



Expanding NBS Functionality to include the STD PAM

2004 PHIN Conference

Scott Danos
csd3@cdc.gov

SAFER • HEALTHIER • PEOPLE™



Additions to the NBS for STD



- STD-specific Investigation Forms
- STD Case Definitions Implemented via Business Rules
- STD Contact Tracing (Interview & Field Records)
- List and Display of Epi Network
- STD-specific Investigation Details
 - Complications
 - Counseling
 - Pregnancy
 - Referrals
 - Risk Factors
 - Social History
 - Signs/Symptoms
 - Travel History



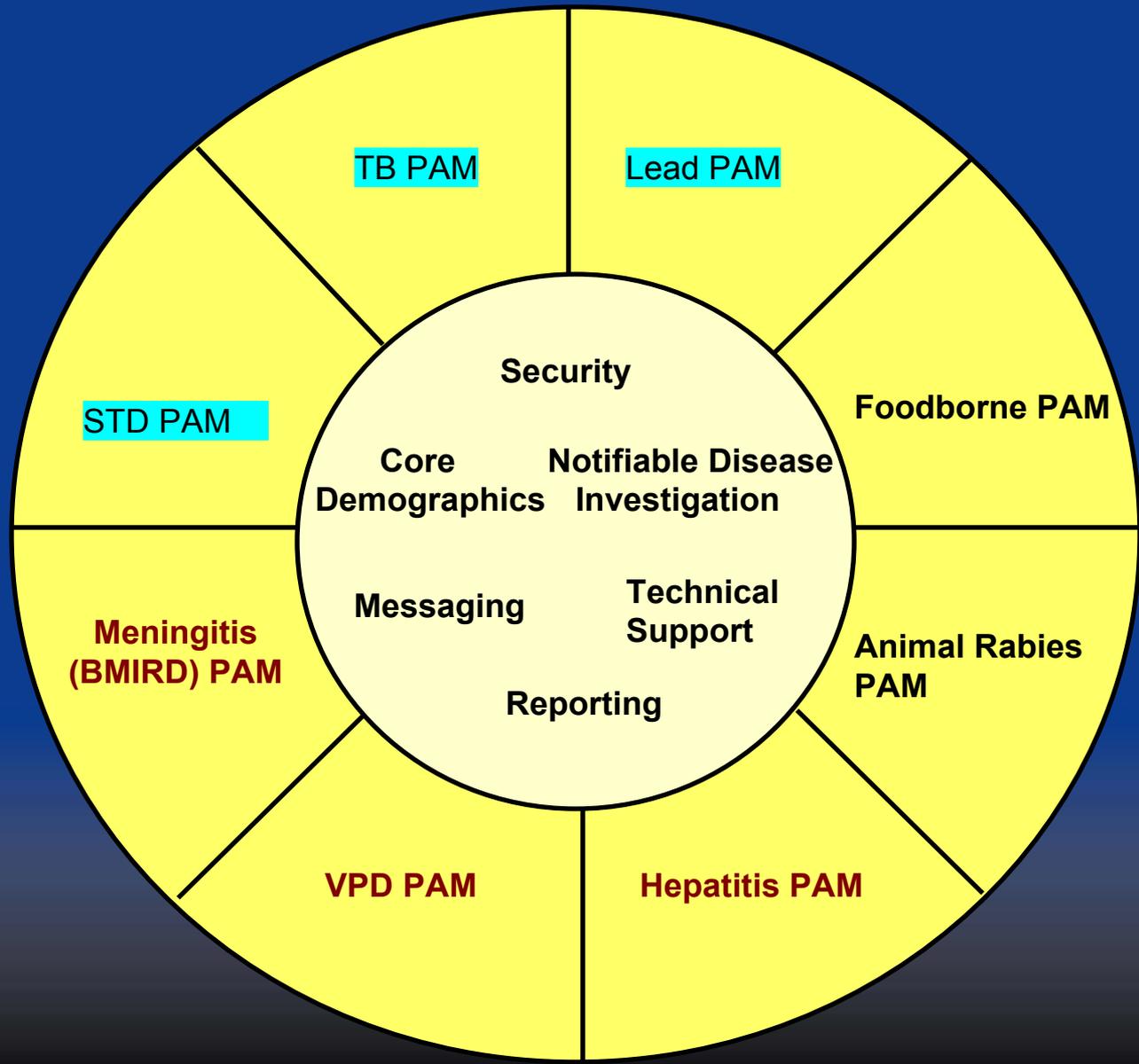
STD PAM Requirements Documents



- Manage Investigations
- Manage Interview Records
- Manage Field Records
- Manage Queues
- Manage Epi Networks
- Manage Investigation Details
- Determine Action for STD Lab Reports
- STD PAM Analysis Reports



