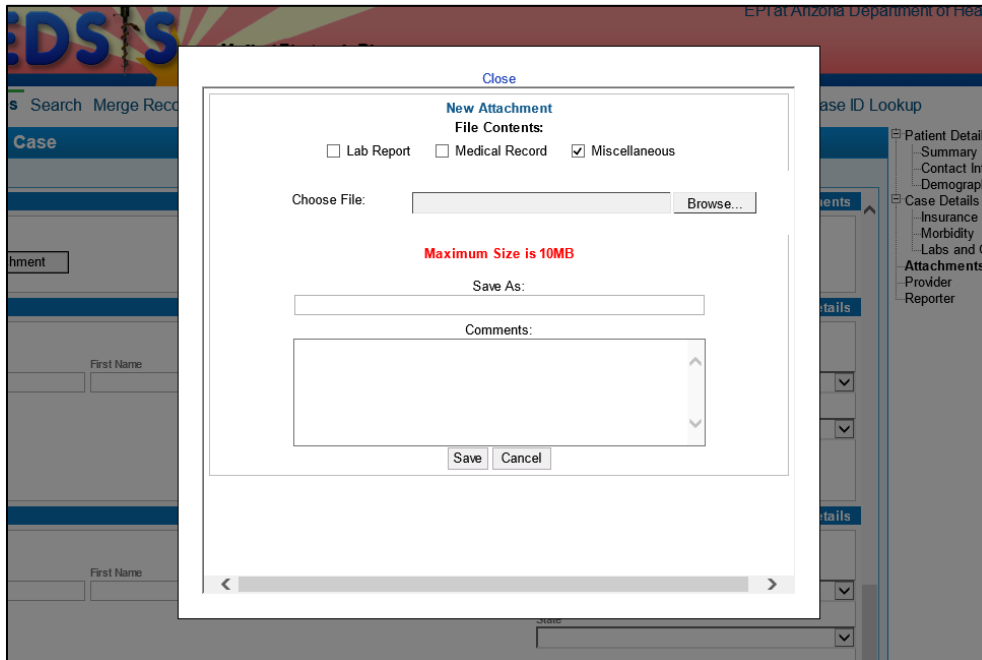
### Attaching a document to a PHC

- 1a. Navigate to the Attachments Section of the PHC within the right side tree menu by clicking on the “attachments” section or scroll through the case to the Attachments Section.

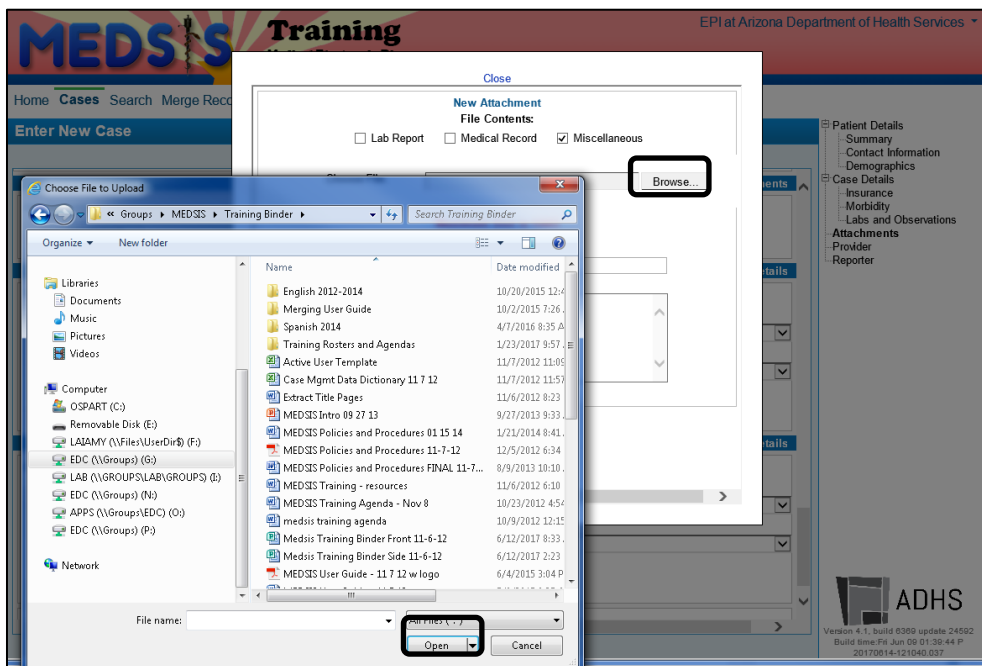


- 2a. Click on “New Attachment” and a pop up window will appear to allow users to attach files. Depending on the browser, users will either browse to find the file or “Drag & Drop” the file to attach.
- 3a. Select File Content Type(s) related to the attachment (select all that apply)

## “Browse” attaching screen



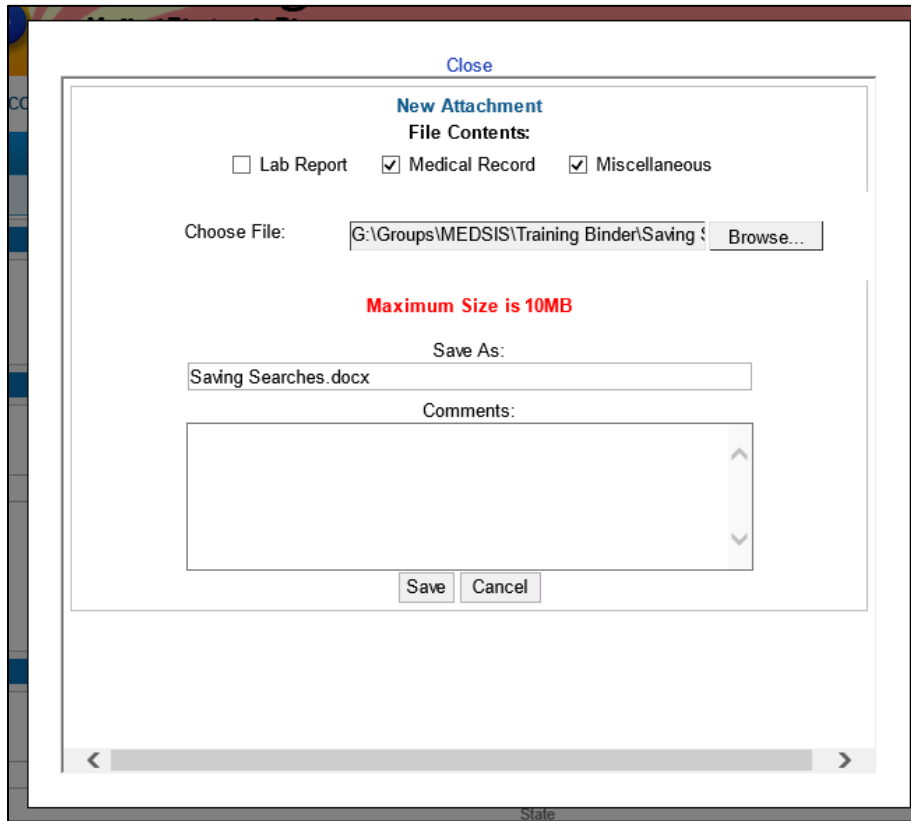
4a. Click on “Browse...” to choose a file to upload



