



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

NEDSS Training Module 9: Returning to the Case Info Tab To Complete the Record

**DSHS Contractor Training
2023**

Module 9

After completing this module, you should be able to:

1. Review Case Verification Category and Case Status in the Case Info tab for Counted Cases
2. Update Case Verification Category in the Case Info Tab

Part 1: Review Case Verification Category

Culture Confirmed | Male | 05/15/1995 (28 Years)

Patient ID: 24384041

Investigation ID: CAS483802016TX01

Created: 10/10/2023

By: kathryn yoo

Investigation Status: Open

Last Updated: 10/10/2023

By: kathryn yoo

Investigator:

Case Status: Confirmed

Notification Status:

* Indicates a Required Field

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

Go to: [Investigation Information](#) | [Reporting Information](#) | [Administrative Information](#) | [Clinical](#) | [Hidden Questions](#) | [General Comments](#) | [Case Info Questions Not Used](#)

[Collapse Sections](#)

Investigation Information

[Back to top](#)

Reporting Information

[Back to top](#)

Administrative Information

[Back to top](#)

[Collapse Subsections](#)

Key Report Dates

1. Date Reported:

Submitted to Central Office

Case Submitted to Central Office for SCN Assignment:

2. Date Counted

For Central Office Use Only

Date Counted:

Count Status:

MMWR Week: 41

MMWR Year: 2023

Indicates case verification criteria result based on factors such as culture results, smear results, major and additional sites of the

Case Verification Category: 1 - Positive Culture

Criteria Met for Provider Diagnosis:

Case Status: Confirmed

Notification Comments to CDC:

Come back to the Case Info tab when reviewing investigations with a State Case Number.

Users will review:

1. Case Verification Category
2. Case Status

Positive NAAT Female 06/20/1986 (37 Years)			Patient ID: 24384043
Investigation ID: CAS483802017TX01	Created: 10/10/2023	By: kathryn yoo	
Investigation Status: Open	Last Updated: 10/10/2023	By: kathryn yoo	
Investigator:	Case Status: Confirmed	Notification Status:	

* Indicates a Required Field

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

Go to: [Investigation Information](#) | [Reporting Information](#) | [Administrative Information](#) | [Clinical](#) | [Hidden Questions](#) | [General Comments](#) | [Case Info Questions Not Used](#)

[Collapse Sections](#)

Investigation Information

[Back to top](#)

Reporting Information

[Back to top](#)

Administrative Information

[Back to top](#)

[Collapse Subsections](#)

Key Report Dates

1. Date Reported:

Submitted to Central Office

Case Submitted to Central Office for SCN Assignment:

2. Date Counted

For Central Office Use Only

Date Counted:

Count Status:

MMWR Week: 41

MMWR Year: 2023

Indicates case verification criteria result based on factors such as culture results, smear results, major and additional sites of the

Case Verification Category: 1A - Positive NAA

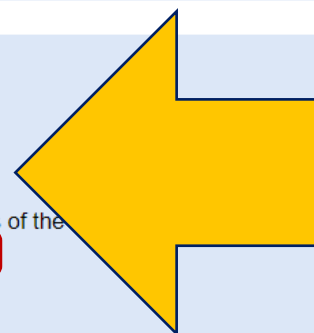
Criteria Met for Provider Diagnosis:

Case Status: Confirmed

Notification Comments to CDC:

These fields are auto populated based on:

- Diagnostic Testing Section of Tuberculosis Tab
- Chest Imaging Section of Tuberculosis Tab
- Site of Disease on TB Disease Only Tab



Clinical Case Male 12/12/1993 (29 Years)			Patient ID: 24384045
Investigation ID: CAS483802018TX01	Created: 10/10/2023	By: kathryn yoo	
Investigation Status: Open	Last Updated: 10/10/2023	By: kathryn yoo	
Investigator:	Case Status: Confirmed	Notification Status:	

* Indicates a Required Field

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

Go to: [Investigation Information](#) | [Reporting Information](#) | [Administrative Information](#) | [Clinical](#) | [Hidden Questions](#) | [General Comments](#) | [Case Info Questions Not Used](#)

[Collapse Sections](#)

Investigation Information [Back to top](#)

Reporting Information [Back to top](#)

Administrative Information [Back to top](#)

[Collapse Subsections](#)

Key Report Dates

Submitted to Central Office

1. Date Reported:

Case Submitted to Central Office for SCN Assignment:

2. Date Counted

For Central Office Use Only

Date Counted:
 Count Status:
 MMWR Week: 41
 MMWR Year: 2023

Indicates case verification criteria result based on factors such as culture results, smear results, major and additional sites of the disease

Case Verification Category: 3 - Clinical Case Definition

Criteria Met for Provider Diagnosis:

Case Status: Confirmed

Notification Comments to CDC:

Check that these fields auto populated correctly and match the datasheet provided

Provider Diagnosis Female 07/11/1997 (26 Years)			Patient ID: 24384047
Investigation ID: CAS483802019TX01	Created: 10/10/2023	By: kathryn yoo	
Investigation Status: Open	Last Updated: 10/10/2023	By: kathryn yoo	
Investigator:	Case Status: Confirmed	Notification Status:	

* Indicates a Required Field

- Patient
- Case Info
- TB History
- Tuberculosis
- TB Disease Only
- MDR TB
- LTBI Only
- Comprehensive TB Treatment Details
- Contact Investigation
- Contact Records
- Supplemental Info

Go to: [Investigation Information](#) | [Reporting Information](#) | [Administrative Information](#) | [Clinical](#) | [Hidden Questions](#) | [General Comments](#) | [Case Info Questions Not Used](#)

[Collapse Sections](#)

Investigation Information [Back to top](#)