NBS Functions





[NND Notifications for Approval \(5\)](#)

[Observations Needing Program or Jurisdiction Assignment \(11\)](#)

[Observations Needing Review \(133\)](#)

[NND Notifications for Approval \(9\)](#)

[Observations Needing Program or Jurisdiction Assignment \(10\)](#)

[Observations Needing Review \(5\)](#)

My Assignments

[My Open Field Records \(5\)](#)

[My Open Interview Records \(2\)](#)

[My Open Investigations \(7\)](#)

[Lab Updates to my recent Investigations \(12\)](#)

Subsection titles and bars will only appear if the related queues below the title appear.

My Workers' Assignments

[Open Field Records \(2\)](#)

[Open Interview Records \(2\)](#)

[Open Investigations \(1\)](#)

[Field Records Needing Review \(4\)](#)

[Interview Records Needing Review \(2\)](#)

[Investigations Needing Assignment \(5\)](#)

[Out of System Transfer Field Records \(3\)](#)

[Return to Home Page](#)

Submit



Print

See Sorting
Order tab/page
for expanded
details

+ **Sorting Order****Results**

Filter Criteria

Your Filter Criteria resulted in X possible matches.

[Check All](#) | [Clear All](#)[Previous](#) | [Next](#)

Link to
View Lab

Link to View
Investigation

Remove	Date of Test	Patient Name	Resulted Test Name	Test Result	Investigation Start Date
<input type="checkbox"/>	01/31/2003	Elliot, Missy	RPR	Reactive 1:256	01/31/2003
<input type="checkbox"/>	01/31/2003	Kilpatrick- Wilmington, Samantha	FTA	Positive	01/31/2003
<input type="checkbox"/>	01/30/2003	Mathers, Marshall	FTA	Negative	01/30/2003
<input type="checkbox"/>	01/24/2003	Zorin, Max	<i>Chlamydia trachomatis</i>	Positive	01/24/2003
<input type="checkbox"/>	01/23/2003	Hill, Benny	<i>Neisseria Gonorrhoeae</i>	Negative	01/23/2003
<input type="checkbox"/>	01/23/2003	Gretzky, Wayne	RPR	Non-reactive	01/23/2003
<input type="checkbox"/>	01/23/2003	Aiken, Clay	RPR	Weakly Reactive	01/23/2003
<input type="checkbox"/>	01/12/2003	Sanford, Fred	FTA	Borderline	01/12/2003
<input type="checkbox"/>	01/02/2003	Coltrain, Rosco P.	<i>Chlamydia trachomatis</i>	Positive	01/02/2003
<input type="checkbox"/>	01/02/2003	Love, Courtney	RPR	Reactive 1:4	01/02/2003

[Previous](#) | [Next](#)

Submit



Print

[Return to Home Page](#)

Print

See Sorting Order tab/page for expanded details

+ Sorting Order

Results

Filter Criteria

Your Filter Criteria resulted in X possible matches.

[Previous](#) | [Next](#)

Remove	Date Assigned	Worker Number	Patient Name	Dispo.	Diag.	Priority	Jurisdiction
<input type="checkbox"/>	01/31/2003	PWH-710	Elliot, Missy	C	710	Routine	Adams County
<input type="checkbox"/>	01/31/2003	PWH-100	Kilpatrick-Willmington, Samantha	A		Medical Legal	Douglas County
<input type="checkbox"/>	01/30/2003	PWH-100	Mathers, Marshall	H		Prenatal	Douglas County
<input type="checkbox"/>	01/24/2003	PWH-230	Zorin, Max	J		Medical Legal	Richmond County
<input type="checkbox"/>	01/23/2003	PWH-710	Hill, Benny	K		Neonatal	Cherokee County
<input type="checkbox"/>	01/23/2003	PWH-230	Gretzky, Wayne	F		Other	Fayetteville County
<input type="checkbox"/>	01/23/2003	PWH-710	Aiken, Clay	A		Routine	Adams County
<input type="checkbox"/>	01/12/2003	PWH-230	Sanford, Fred	A		Routine	Fayetteville County
<input type="checkbox"/>	01/02/2003	PWH-230	Coltrain, Rosco P.	A		Other	Richmond County
<input type="checkbox"/>	01/02/2003	PWH-100	Love, Courtney	E	300	Other	Douglas County

[Previous](#) | [Next](#)

Print

When removed from the queue via the Remove checkbox, the FR's status changes from "needing review" to "removed".