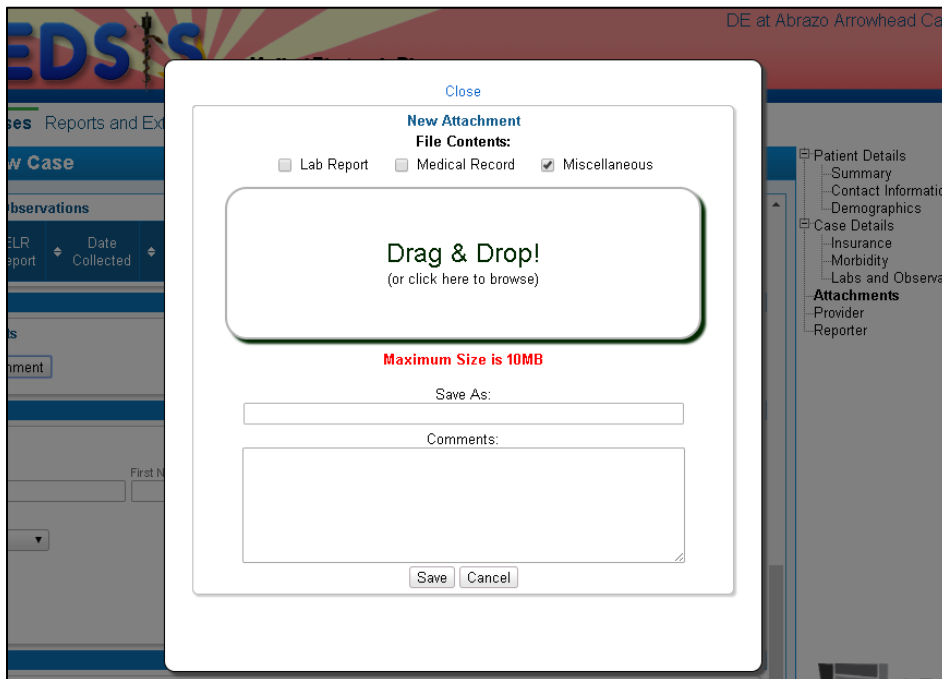
5a. Select the file to be attached to the PHC

6a. Click on “Open”

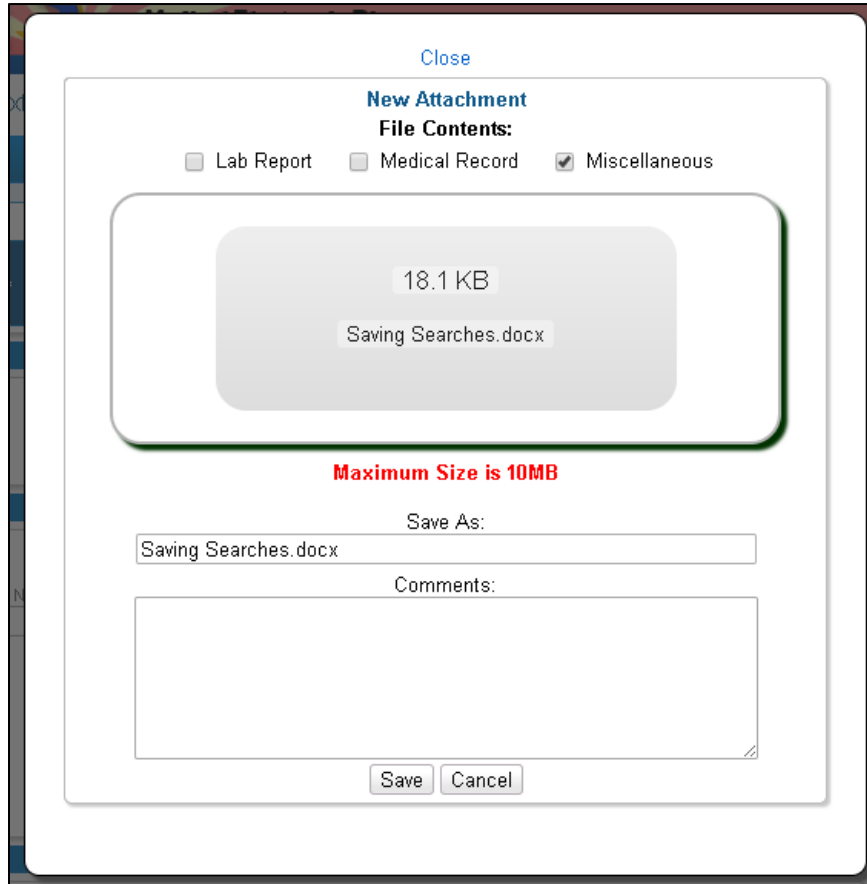
7a. The location of the file will now display in the "Choose File:" field.



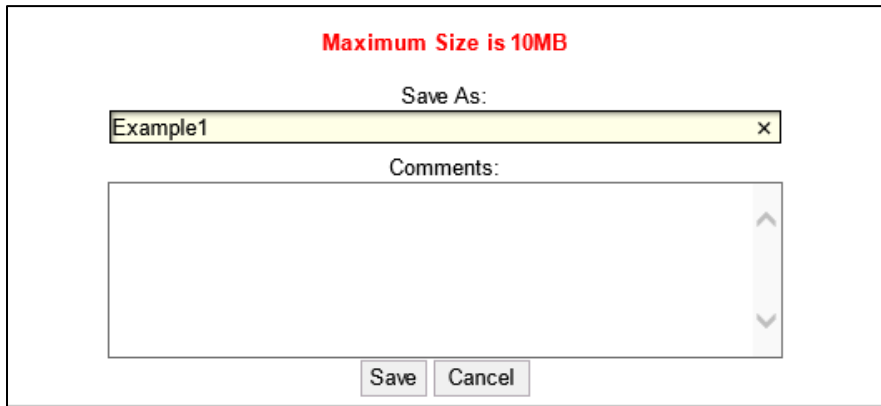
### Drag & Drop attaching screen



- 5b. Open up the folder and choose the file to be attached to the PHC.
- 6b. Drag the file to the “Drag & Drop” box and drop the file.
- 7b. The size and the file name will now display in the box.



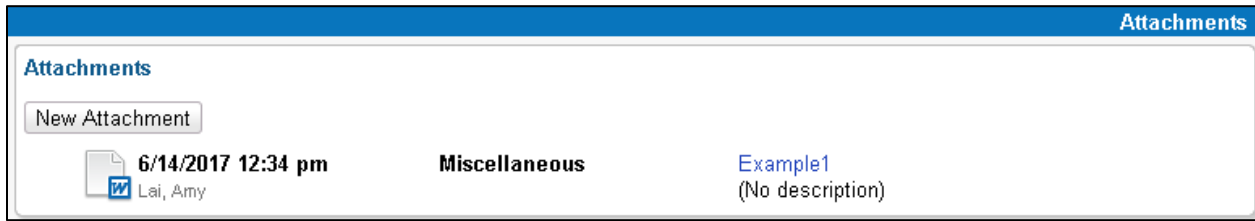
- 8. Users may save the attachment with a different name by typing the new named into the “Save As” field.



- 9. The Comments text box may be used to describe the contents of the file

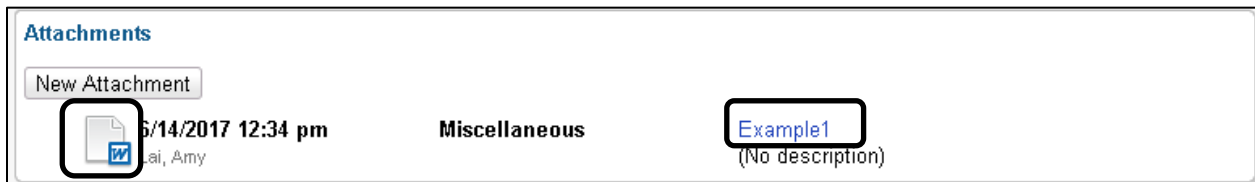


10. Click on “Save” to upload and attach the file to the PHC or “Cancel” to exit the attachment process without associating the file to the PHC
11. The attachment will now be displayed within the Attachments Section of the PHC.

