



Novel Coronavirus (COVID-19)

Clinical Description

A novel coronavirus is a newly identified coronavirus that has not been previously identified in the human population and it is assumed there is no existing immunity to the virus. The virus (SARS-CoV-2) causing coronavirus disease 2019 (COVID-19), first identified in Wuhan, China in 2019 is not the same as coronaviruses that commonly circulate among humans and cause mild illness, like the common cold. Symptoms of COVID-19 are non-specific and the disease presentation can range from no symptoms (asymptomatic) to severe pneumonia and death. People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever ~5 days after infection (mean incubation period 5-6 days, range 1-14 days).

Laboratory Confirmation Criteria

- ◆ Detection of SARS-CoV-2 RNA in a clinical or autopsy specimen using a molecular amplification test

Case Classification

Confirmed: A case that meets confirmatory laboratory evidence*

Probable: A case that:

- Meets clinical criteria AND epidemiologic linkage criteria with no confirmatory laboratory testing performed for SARS-CoV-2,

OR

- Meets presumptive laboratory evidence* (i.e., detection of SARS-CoV-2 by antigen test in a respiratory specimen),

OR

- Meets vital records criteria (i.e., death certificate lists COVID-19 disease or SARS-CoV-2 as an underlying cause of death or a significant condition contributing to death) with no confirmatory laboratory testing performed for SARS-CoV-2.

Suspect: A case that:

- Meets supportive laboratory evidence* of:
 - Detection of specific antibody in serum, plasma, or whole blood, **OR**
 - Detection of specific antigen by immunocytochemistry in an autopsy specimen
- **AND** has no prior history of being a confirmed or probable case

**Laboratory evidence using a method approved or authorized by the FDA or designated authority*

Clinical criteria:

- At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose; **OR**
- At least one of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder, or new taste disorder; **OR**
- Severe respiratory illness with at least one of the following: clinical or radiographic evidence of pneumonia, or acute respiratory distress syndrome (ARDS)

AND

- No alternative more likely diagnosis

Epidemiologic linkage criteria:

One or more of the following exposures in the prior 14 days:

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- Close contact** with a confirmed or probable case of COVID-19 disease.
- Member of a risk cohort as defined by public health authorities during an outbreak (e.g., symptomatic residents of a nursing home where at least one laboratory confirmed COVID-19 case has been identified).

**Close contact is someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period[†] starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

[†] Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).

Additional Information

Outbreaks:

- ◆ Use the following operational definitions for deciding which cluster or outbreak to code as an outbreak in NEDSS.

Long-Term Care Facilities (LTCF):

- ≥ 1 facility-acquired[‡] COVID-19 case in a resident.

[‡]Facility-acquired COVID-19 infection in a long-term care resident is defined as a confirmed diagnosis 14 days or more after admission for a non-COVID condition, without an exposure during the previous 14 days to another setting where an outbreak was known or suspected to be occurring.

Other Outbreak Settings (non-LTCF):

- Two or more confirmed COVID-19 cases in a facility or group (not a household) with onset[§] within a 14-day period.
 - Note: Probable cases are considered outbreak-associated cases if there is a minimum of two confirmed cases in the outbreak.

[§]Use specimen collection date if onset date is unknown or case is asymptomatic.

Outbreak Resolution:

- No new symptomatic/asymptomatic probable or confirmed cases after 28 days has passed since the last case's onset date or specimen collection date (whichever is later).
- ◆ Complete a Respiratory Disease Outbreak Summary Form and fax to DSHS at 512-776-7616.
 - Request an outbreak name and enter in NEDSS for all cases linked to the outbreak.
 - Insert an abbreviation for the outbreak setting in the requested outbreak name.
 - Content: Condition/mmyy/Setting/LHD/accession #
 - Structure: COVID19/0420/LTF/LHD/##
 - Example: COVID19/0424/Plant/HSR1/01
 - Put the facility name in comments for one or more of the associated cases.



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Deaths:

Use the following guidance to determine whether to select "Yes" for "Did the patient die from this illness?"