[Return to Home Page](#)

Title will change pending queue selected from home page.

Results

Filter Criteria

Condition

- Bacterial Vaginosis
- Chlamydia
- Gonorrhea
- Hepatitis
- HIV
- Syphilis
- All Conditions

Condition filtered by Program Areas to which user has permissions. Multi-select box expand width pending length of fields shown.

Will default to "All Conditions"

Workers section will only appear for My Workers' Assignment queues except Investigations Needing Assignment

Workers

[Check All](#) | [Clear All](#)

- James Bond
- Auric Goldfinger
- Rosa Kleb
- Francisco Scaramanga

Workers filtered by Program Areas to which user has permissions.

Will default to all Workers checked

Jurisdiction

[Check All](#) | [Clear All](#)

County

- | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Darby | <input type="checkbox"/> Grand View |
| <input type="checkbox"/> Buscombe | <input type="checkbox"/> Esslinger | <input type="checkbox"/> Hiwasse |
| <input type="checkbox"/> Calloway | <input type="checkbox"/> Framingham | <input type="checkbox"/> Indigenous |

Jurisdictions filtered as those to which user has permissions.

Etc. Will default to all Jurisdictions checked

The dropdowns contain a list of all the table column headers: Date Assigned, Patient Name, Referral Code, Condition, Priority, and Jurisdiction.

When submitting Sort, there must be an entry (non-blank) in the first dropdown if there is an entry in the second dropdown. Also, there must be an entry in the second dropdown if there is something in the third dropdown.

[Return to Home Page](#)

 Print

Sorting Order System Defaults

First: 

Second: 

Third: 

Results

Filter Criteria

Your Filter Criteria resulted in X possible matches.

[Previous](#) | [Next](#)

<u>Date Assigned</u>	<u>Patient Name</u>	<u>Referral Code</u>	<u>Cond.</u>	<u>Priority</u>	<u>Jurisdiction</u>
01/31/2003	Eliot, Missy	P1	710	Routine	Adams County
01/31/2003	Kilpatrick- Willmington, Samantha	P2	200	Medical Legal	Douglas County
01/30/2003	Mathers, Marshal	P2	300	Prenatal	Douglas County
01/24/2003	Zorin, Max	P1	710	Medical Legal	Richmond County
01/23/2003	Hill, Benny	A3	710	Neonatal	Cherokee County
01/23/2003	Gretzky, Wayne	S2	200	Other	Fayetteville County
01/23/2003	Aiken, Clay	A1	710	Routine	Adams County
01/12/2003	Sanford, Fred	P2	790	Routine	Fayetteville County
01/02/2003	Coltrain, Rosco P.	P1	300	Other	Richmond County
01/02/2003	Love, Courtney	A1	300	Other	Douglas County

[Previous](#) | [Next](#)

View Investigation

User: Maria Simkin

[Return to Queue](#)



Edit



Transfer



Delete

Name: Edwards, Missy DOB: 12/23/1980 Age: 22 Sex: F

[Investigation Summary](#) | [Patient Data](#) | [Relationships](#) | [Observations](#) | [Investigation Detail](#) | [Notifications](#)

Investigation Summary

[Back to Top](#)

Patient Data

[Back to Top](#)

Relationships

[Back to Top](#)

Observations

[Back to Top](#)

Investigation Detail

[Back to Top](#)

Notifications

[Back to Top](#)

[Return to Queue](#)

Edit



Transfer



Delete

Name: Edwards, Missy DOB: 12/23/1980 Age: 22 Sex: F

[Investigation Summary](#) | [Patient Data](#) | [Relationships](#) | [Observations](#) | [Investigation Detail](#) | [Notifications](#)**Investigation Summary**[Back to Top](#)Share Investigation:

Investigation Status: Open

Date Opened: 7/2/2003

Date Closed:

Investigator: [Tonia Majors](#)