Reporting Information [Back to top](#)

Administrative Information [Back to top](#)

[Collapse Subsections](#)

Key Report Dates

1. Date Reported:

Submitted to Central Office

Case Submitted to Central Office for SCN Assignment:

2. Date Counted

For Central Office Use Only

Date Counted:

Count Status:

MMWR Week: 41

MMWR Year: 2023

Indicates case verification criteria result based on factors such as culture results, smear results, major and additional sites of the disease, x-ray

Case Verification Category: 4 - Verified by Provider Diagnosis

Criteria Met for Provider Diagnosis: Considerable Clinical Improvement Based On

Case Status: Confirmed

Notification Comments to CDC:

The only category that will not auto populate is "4- Verified by Provider Diagnosis"

Part 2: Update Case Verification Category

Provider Diagnosis Female 07/11/1997 (26 Years)			Patient ID: 24384047
Investigation ID: CAS483802019TX01	Created: 10/10/2023	By: kathryn yoo	
Investigation Status: Open	Last Updated: 10/10/2023	By: kathryn yoo	
Investigator:	Case Status: Suspect	Notification Status:	

* Indicates a Required Field

- Patient
- Case Info
- TB History
- Tuberculosis
- TB Disease Only
- MDR TB
- LTBI Only
- Comprehensive TB Treatment Details
- Contact Investigation
- Contact Records
- Supplemental Info

Go to: [Investigation Information](#) | [Reporting Information](#) | [Administrative Information](#) | [Clinical](#) | [Hidden Questions](#) | [General Comments](#) | [Case Info Questions Not Used](#)

[Collapse Sections](#)

Investigation Information [Back to top](#)

Reporting Information [Back to top](#)

Administrative Information [Back to top](#)

[Collapse Subsections](#)

Key Report Dates

1. Date Reported:

Submitted to Central Office

Case Submitted to Central Office for SCN Assignment:

2. Date Counted

For Central Office Use Only

Date Counted:

Count Status:

MMWR Week:

MMWR Year:

Indicates case verification criteria result based on factors such as culture results, smear results, major and additional sites of the disease, x-ray results, TST, IDR, reason therapy was stopped

Case Verification Category:

(Use Ctrl to select more than one)

Criteria Met for Provider Diagnosis:

- Autopsy Report
 - Child Recent Contact To Active TB Case
 - Considerable Clinical Improvement Based On Symptoms From Onset After Starting Minimum 2 Months of Therapy
 - Not Done Or Negative TST/IGRA And Considerable Improvement On Abnormal Chest X-Ray
 - TB Expert Consult
- Selected Values:

Case Status:

Notification Comments to CDC:

The **Case Status** will update based on the Case Verification Category and is not manually updated

The Case Verification Category needs to be manually updated for cases with "4-Verified by Provider Diagnosis"

Provider Diagnosis Female 07/11/1997 (26 Years)			Patient ID: 24384047
Investigation ID: CAS483802019TX01	Created: 10/10/2023	By: kathryn yoo	
Investigation Status: Open	Last Updated: 10/10/2023	By: kathryn yoo	
Investigator:	Case Status: Suspect	Notification Status:	

* Indicates a Required Field

- Patient
- Case Info
- TB History
- Tuberculosis
- TB Disease Only
- MDR TB
- LTBI Only
- Comprehensive TB Treatment Details
- Contact Investigation
- Contact Records
- Supplemental Info

Go to: [Investigation Information](#) | [Reporting Information](#) | [Administrative Information](#) | [Clinical](#) | [Hidden Questions](#) | [General Comments](#) | [Case Info Questions Not Used](#)

[Collapse Sections](#)

+ **Investigation Information** [Back to top](#)

+ **Reporting Information** [Back to top](#)

- **Administrative Information** [Back to top](#)

[Collapse Subsections](#)

[-] Key Report Dates

1. Date Reported:

[-] Submitted to Central Office

Case Submitted to Central Office for SCN Assignment:

[-] 2. Date Counted

For Central Office Use Only

Date Counted:

Count Status:

MMWR Week: 41

MMWR Year: 2023

Indicates case verification criteria result based on factors such as culture results, smear results, major and additional sites of the disease, x-ray results, TST/IDR, reason therapy was stopp

Case Verification Category: 4 - Verified by Provider Diagnosis

(Use Ctrl to select more than one)

- Autopsy Report
 - Child Recent Contact To Active TB Case
 - Considerable Clinical Improvement Based On Symptoms From Onset After Starting Minimum 2 Weeks of Therapy
 - Not Done Or Negative TST/IGRA And Considerable Improvement On Abnormal Chest X-Ray
- Selected Values: Considerable Clinical Improvement Based On Symptoms From Onset After Starting Minimum 2 Weeks of Therapy

The Case Status updates to "Confirmed"

Case Status: Confirmed

Notification Comments to CDC:

Select "4-Verified by Provider Diagnosis" and enter Criteria Met for Provider Diagnosis based on data provided

Demonstration



TEXAS
Health and Human
Services

Texas Department of State
Health Services

NEDSS Module #9, Demonstration #12: *Completing Record Entry*

Texas Department of State Health Services
Tuberculosis and Hansen's Disease Unit
NEDSS TB Data Entry Contractor Training
2023

<https://vimeo.com/manage/videos/877242589>

Navigating NEDSS



Do not use the back button from your internet browser. Records may become corrupted, and these errors are not easily resolved. If you accidentally use the back button, return to the home page and start again.



Use Microsoft Edge. It is the browser to use when accessing NEDSS.



Avoid opening multiple tabs of NBS. If you have more than one open in a browser to edit information, it can cause data corruption issues. If you must have multiple open, use different browsers.

Exercise 13



End of Module 9