- ◆ A COVID-19 associated death is defined for surveillance purposes as a confirmed or probable case with no period of complete recovery between the illness and death.
- ◆ A death should not be reported if after review and consultation there is an alternative agreed upon cause of death which is unrelated to an infectious process (e.g., an adult with a positive SARS-CoV-2 test whose death clearly resulted from trauma after a car accident would not qualify as a COVID-19 associated death)

For additional information and guidance see <https://www.dshs.texas.gov/coronavirus/> and <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>.

NBS Entry Guidelines for Laboratory Reports

Note: If there is an existing lab in NEDSS, do not manually enter a report. Create an investigation from the existing lab report if no investigation has been entered for the patient.

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*.

Control + Click to see [Patient Tab Lab Report Table](#)

Lab Report	NBS Field Name	Description/Instructions
	Order Information	
	→ Reporting Facility	Search for reporting facility or enter quick code. Select original source of report , not other public health entity sharing report. <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
	⇨ <i>Ordering Facility</i>	Search for ordering facility, enter quick code or check "Same as Reporting Facility." <i>Note: If Facility is not found, search by other criteria (city, etc.) then enter a new Organization as needed.</i>
	⇨ <i>Ordering Provider</i>	Search for ordering provider or enter quick code. <i>Note: If Provider is not found, search by other criteria (city, etc.) then enter a new Provider as needed.</i>
	→ Program Area	Enter IDEAS - Meningitis/Invasive Respiratory <i>Note: Use the drop-down list for manual lab entry. An ELR will pre-populate based on the condition. Check and edit if incorrect using Transfer Ownership button.</i>
	→ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
	⇨ <i>Lab Report Date</i>	Enter date result was reported to provider if available.



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Lab Report	NBS Field Name		Description/Instructions	
	➔	Date Received by Public Health	"Date Received by Public Health" pre-populates with current date. Enter correct date - earliest date the lab report was received by a public health entity (local, regional or state).	
	⇒	<i>Ordered Test</i>	Refer to table below.	
		Accession Number	Enter unique ID assigned to specimen.	
	➔	Specimen Source	Select: <i>Serum; Blood, venous; Sputum; Bronchial; Pleural fluid (thoracentesis fld); or Other (fill in nasopharynx and/or oropharynx, or trachea), as appropriate</i>	
		Specimen Site		
	➔	Date Specimen Collected	Enter date specimen collected.	
		Patient Status at Specimen Collection		
		Pregnant		
		Weeks		
	Test Result(s)			
	➔	Resulted Test and Result(s)	Refer to table below and use appropriate fields below.	
	➔	Resulted Test	Refer to table below.	
	⇒	Coded Result	Refer to table below.	
	⇒	Numeric Result	Refer to table below. Enter units in the 2 nd box.	
	⇒	Text Result	Refer to table below.	
	⇒	Reference Range	If applicable, enter the reference range or cut-off value for normal results.	
		Result status		
		Result comments		
<p>If your choice for Resulted Test brings up additional fields (not listed in the Lab Report table), entering data in these fields is optional. Click on <input type="button" value="Add Test Result"/> when the Test Result(s) section is completed and add additional lab results as needed.</p>				
Administrative				
	Comments			

Ordered Test, Resulted Test and Test Results			
Description	⇒ <i>Ordered Test</i>	➔ Resulted Test	➔ Test Result(s)
Novel coronavirus RT-PCR	Leave blank	Microorganism Identified (short search "microorg")	Organism: Human coronavirus (short search "coronav") AND Text Result: Enter Test name and result, i.e., "2019-nCoV rRT-PCR; Positive"



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Novel coronavirus serology (Note: Only performed by CDC)	Leave blank	Microorganism Identified (short search "microorg")	Organism: Human coronavirus (short search "coronav") AND Text Result: Enter Test name and titer result and interpretation
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NBS Entry Guidelines for Investigation

Required fields are noted by → and **BOLD** and other preferred data entry fields by ⇨ and *italics*. Control + Click to see [Patient Tab Investigation](#)

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.