Date Assigned: 07/03/2003

Program Area: STD

Jurisdiction: Fulton

Disease Group: Syphilis

Condition: 750 - Late Syphilis with

Date of Diagnosis: 10/10/2002

Date of Report: 07/02/2003

Lot #: [LT1](#)

OOJ Investigation:

Case Status: Probable

Notes**Patient Data**[Back to Top](#)[View Extended Patient Data](#)[View History](#)

As Of Date: 7/2/2003

Name: Missy Edwards

Date of Birth: 12/23/1980

Current Age: 22

Current Sex: F

Ethnicity: N

Race: W

Address: 5 Peter Place;
Atlanta, GA 30329

County: Fulton

Country:

Home Phone: (770) 667-8890

Work Phone:

E-mail:

Marital Status:

Deceased: Yes

Deceased Date:

Comments:

Relationships

[Back to Top](#)[Manage Relationships](#)

Named By Missy Edwards

<u>Date Created</u>	<u>Name</u>	<u>Referral Basis</u>	<u>Disposition</u>	<u>Dispo Date</u>
---------------------	-------------	-----------------------	--------------------	-------------------

Named Missy Edwards

<u>Date Created</u>	<u>Name</u>	<u>Referral Basis</u>	<u>Disposition</u>	<u>Dispo Date</u>
---------------------	-------------	-----------------------	--------------------	-------------------

7/2/2003	Monroe, Marshall	Partner		
--------------------------	----------------------------------	---------	--	--

Observations

[Back to Top](#)

Lab Reports (2)

[Add New](#)

<u>Date</u>	<u>Test Name</u>	<u>Code Result</u>	<u>Numeric Result</u>	<u>Decision</u>
-------------	------------------	--------------------	-----------------------	-----------------

1/1/2003	TEST2	Positive		
--------------------------	-------	----------	--	--

7/20/2003	RPR	Positive		
---------------------------	-----	----------	--	--

Provider Reports (0)

[Add New](#)

<u>Date</u>	<u>Condition</u>	<u>Report Type</u>	<u>Case Status</u>	<u>Provider</u>
-------------	------------------	--------------------	--------------------	-----------------

Field Records (1)

[Add New](#)

<u>Date</u>	<u>Condition</u>	<u>Referral Basis</u>	<u>Disposition</u>	<u>Dispo Date</u>
-------------	------------------	-----------------------	--------------------	-------------------

7/2/2003		Partner		
--------------------------	--	---------	--	--

Interview Records (0)

[Add New](#)

<u>Open Date</u>	<u>Close Date</u>	<u>Case Number</u>	<u>Lot Number</u>	<u>Assigned Worker</u>
------------------	-------------------	--------------------	-------------------	------------------------

10/10/2002		1234567	LT1	
----------------------------	--	---------	-----	--

Investigation Detail

[Back to Top](#)

[Expand All](#) | [Collapse All](#)



[Complications \(5\)](#)



[Counseling \(2\)](#)



[Pregnancy \(0\)](#)



[Referrals \(1\)](#)



[Risks \(0\)](#)



[Social History \(0\)](#)



[Signs/Symptoms \(0\)](#)



[Travel History \(0\)](#)



[Treatments \(0\)](#)

[Expand All](#) | [Collapse All](#)

Notifications

[Back to Top](#)

Date Sent

Jurisdiction

MMWR Week

MMWR Year

Condition

Case Status



Submit



Cancel

Patient Information

Field Record

[Disposition](#) | [Field Activity Log](#)

** Indicates a required field.*

* **Date Opened:**
mm/dd/yyyy

Field Record Number:

* **Condition:**

* **Jurisdiction:**

Share Field Record:

* **Referral Basis:**

Other:

Priority:

Referral Type:

OP Case ID:

Interview Type:

Quick Code:

Interviewer:

Date Interviewed:
mm/dd/yyyy

Marginal Partner:

First Exposure:
mm/dd/yyyy

Last Exposure:
mm/dd/yyyy

Exposure Frequency:

Height:

Size/Build:

Hair:

Complexion:

Additional Identifying, Locating or Medical Info:

Named By:

Relationship:

Quick Code:

* **Assigned Worker:**

* **Date Assigned:**
mm/dd/yyyy

Disposition

Disposition:

* Disposition Date:
mm/dd/yyyy

Diagnosis:

Transmission:

Field Activity Log

Date	Notes
Edit Delete	
Edit Delete	

Date:
mm/dd/yyyy

Notes:

Add New Log Entry

Patient Information

Field Record



Submit



Cancel



Submit



Cancel

Patient Information

Interview Record[Interview Information](#) | [Method of Case Detection](#) | [HIV Status](#) | [Exam History](#) | [Interview Log](#)**Interview Information**** Indicates a required field.*Date Opened:
mm/dd/yyyyDate Closed:
mm/dd/yyyyCase Number: Lot Number: ** Assigned Worker:*Quick Code:

Search

Clear

** Date Assigned:*
mm/dd/yyyyInterview Location: Other Location: Interview Period: **Period Partners:**Sex Partners: Number: Gender: Needle Sharing Partners: Number: Gender: Both Sex and
Needle Sharing Partners: Number: Gender: Sex Partners in Last 12 Months: Number: Gender: Co-infection:

Method of Case Detection

Method of Detection:

Other Method:

Original Patient Investigation ID:

Original Patient Diagnosis:

Imported Case:

Case Source:

Symptomatic When First Tested:

Type of Facility Where First Tested:

Other Facility:

HIV Status

HIV Status:

During Interview period taken anti-retroviral therapy for HIV infection:

Ever taken anti-retroviral therapy for HIV infection:

Exam History

Date of Last Physical Exam:
mm/dd/yyyy

Provider of Last Physical Exam:

Quick Code:

Date of Last Visit to Primary Health Care Provider:
mm/dd/yyyy

Primary Health Care Provider:

Quick Code:

Date of Last Emergency Room Visit:
mm/dd/yyyy

Reason for Last Emergency Room Visit:

Patient Information

Interview Record

Investigation Detail

[Back to Top](#)

[Expand All](#) | [Collapse All](#)



[Complications \(5\)](#)



[Counseling \(2\)](#)



[Pregnancy \(0\)](#)



[Referrals \(1\)](#)



[Risks \(0\)](#)



[Social History \(0\)](#)



[Signs/Symptoms \(0\)](#)



[Travel History \(0\)](#)



[Treatments \(0\)](#)

[Expand All](#) | [Collapse All](#)

Notifications

[Back to Top](#)

Date Sent

Jurisdiction

MMWR Week

MMWR Year

Condition

Case Status

Manage Complications

User: Maria Simkin

[Return to Investigation](#)

	<u>As Of Date</u>	<u>Type</u>	<u>Notes</u>
CO2	7/25/2003	Neurologic Involvement	
CO6	7/25/2003	Infertility	
CO7	10/21/2003	Deafness	

** Indicates a required field*

* **Worker:**

* **As Of Date:**

* **Type:**

Reporting Provider:

Exam Date:

Notes:

Manage Counseling

User: Maria Simkin

[Return to Investigation](#)

	<u>As Of Date</u>	<u>Type</u>	<u>Status</u>	<u>Activity</u>
CL3	7/25/2003	HIV Pre-test Counseling		
CL2	7/25/2003	Risk Reduction	TEST	TESTME

** Indicates a required field*

* **Worker:**

* **As Of Date:**

* **Type:**

Notes:

Submit

Clear

Delete

<u>Date</u>	<u>Type</u>	<u>Referral Agency</u>	<u>Follow Up</u>	<u>Outcome</u>
RE2 7/25/2003	Drug Rehab	Clinic ABC	Yes	Reported, as referred

** Indicates a required field*

*** Worker:**

*** Referral Date:**

*** Referral Agency:**

Search

Clear

*** Referral Type:**

Follow Up Needed:

Referral Outcome:

Confirmation Date:

Notes:

Clear

Delete



<u>Activity Date</u>	<u>Activity</u>	<u>Place Type</u>	<u>Place</u>
----------------------	-----------------	-------------------	--------------

** Indicates a required field*

*** Worker:**

*** As Of Date:**

*** Activity Date:**

*** Activity:**

Other Activity:

Place Type:

Other Place Type:

Place:

Notes:



Manage Travel History

User: Maria Simkin

[Return to Investigation](#)

Start Date

End Date

Area

Location

** Indicates a required field*

* **Worker:**

* **As Of Date:**

* **Start Date:**

* **End Date:**

* **Travel Area:**

* **Travel Location:**

Notes:



Expanding NBS Functionality to include the STD PAM

2004 PHIN Conference

Scott Danos
csd3@cdc.gov

SAFER • HEALTHIER • PEOPLE™