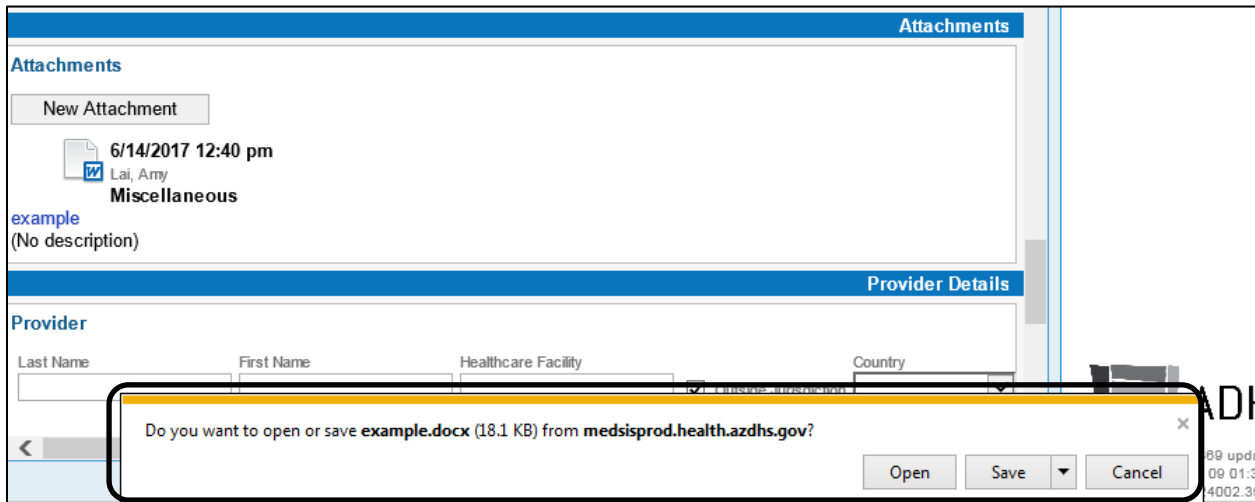


### Opening an Attachment

1. Navigate to the Attachments Section of the PHC within the right side tree menu by clicking on the “Attachments” section or scroll through the case to the Attachments Section
2. Click on the File Icon or the File Name to download the attachment




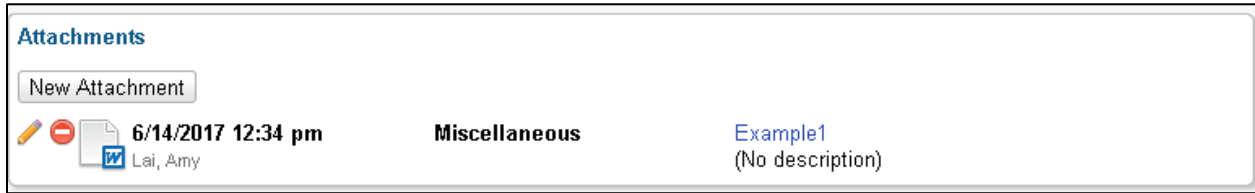
3. A dialog box will appear to allow for the file to be opened, saved, or cancel



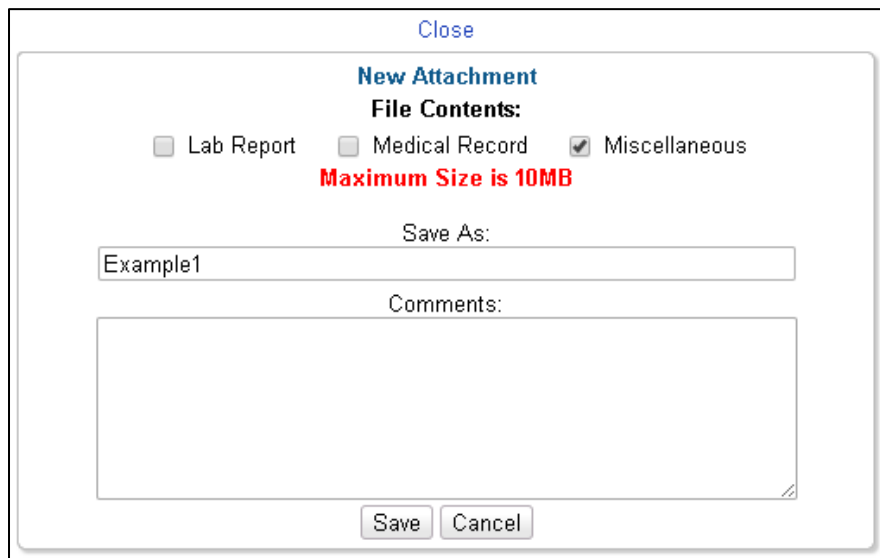
4. Click on “Open” to view the attachment without saving a file to the local drive. The Attachment will be opened in the respective applications (i.e. Microsoft Word, Microsoft Excel, etc.) Click on “Save” to save the file to the local drive.

### Editing an Attachment

1. Navigate to the Attachments Section of the PHC within the right side tree menu by clicking on the “Attachments” section or scroll through the case to the Attachments Section
2. Click on the  icon to display the edit fields available for attachments




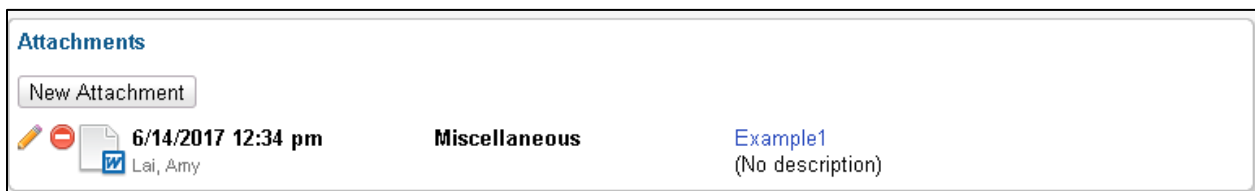
3. Edit information associated with the existing attachment



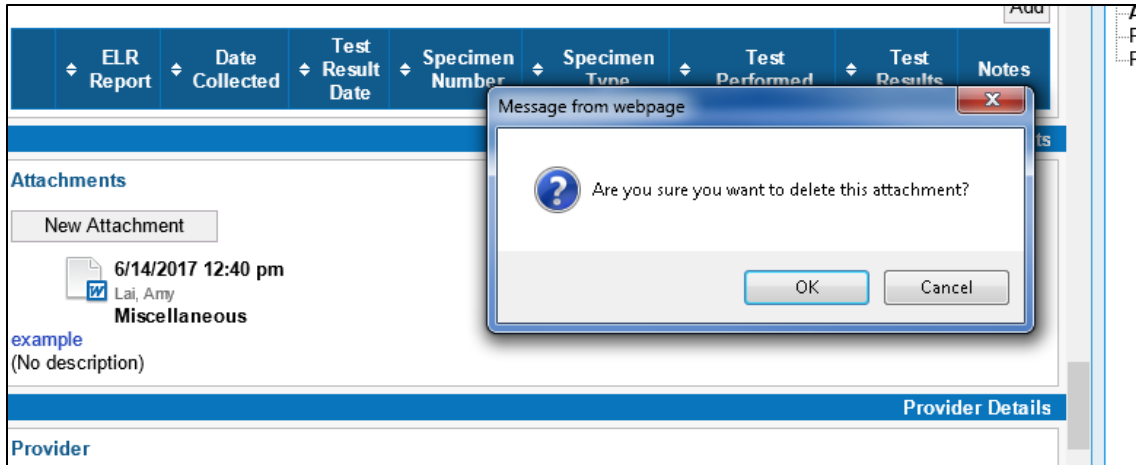
4. Click on “Save” to save the changes made to the attachment or click on “Cancel” to return to the Attachments display without saving changes
5. Changes made to the attachment will be updated and viewable in the Attachment Section

### Deleting an Attachment

1. Navigate to the Attachments Section of the PHC within the right side tree menu by clicking on the “Attachments” section or scroll through the case to the Attachments Section
2. Click on the  icon to delete the attachment.



3. A dialog box will appear to confirm the deletion of the attachment from the PHC



4. Click on “OK” to delete the attachment from the PHC of “Cancel” to return to the Attachment edit fields without deleting the attachment
5. Deleted attachments will no longer be visible in the Attachment Section

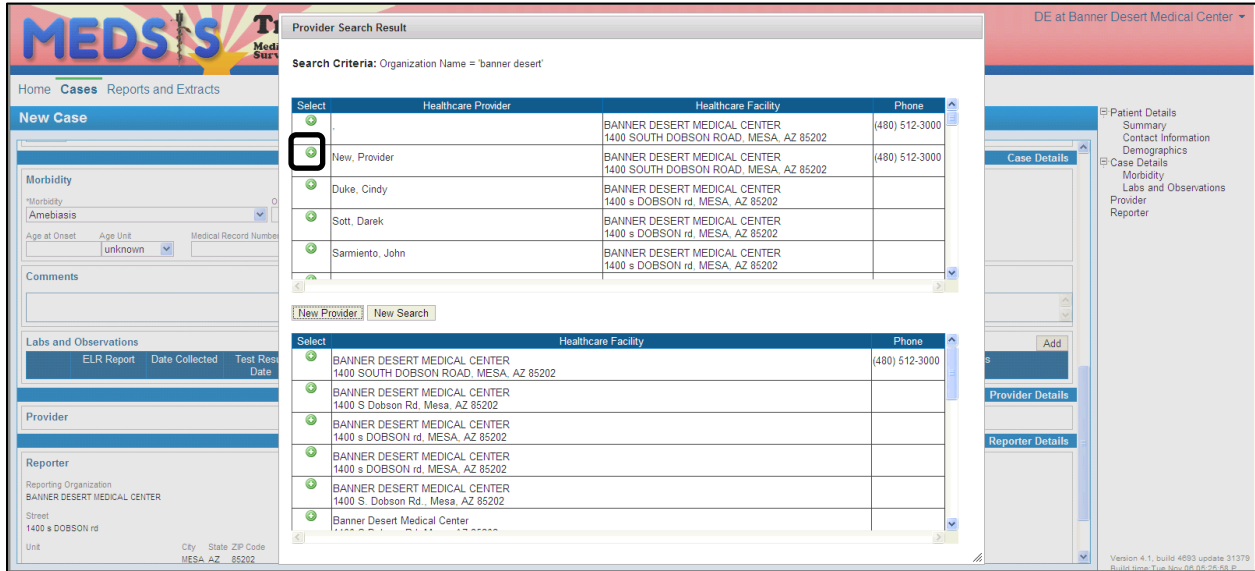
Deleted attachments cannot be retrieved. If an attachment is accidentally deleted, the user will need to re-attach the file.

## Provider

The “Provider” is the health care worker who diagnoses and/or provides medical care for the case-patient with the reportable disease or conditions. To search for a provider, enter known provider information into the Provider search fields

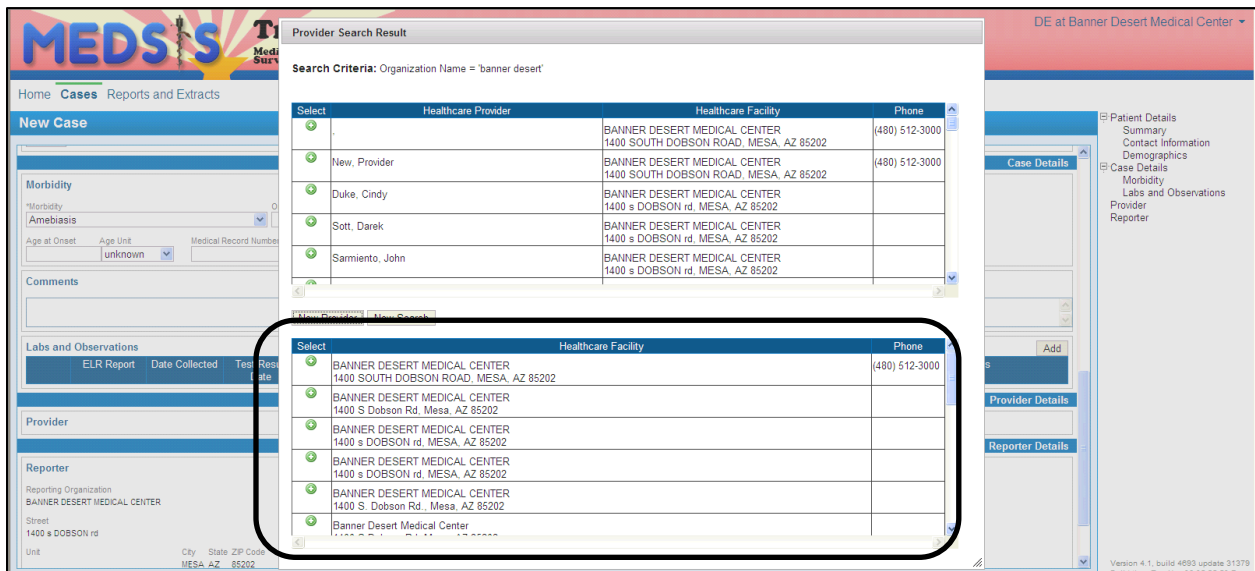
Order	Field Name	Comments
1	Provider Last Name	
2	Provider First Name	
3	Healthcare Facility	Name of healthcare facility associated with the provider
4	Outside Jurisdiction Checkbox	This checkbox allows users to search for providers and healthcare facilities located outside of their facility. Checking this box allows for a wider search within the system.
5	Country	
6	State	

Click on “Search” to bring up search results matching the search criteria. Search results will display in a pop up window. Search criteria entered by the user will display on the top of the Provider Search Result window. Two search results will appear; the first list displays healthcare providers and associated healthcare facilities and the second list displays healthcare facilities that match the search criteria.



To select a provider, click on the icon located to the left of the Healthcare Provider. If a provider is not listed in the search results, the user may add a new provider.

If the healthcare facility is known for a new provider, the user may add a new provider to a facility by selecting from an option in the second search results list. Once a healthcare facility has been selected, a “Create new provider” screen will appear with the Healthcare Facility information auto-populated into the relative fields.



Users may enter information into the “Create new provider” data entry form for the following fields:

Order	Field Name	Comments
1	Provider Last Name	*REQUIRED FIELD*
2	Provider First Name	
3	Provider Phone	
4	Provider E-mail	

Click on “Save” to complete the new provider entry for an existing healthcare facility or “Cancel” to return to the New Case Entry Form without associating a provider to the form

Once saved, the new provider will be associated with the case.

**Provider Details**

**Provider**

Provider Organization  
**Banner Desert**

Street

Unit City State ZIP Code

First Name Last Name Report Date  
 Eli B Price 11/5/2012

**Change Provider**

If the provider associated is incorrect, users may change the provider by clicking on “Change Provider” and returning to the Provider Search Fields.

If the healthcare provider AND facility do not display within the search results, users may enter a new provider and new healthcare facility by clicking on “New Provider” between the two search result lists to display the “Create new provider” data entry form.

Users may also return to the Provider Search Fields in the New Case Entry Form by clicking on “New Search”

**Provider Search Result**

**Search Criteria:** Last Name = 'Price' Organization Name = 'Banner'

Select	Healthcare Provider	Healthcare Facility	Phone
<input type="checkbox"/>	Price, T	BANNER BAYWOOD HEART HOSPITAL 6750 WEST BAYWOOD AVENUE, MESA, AZ 85206	(480) 854-5000
<input type="checkbox"/>	Price, T	BANNER GATEWAY MEDICAL CENTER 1900 NORTH HIGLEY ROAD, GILBERT, AZ	
<input type="checkbox"/>	Price, Chris	BANNER GATEWAY MEDICAL CENTER 1900 NORTH HIGLEY ROAD, GILBERT, AZ	
<input type="checkbox"/>	Price, Eli B	Banner Desert ...	

**New Provider** **New Search**

Select	Healthcare Facility	Phone
<input type="checkbox"/>	Banner Boswell Medical 111 E McDowell Rd, Phoenix, AZ 85006	
<input type="checkbox"/>	Banner Boswell Wound 13203 N 103rd Ave, Sun City, AZ 85351	
<input type="checkbox"/>	Banner Good Samaritan Medical Center 1111 E. Mc Dowell Rd., Phoenix, AZ 85006	
<input type="checkbox"/>	Banner Good Samaritan Medical Center 1111 E McDowell Rd, Phoenix, AZ 85006	
<input type="checkbox"/>	Banner Good Samaritan Medical Center ...	
<input type="checkbox"/>	Banner Phoenix Rheumatology ...	

Users may enter provider information into the following fields:

Order	Field Name	Comments
1	Provider Last Name	*REQUIRED FIELD*
2	Provider First Name	
3	Provider Phone	
4	Provider E-mail	
5	Provider Organization	Name of healthcare facility associated with the provider
6	Provider Organization Street Address	Street address of healthcare facility associated with the provider
7	Provider Organization Unit	Unit of healthcare facility associated with the provider
8	Provider Organization City	City of healthcare facility associated with the provider
9	Provider Organization State	State of healthcare facility associated with the provider
10	Provider Organization Zip Code	Zip Code of healthcare facility associated with the provider
11	Provider Organization Country	Country of healthcare facility associated with the provider

Click on “Save” to complete the new provider entry for a new healthcare facility or “Cancel” to return to the Provider Search Fields without associating a provider to the New Case Entry Form. Once saved, the new provider and healthcare facility will be associated with the form.

Provider Details			
<b>Provider</b>			
Provider Organization <b>Banner Desert</b>			
Street			
Unit		City State ZIP Code	
First Name	Last Name	Report Date	
El B	Price	11/5/2012	
<input type="button" value="Change Provider"/>			

Report Date is an editable field and is defined as the date that the provider reported the case to local public health. This date is automatically populated with the date the New Case is entered but may be edited to an earlier date if necessary.

## Reporter

The Reporter is the person who reports the public health case (PHC) to the public health. Examples of reporters include but are not limited to hospital infection preventionists, providers, and laboratories.

A Reporter must be associated with the PHC in order to save the case. The Reporter section is automatically populated with the user's information entering the PHC. The Reporting Organization should reflect the organization for which the user is reporting on behalf of. The Reporting Person should reflect user's name and work contact information. Users cannot edit information within the Reporter Section.

Report Details			
<b>Reporter</b>			
Reporting Organization BANNER GOOD SAMARITAN MEDICAL CENTER			
Street 1111 EAST MCDOWELL RD			
Unit		City State ZIP Code	
		PHOENIX AZ 85006	
First Name	Last Name	Report Date	
Amy	Lai	6/13/2017	

1. The Report Date is automatically defaulted to the date the case is entered into MEDSIS

## Reporting a Public Health Case

1. Click on "Continue" at the bottom of the new case data entry form. Click on "Cancel" to return to the Cases screen without saving or reporting the case to public health





5. A dialog box will appear to confirm that the case has been reported along with additional options.

**Case has been successfully created.**

MEDSIS ID: 17-2799047  
Patient Name: Example, Case

Users may select from the following options:

- a. Enter another case for this patient
  - b. Enter a case for a different patient
  - c. View CDR
  - d. Return to Cases screen
6. Reported PHCs are not editable by healthcare users. If users would like to change or edit a reported PHC, users should contact the local public health organization that owns the case or submit a request to the MEDSIS Help Desk ([medsishelpdesk@siren.az.gov](mailto:medsishelpdesk@siren.az.gov))


**\*\*Reporting or urgent situations (such as detection of a 24-hour notifiable disease) must be done using another immediate means of communication (such as a phone call) in addition to electronic notification via MEDSIS.\*\***

## Reports

---

### Generating Reports

1. Click “Reports & Extracts” at the top of the screen to enter the Reports & Extracts page
2. Click on the “Reports” tab to bring up a list of available reports

3. Click on the  icon to the left of the report name to select a report to generate
4. A pop up window will display with a report generated. Users are able to enter filter criteria to narrow the results generated in the reports.

Order	Filter Name	Description
1	Morbidity	Can choose one or many
2	Classification	Can choose one or many
3	Investigation Status	Can choose one or many
4	Enter Date From	Specifies beginning date for cases included in the report (based on the date the case was entered)
5	Enter Date To	Specifies end date for cases included in the report (based on the date the case was entered)

5. Once filter criteria have been chosen, click on “View Report” to generate the report


Morbidity : Amebiasis, Anthrax, Blastomyci Classification confirmed, Not Assigned, proba

Investigation Status active, completed, new, Not As Enter Date From 1/1/2012

Enter Date To 11/6/2012

View Report

1 of 1 100% Find | Next



**Case Line List**  
**Classification = confirmed,Not Assigned,probable; Status = active,completed,new,Not Assigned**


MORBIDITY	ID	LASTNAME	FIRSTNAME	AGE	ONSET	DIAGNOSIS	CITY	CLASSIFICATION	STATUS
Amebiasis	12-2076202	Case	Example	32 Y	11/01/2012	11/01/2012	Flagstaff	confirmed	completed
Contact	12-2076097	Powers	Screech					Not Assigned	Not Assigned
Contact	12-2076098	Slater	AC	0 Y				Not Assigned	Not Assigned
Dengue	12-2076096	Turtle	Lisa	37 Y	09/03/2012			Not Assigned	Not Assigned
Tuberculosis	12-2076198	Test	TB	111 Y				Not Assigned	Not Assigned

Data are confidential  
 Data are provisional  
 Sorted by morbidity, onset date

Created on: 11/6/2012 9:46:10 PM by Teresa Jue  
 Page 1

## Exporting Reports

Reports can be exported and saved as several different file types or printed from within the Reports screen

1. While in the Report, click on the  icon to open a drop down list of file type options. Reports can be exported as any one of the following file types:


Order	File Type	Description	File Extension
1	CSV	Comma Delimited	.csv
2	PDF	Portable Document Format	.pdf
3	Excel	Microsoft Excel File	.xls
4	TIFF	Tagged Image File Format	.tiff
5	TXT	Tab Delimited Text File	.txt

Morbidity : Amebiasis, Anthrax, Blastomycy Classification confirmed, Not Assigned, proba View Report

Investigation Status active, completed, new, Not As: Enter Date From 1/1/2012

Enter Date To 11/6/2012

1 of 1 100% Find | Next



**Case Line List**  
**Classification = confirmed,Not Assigned,probable; Status = active,completed,new,Not Assigned**

MORBIDITY	ID	LASTNAME	FIRSTNAME	AGE	ONSET	DIAGNOSIS	CITY	CLASSIFICATION	STATUS
Amebiasis	12-2076202	Case	Example	32 Y	11/01/2012	11/01/2012	Flagstaff	confirmed	completed
Contact	12-2076097	Powers	Screech					Not Assigned	Not Assigned
Contact	12-2076098	Slater	AC	0 Y				Not Assigned	Not Assigned
Dengue	12-2076096	Turtle	Lisa	37 Y	09/03/2012			Not Assigned	Not Assigned
Tuberculosis	12-2076198	Test	TB	111 Y				Not Assigned	Not Assigned

Data are confidential  
 Data are provisional  
 Sorted by morbidity, onset date

Created on: 11/6/2012 9:46:10 PM by Teresa Jue  
 Page 1

2. Click on the desired file type to export the report
3. A dialog box will appear asking the user to open or save the file



4. Click on "Open" to view the file without saving, "Save" to save the file to a local location, or "Cancel" to return to the report viewer without exporting the file

# Appendix A

Provider Reportable Communicable Disease List (<http://azdhs.gov/phs/oids/pdf/rptlist.pdf>)

## Arizona Administrative Code<sup>★</sup> Requires Providers To: Report Communicable Diseases to the Local Health Department

<input type="checkbox"/> *O Amebiasis	<input type="checkbox"/> Hantavirus infection	<input type="checkbox"/> *O Salmonellosis
<input type="checkbox"/> Anthrax	<input type="checkbox"/> Hemolytic uremic syndrome	<input type="checkbox"/> Scabies
<input type="checkbox"/> Aseptic meningitis: viral	<input type="checkbox"/> *O Hepatitis A	<input type="checkbox"/> Severe acute respiratory syndrome
<input type="checkbox"/> Basidiobolomycosis	<input type="checkbox"/> Hepatitis B and D	<input type="checkbox"/> *O Shigellosis
<input type="checkbox"/> Botulism	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Smallpox
<input type="checkbox"/> Brucellosis	<input type="checkbox"/> *O Hepatitis E	<input type="checkbox"/> Streptococcal Group A: invasive disease
<input type="checkbox"/> *O Campylobacteriosis	<input type="checkbox"/> Herpes genitalis	<input type="checkbox"/> Streptococcal Group B: invasive disease in infants younger than 90 days of age
<input type="checkbox"/> Chagas disease (American trypanosomiasis)	<input type="checkbox"/> HIV infection and related disease	<input type="checkbox"/> <i>Streptococcus pneumoniae</i> (pneumococcal invasive disease)
<input type="checkbox"/> Chancroid	<input type="checkbox"/> Influenza-associated mortality in a child	<input type="checkbox"/> Syphilis
<input type="checkbox"/> Chlamydia infection, sexually transmitted	<input type="checkbox"/> Kawasaki syndrome	<input type="checkbox"/> *O Taeniasis
<input type="checkbox"/> * Cholera	<input type="checkbox"/> Legionellosis (Legionnaires' disease)	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Coccidioidomycosis (valley fever)	<input type="checkbox"/> Leptospirosis	<input type="checkbox"/> Toxic shock syndrome
<input type="checkbox"/> Colorado tick fever	<input type="checkbox"/> Listeriosis	<input type="checkbox"/> Trichinosis
<input type="checkbox"/> O Conjunctivitis: acute	<input type="checkbox"/> Lyme disease	<input type="checkbox"/> Tuberculosis, active disease
<input type="checkbox"/> Creutzfeldt-Jakob disease	<input type="checkbox"/> Lymphocytic choriomeningitis	<input type="checkbox"/> Tuberculosis latent infection in a child 5 years of age or younger (positive screening test result)
<input type="checkbox"/> *O Cryptosporidiosis	<input type="checkbox"/> Malaria	<input type="checkbox"/> Tularemia
<input type="checkbox"/> Cyclospora infection	<input type="checkbox"/> Measles (rubeola)	<input type="checkbox"/> Typhoid fever
<input type="checkbox"/> Cysticercosis	<input type="checkbox"/> Meningococcal invasive disease	<input type="checkbox"/> Typhus fever
<input type="checkbox"/> Dengue	<input type="checkbox"/> Mumps	<input type="checkbox"/> Unexplained death with a history of fever
<input type="checkbox"/> O Diarrhea, nausea, or vomiting	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Vaccinia-related adverse event
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Plague	<input type="checkbox"/> Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
<input type="checkbox"/> Ehrlichiosis and Anaplasmosis	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Vancomycin-resistant <i>Staphylococcus epidermidis</i>
<input type="checkbox"/> Emerging or exotic disease	<input type="checkbox"/> Psittacosis (ornithosis)	<input type="checkbox"/> Varicella (chickenpox)
<input type="checkbox"/> Encephalitis, viral or parasitic	<input type="checkbox"/> Q fever	<input type="checkbox"/> *O <i>Vibrio</i> infection
<input type="checkbox"/> Enterohemorrhagic <i>Escherichia coli</i>	<input type="checkbox"/> Rabies in a human	<input type="checkbox"/> Viral hemorrhagic fever
<input type="checkbox"/> Enterotoxigenic <i>Escherichia coli</i>	<input type="checkbox"/> Relapsing fever (borreliosis)	<input type="checkbox"/> West Nile virus infection
<input type="checkbox"/> *O Giardiasis	<input type="checkbox"/> Reye syndrome	<input type="checkbox"/> Yellow fever
<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Rocky Mountain spotted fever	<input type="checkbox"/> *O Yersiniosis
<input type="checkbox"/> <i>Haemophilus influenzae</i> : invasive disease	<input type="checkbox"/> * Rubella (German measles)	
<input type="checkbox"/> Hansen's disease (Leprosy)	<input type="checkbox"/> Rubella syndrome, congenital	

Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.

\* If a case or suspect case is a food handler or works in a child care establishment or a health care institution, instead of reporting within the general reporting deadline, submit a report within 24 hours after the case or suspect case is diagnosed, treated, or detected.

Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.

Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.

O Submit a report within 24 hours after detecting an outbreak.

<http://www.azdhs.gov/phs/oids/reporting/providers.htm>

<sup>★</sup>A.A.C. R9-6-202  
Effective 04/01/2008

# Appendix B

Clinical Laboratory Reportable Communicable Disease List (<http://azdhs.gov/phs/oids/pdf/labrptlist.pdf>)

**Reports should be sent to:**  
 Arizona Department of Health Services  
 Infectious Disease Epidemiology  
 150 North 18<sup>th</sup> Avenue, Suite 140  
 Phoenix, AZ 85007  
 602-364-3676 or 602-364-3199 (fax)

## ARIZONA LABORATORY REPORTING REQUIREMENTS

**Isolates should be sent to:**  
 Arizona State Laboratory  
 250 North 17<sup>th</sup> Avenue  
 Phoenix, AZ 85007

① Arboviruses	☒* <i>Haemophilus influenzae</i> , other, isolated from a normally sterile site	☒ <i>Plasmodium</i> spp.
☒* <i>Bacillus anthracis</i>	☒ Hantavirus	☒ Respiratory syncytial virus
☒* <i>Bordetella pertussis</i>	☒ <sup>1</sup> Hepatitis A virus (anti-HAV-IgM serologies)	☒+ Rubella virus and anti-rubella-IgM serologies
☒* <i>Brucella</i> spp.	☒ <sup>1</sup> Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface or envelope antigen serologies, or detection of viral nucleic acid)	☒* <i>Salmonella</i> spp.
☒* <i>Burkholderia mallei</i> and <i>B. pseudomallei</i>	☒ <sup>1</sup> Hepatitis C virus	☒ SARS-associated corona virus
☒ <i>Campylobacter</i> spp.	☒ <sup>1</sup> Hepatitis D virus	☒* <i>Shigella</i> spp.
☒ CD <sub>4</sub> -T-lymphocyte count of fewer than 200 per microliter of whole blood or CD <sub>4</sub> -T-lymphocyte percentage of total lymphocytes of less than 14%	☒ <sup>1+</sup> Hepatitis E virus (anti-HEV-IgM serologies)	* <i>Streptococcus</i> Group A, isolated from a normally sterile site
☒ <i>Chlamydia trachomatis</i>	☒ HIV (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	☒ <i>Streptococcus</i> Group B, isolated from a normally sterile site in an infant younger than 90 days of age
☒+ <i>Clostridium botulinum</i> toxin (botulism)	☒ HIV—any test result for an infant (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	☒* <i>Streptococcus pneumoniae</i> and its drug sensitivity pattern, isolated from a normally sterile site
☒ <i>Coccidioides</i> spp., by culture or serologies	☒ Influenza virus	☒ <i>Treponema pallidum</i> (syphilis)
① <i>Coxiella burnetii</i>	☒* <i>Legionella</i> spp. (culture or DFA)	☒ <i>Trypanosoma cruzi</i> (Chagas disease)
☒ <i>Cryptosporidium</i> spp.	☒* <i>Listeria</i> spp., isolated from a normally sterile site	☒* Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
① <i>Cyclospora</i> spp.	☒+ Measles virus and anti-measles-IgM serologies	☒* Vancomycin resistant <i>Staphylococcus epidermidis</i>
☒ Dengue virus	☒ <sup>2</sup> Methicillin-resistant <i>Staphylococcus aureus</i> , isolated from a normally sterile site	☒+ Variola virus (smallpox)
☒+ Emerging or exotic disease agent	①+ Mumps virus and anti-mumps-IgM serologies	☒* <i>Vibrio</i> spp.
☒ <i>Entamoeba histolytica</i>	☒* <sup>3</sup> <i>Mycobacterium tuberculosis</i> complex and its drug sensitivity pattern	☒+ Viral hemorrhagic fever agent
① <i>Escherichia coli</i> O157:H7	☒ <i>Neisseria gonorrhoeae</i>	☒ West Nile virus
☒* <i>Escherichia coli</i> , Shiga-toxin producing	☒* <i>Neisseria meningitidis</i> , isolated from a normally sterile site	☒* <i>Yersinia</i> spp. (other than <i>Y. pestis</i> )
☒+ <i>Francisella tularensis</i>	☒ Norovirus	☒* <i>Yersinia pestis</i> (plague)
☒* <i>Haemophilus influenzae</i> , type b, isolated from a normally sterile site		

- ☒ Submit a report immediately after receiving one specimen for detection of the agent. Report receipt of subsequent specimens within five working days after receipt.
- ☒ Submit a report within 24 hours after obtaining a positive test result.
- ① Submit a report within one working day after obtaining a positive test result.
- ☒ Submit a report within five working days after obtaining a positive test result or a test result specified on this page.
- \* Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable.
- + For each positive test result, submit a specimen to the Arizona State Laboratory within 24 hours after obtaining the positive test result.
- <sup>1</sup> When reporting a positive result for any of the specified tests, report the results of all other tests performed for the subject as part of the disease panel.
- <sup>2</sup> Submit a report only when an initial positive result is obtained for an individual.
- <sup>3</sup> Submit an isolate of the organism only when an initial positive result is obtained for an individual, when a change in resistance pattern is detected, or when a positive result is obtained ≥ 12 months after the initial positive result is obtained for an individual.

<http://www.azdhs.gov/phs/oids/reporting/labs.htm>

A.A.C. R9-6-204  
 Effective 04/01/2008

## Appendix C

---

### Health Services Portal User Agreement

For expedited approvals, please send signed user agreements to the MEDSIS Help [medsishelpdesk@siren.az.gov](mailto:medsishelpdesk@siren.az.gov) or by fax to 602-364-3199 with the subject/attn. line of: **MEDSIS**

#### **Overdose Reporting**

Username and passwords will be sent directly to the user and all communications will include local MEDSIS liaisons.





## ARIZONA DEPARTMENT OF HEALTH SERVICES

### Division of Operations – Information Technology Services Acceptable Use Access Agreement

I have been made aware and understand that applicable State of Arizona statutes\*, rules, policies and directives bind all State of Arizona (State) employees, contractors, vendors, volunteers and other users who have access to the State's technology systems and applications.

[State of Arizona employees] This agreement does not create a contract for employment between any employee and the State. Nothing in this agreement changes the fact that all uncovered employees of the State are at-will employees and serve at the pleasure of the appointing authority.

[Non-State employees/other users (such as, contractors, leased employees, vendors, volunteers, etc).] Nothing in this agreement creates an employment relationship with the State of Arizona.

In consideration for access to State information technology systems and applications, I agree to at all times abide by all applicable Arizona State statutes, rules, policies and directives, and understand that I am prohibited from violating the foregoing, which includes, but is not limited to, the following actions:

1. Revealing data to any person or persons outside or within the agency who have not been specifically authorized to receive such data.
2. Attempting or achieving access to data not germane to my mandated job duties.
3. Entering, modifying, deleting, or otherwise altering data, data structures, databases, programming code or scripts without appropriate authorization.
4. Entering, modifying, deleting, or otherwise altering data, data structures, databases, programming code or scripts for direct or indirect personal gain or advantage.
5. Entering, modifying, deleting, or otherwise altering data, data structures, databases, programming code or scripts maliciously or in retribution for real or imagined abuse or for personal amusement.
6. Unauthorized access, modification or destruction of any computer, computer system, State information system, hardware appliance, network device, media device, computer program, data structure, database, or program code or script.
7. Unauthorized installation or connection of any computer or electronic equipment to a State network.
8. Recklessly disrupting or causing disruption of any computer, computer system or State information system.
9. Unauthorized use of electronic messaging or other communications.
10. Using State equipment or property, including equipment or property leased to the State, for other than work related purposes, unless authorized by written agency policy or other proper authorization.

11. Using a personal device that is not protected with approved and up-to-date anti-virus software and fully patched to access any State of Arizona network.
12. Removing sensitive data from the State network or State devices that are not fully protected with encryption.
13. Using another person's personal data access control identifier (USERID) and password.
14. Revealing my personal data access control identifier and/or password to another person.
15. Asking another user to reveal his/her personal data access control identifier and/or password.
16. Accessing, copying, disclosing, or deleting personally identifiable information, personal health information or other sensitive non-public information beyond that authorized by statute or specific authority of authorizing agent.
17. Accessing, copying, or disclosing critical information technology infrastructure information without authorization.
18. Using software on the local area network (LAN), or on any PC in any manner other than in accordance with the license agreement.
19. Making, acquiring, using, or distributing unauthorized copies of computer software.
20. Bringing in software (from outside the Agency) for use on the LAN or PC without the prior written permission of my Supervisor, Agency Authorizing Authority/Designee and unit responsible for Information Technology.

[State of Arizona employees] All new State employees must be provided with a copy of A.R.S. § 38-448 at the time of authorizing an employee to use an agency computer; the full text of this statute appears below:

38-448. State employees; access to internet pornography prohibited; cause for dismissal; definitions

*A. Except to the extent required in conjunction with a bona fide, agency approved research project or other agency approved undertaking, an employee of an agency shall not knowingly use agency owned or agency leased computer equipment to access, download, print or store any information infrastructure files or services that depict nudity, sexual activity, sexual excitement or ultimate sexual acts as defined in section 13-3501. Agency heads shall give, in writing, any agency approvals. Agency approvals are available for public inspection pursuant to section 39-121.*

*B. An employee who violates this section may be subject to discipline or dismissal.*

*C. All agencies shall immediately furnish their current employees with copies of this section. All agencies shall furnish all new employees with copies of this section at the time of authorizing an employee to use an agency computer.*

*D. For the purposes of this section:*

- 1. "Agency" means:*
  - (a) All offices, agencies, departments, boards, councils or commissions of this state.*
  - (b) All state universities.*
  - (c) All community college districts.*
  - (d) All legislative agencies.*
  - (e) All departments or agencies of the state supreme court or the court of appeals.*
- 2. "Information infrastructure" means telecommunications, cable and computer networks and includes the internet, the world wide web, usenet, bulletin board systems, on-line systems and telephone networks.*

I agree to seek clarification before entering, modifying, deleting, altering, or disclosing data. I agree to immediately notify my supervisor, manager or any member of the Agency's executive team of any suspected or confirmed unauthorized disclosure or misuse in violation of this agreement or any applicable statutes, rules or policies.

Appropriate action will be taken, including immediate termination of access, to ensure that applicable federal and state statutes, regulations and directives governing confidentiality and security are enforced. Aside from revocation of access, breach of procedures pursuant to this policy or misuse of State property including computer programs, equipment and/or data, may result in prosecution in accordance with any applicable provision of statute, including Arizona Revised Statutes (A.R.S.) Section 13-2316, for computer tampering and/or:

- [State of Arizona employees] I may be subject to discipline or separation.
- [Non-State employees/other users] Violating federal and state statutes and rules, statewide policies, and agency policy and directives may result in, but not be limited to, immediate credential revocation, terminations of permissions for access to data systems and physical locations, and barring of entry or access permanently. Vendors providing services under a contract are subject to vendor performance reports, and any contract terms and warranties, including potential damages.

During all times that I have access to State information technology systems and applications, I accept responsibility for adhering to all applicable State of Arizona statutes, rules, security policies and directives and agree to abide by this agreement. I understand that I have access to instruction on and access to applicable statutes, rules and policies. Failure to accept the terms of this agreement will mean I will not be permitted access to State of Arizona produced media, data, computer equipment and software.

**Print Name** \_\_\_\_\_

**Agency** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

\*Applicable State of Arizona statutes and policies include, but are not limited to:

- A.R.S. § 41-3504. Powers and duties of the department; violation; classification
- A.R.S. § 41-3507. Statewide information security and privacy office; duties; suspension of budget unit's information infrastructure
- A.R.S. § 13-2316. Computer tampering; venue; forfeiture; classification
- A.R.S. § 41-151.12. Records; records management; powers and duties of director; fees; records services fund
- A.R.S. § 41-1750.01. National crime prevention and privacy compact
- [State of Arizona employees] A.R.S. § 38-448. State employees; access to internet pornography prohibited; cause for dismissal; definitions
- ADHS policy 8280: Acceptable Use

## Confidentiality Agreement Form

## PLEDGE TO PROTECT CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, understand and agree to abide by the following statements addressing  
(Please Print Name)  
the creation, use and disclosure of confidential information, including information designated as  
protected health information (“PHI”), and all other sensitive information:

1. I understand that as a user of information at the Arizona Department of Health Services, I may develop, use, or maintain information relating to public health and welfare, direct or indirect health care, quality improvement, peer review, audit functions, education, billing, reimbursement, administration, research or other approved purposes. This information, from any source and in any form, including, but not limited to paper records, oral communications, audio recordings and electronic display, is considered confidential. Access to confidential information is permitted only on a need-to-know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure or request.
2. I understand that it is the policy of the Arizona Department of Health Services that users (i.e., employees, medical staff, students, volunteers, contractors, vendors and others who may function in an affiliated capacity) shall respect and preserve the privacy, confidentiality and security of confidential information.
3. I understand that persons who have access to information that contains confidential information are ethically and legally responsible for observing the federal and state statutes and rules governing confidential records. I will not alter, misuse, disclose without proper authority or the individual’s authorization any confidential information.
4. I understand that confidential information may include oral communications, paper or electronic documents, databases, audio/visual tapes, and other items identified as “confidential” or “sensitive” information.
5. I understand that Arizona State Law prohibits me from using confidential information for personal gain.
6. I understand that confidential information in my control must be maintained and protected from inappropriate disclosure at all times (i.e., hard copy information when not in use will not be accessible to others, including stored in locked or other secure compartments, computer files must be password protected and closed, working documents turned face down on desk, electronic transmission of information will be encrypted according to Department policy, etc.)

# ARIZONA DEPARTMENT OF HEALTH SERVICES

## Confidentiality Agreement Form

7. I understand that it is the user's responsibility to protect highly sensitive Department information. As such, I am required to use good judgment in assessing what form of communication is appropriate for particular information. If I have any questions or concerns, I am to consult Department policies, my supervisor or the applicable Assistant Director for guidance.
8. I understand that confidential information may only be accessed when I am specifically authorized to do so by the appropriate program manger and I will use only the amount of information necessary within the scope of my duties. When confidential information is no longer needed, I will dispose of it in an appropriate manner to prevent inappropriate access to that information.
9. I understand that confidential information, including paper and electronic records, correspondence, documents and other forms of such information, cannot be released to or discussed with anyone other than authorized individuals. I will also violate this provision if I intentionally or negligently mishandle or destroy confidential information.
10. I understand that I am not to contact the individuals(s) or other related persons to whom confidential information pertains unless I am specifically authorized to do so by law and the appropriate program manager.
11. I understand that it is violation of Department and State of Arizona policy for me to share my sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas. I further understand that I will not use another person's sign-on code and/or password or otherwise attempt to access electronic confidential information or to gain physical access to a restricted area that is not within the scope of my work or permitted by my supervisor.
12. I understand that it is my responsibility to know and abide by any additional confidentiality provisions required by my job that may be issued by the Department, Division, Bureau, program or other work unit to which I report. If I have questions about which confidentiality rules apply to my job, I understand that it is my responsibility to ask my supervisor prior to releasing any information, even if the information request is in the form of a subpoena or other legal document.
13. I understand that it is my responsibility to report any observed or suspected breach of confidentiality by any other Department employee to my supervisor.
14. I understand that if it is determined that I have violated this Pledge or any other confidentiality requirement, I may be subject to formal disciplinary action up to and including termination of employment, loss of privileges, contractual or other rights which may be granted as a result of an affiliation in accordance with Department and/or State of Arizona procedures. Unauthorized use or release of confidential information may also subject me to personal, civil, and/or criminal liability and legal penalties.

SERVICE DESIGNATION:    Employee    Contractor    Volunteer    Student    Other \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



# ARIZONA DEPARTMENT OF HEALTH SERVICES

## PREPAREDNESS

### Arizona Health Services Portal User Agreement Health and Wellness for all Arizonans

#### **WARNING**

The Arizona Health Services Portal Environment has been developed in conjunction with the statewide plan for information technology as set forth in A.R.S. § 41- 3504 (A) (1)). It is a component of the State of Arizona's Health Services Information Technology Services, which may be accessed and used only for official business by authorized personnel. Unauthorized access or use may subject violators to criminal, civil, and/or administrative action. As a State owned system, there is no right to privacy on this system. All information on this system may be monitored, intercepted, recorded, read, copied, and shared by authorized personnel for official purposes including criminal investigations

#### **Terms of the Agreement**

The terms of this Agreement shall become effective upon signature and shall remain in effect for two years after the date of signature. Arizona Health Services Portal (AHSP) users will be required to renew the AHSP Agreement on a bi-yearly basis.

#### **Background**

AHSP is a secure electronic communication system that is designed to host a series of web based applications, enabling local, state, federal, and international public health preparedness partners to share information and preliminary data on recent outbreaks and other health events in a rapid and secure environment.

#### **Security Requirements on the Arizona Health Services Portal**

- a. User will need to change password once received.
- b. User will be required to change their password every 60 days.
- c. User will be required to renew the AHSP Agreement on a bi-yearly basis.
- d. User will be limited to three (3) log-in attempts before losing access.
- e. User will need to contact the Helpdesk at [helpdesk@siren.az.gov](mailto:helpdesk@siren.az.gov) to regain access.
- f. User will notify the AHSP Helpdesk, AHSP Liaison at the Local Health Department or organization within 24 hours of any unauthorized release of personally identifying information.
- g. User will notify the AHSP Helpdesk, AHSP Liaison at the Local Health Department or organization within 24 hours of any changes in job position, responsibilities or no longer need access.
- h. User will not leave the computer unattended when logged on to the AHSP.

#### **Agreement Provisions**

The Arizona Department of Health Services Department has a duty pursuant to A.R.S. § 41-4172 to develop and establish commercially reasonable procedures to ensure the security of personal identifying information.

In consideration of the Department's duty to ensure the security of personal identifying information and my responsibilities as AHSP user, and in recognition of the potential harm or discomfort that could be caused by the release of sensitive, provisional, and personal information obtained from within the AHSP, I agree to the following provisions:

- a. To adhere to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules as defined in 45 C.F.R. Parts 160 and 164.
- b. To cooperate with the Arizona Department of Health Services in the course of performance of the Agreement so that both parties will be in compliance with HIPAA.
- c. Not to share my AHSP information (i.e. USER ID and Password) with others or to allow others to use my account to view information posted on AHSP.
- d. To use any and all information posted on the AHSP solely for the purposes of public health or emergency preparedness and not for personal or commercial gain.
- e. To avoid attempting to override or circumvent the security procedures related to the AHSP.
- f. To prohibit the use of names of other AHSP users or their institutions in a way that misrepresents the source of information or implies endorsement of products or services without the permission of the contributing source.
- g. To the use of my name and contact information in the AHSP's Public Health Directory that will be made available to all AHSP users, unless otherwise stated.



# ARIZONA DEPARTMENT OF HEALTH SERVICES

## PREPAREDNESS

### Medical Electronic Disease Surveillance Intelligence System (MEDSIS)

- a. Only AHSP users trained by the Arizona Department of Health Services and/or a local health department representative may enter data into MEDSIS or have access to patient data in MEDSIS.
- b. MEDSIS users will comply with the Arizona Administrative Code: R9-6-201 to 207 Responsibilities for Reporting ([http://www.azsos.gov/public\\_services/Title\\_09/9-06.htm](http://www.azsos.gov/public_services/Title_09/9-06.htm)). Reporting through MEDSIS fulfills most reporting requirements of communicable diseases to the local health departments. Reporting of urgent situations (such as detection of a 24-hour notifiable disease) must be done using another immediate means of communication (such as a phone call) in addition to electronic notification via MEDSIS.
- c. MEDSIS users will comply with MEDSIS Policies and Procedures regarding the release of data to non-MEDSIS persons.

### Confidentiality of data on the AHSP Applications

- a. Human case information falls under HIPAA and A.R.S. §§ (36-661 to 669)
- b. Unauthorized release of confidential information will result in immediate termination of access to Arizona Health Services Portal and its applications as well as notifying your facility Administrator and/or supervisor, and may result in administrative or criminal penalties.

I have reviewed and understand the above Agreement and the MEDSIS Policies and Procedures and agree to be bound by both with regards to my access and use of AHSP and MEDSIS. Furthermore, the Arizona Department of Health Services reserves the right to limit access for violation of the above Agreement or the MEDSIS Policies and Procedures.

AHSP

PRISM

MEDSIS

---

Organization Name

---

First & Last Name (Print)

---

Work Phone

---

Work Email

---

Signature

---

Date