Investigation Tab	NBS Field Name	Description/Instructions
	Investigation Information	
	→ Jurisdiction	Jurisdiction is automatically filled in based on the patient's zip code. Review and correct as needed. Select or edit "Jurisdiction" based on patient address if available, location of patient's provider, or location of reporting facility, in that order.
	THT Jurisdiction	Not available for data entry. Reflects assigned jurisdiction in the THT system for investigation imported from THT.
	→ Program Area	IDEAS – Meningitis/Invasive Respiratory Disease - Will default based on condition.
	→ Investigation Start Date	Enter Date Investigation began (see "Investigation Start Date" on Case Report Form (CRF)) or if no follow up was done, enter the date the report was received.
	→ Investigation Status	Defaults to "Open." Change to "Closed" when investigation and data entry are completed.
	Shared Indicator	Defaults to checked
	State Case ID	
	NNDSS Local Record ID (NETSS)	Not currently in use.
	⇨ <i>Investigator</i>	Search or enter quick code to enter the name of the person who completed the investigation or the person who could answer NBS data entry inquiries.
	⇨ <i>Date Assigned to Investigation</i>	Enter date investigation assigned to investigator.
	Reporting Information	
	→ Date of Report	Enter the earliest date first reported to public health. Date will auto-populate when investigation is created from a lab report, but may be edited if the report was received earlier from another provider.



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Investigation Tab	NBS Field Name	Description/Instructions	
	➔ Earliest Date Reported to County	Enter earliest date information was reported to county health department. (See "Date of Report" on CRF.) If the regional office is acting as the local health department, record the date received by the regional office.	
	➔ Earliest Date Reported to State	Enter earliest date information was reported to the state health department (regional or central office). The ELR date created should be listed if it is the earliest report date.	
	➔ Reporting Source Type	Select type of "Reporting Source" for original reporting entity such as laboratory, hospital, or private physician. For cases identified by a health department during an investigation, select "other state and local agencies." If none of the categories apply, note source in comments.	
	⇒ Reporting Organization	Reporting Organization auto populates if investigation is created from a lab report. Conduct search for Reporting Organization as needed. <i>Note: If not found, search by city, etc. and then enter new Organization as needed.</i>	
	⇒ Reporting Provider	Search for reporting provider if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>	
	Clinical		
	⇒ Physician	Search for physician if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>	
	Epidemiologic		
		Transmission Mode	
		Detection Method	



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Investigation Tab	NBS Field Name		Description/Instructions		
		<p>→ Confirmation Method</p>	<p>Select method used to determine case status. Select lab confirmed, clinical diagnosis, or epi-linked</p>	<p>Laboratory confirmed – laboratory criteria required for case status (confirmed or probable) selected was met; enter lab information into COVID test table. Epidemiologically linked – case status selected is based on epidemiological linkage; indicate name and case number of epi-link in appropriate fields or comments. Clinical Diagnosis – Case status selected is based on clinical diagnosis as evidenced by diagnosis reported by physician or health care provider.</p>	
		Confirmation Date	Date criteria for the case status of the case were met.		
		<p>→ Case Status</p>	Confirmed, Probable, or Not a Case according to the case definition. See definition in DEG or, if more recent, the <i>Epi Case Criteria Guide</i> .		
		<p>→ If probable, select reason for case classification</p>	Select: <i>Meets Clinical/Epi, No Lab Conf; Meets Presump Lab and Clinical or Epi; or Meets Vital Records, No Lab Confirm to indicate the basis for the probable case classification.</i>		
		<p>→ MMWR Week</p>	Auto-populates based on data entry date. At the beginning of the year if the MMWR Year is edited to the previous year, the MMWR week should be edited to the last MMWR week (52 or 53) of the preceding MMWR calendar.		
		<p>→ MMWR Year</p>	Auto-populates based on data entry date. This does not need to be edited. However, at the beginning of the year, the MMWR week and year should be edited as needed to either the last MMWR week of the preceding calendar year or the first MMWR week of the following year so the MMWR year reflects the year in which the case occurred.		
	General Comments				
		General Comments	Add notes about the case and investigation as needed.		
Place of Residence					



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Investigation Tab	NBS Field Name	Description/Instructions	
	⇒ <i>Is the patient a US resident?</i>	Select Yes, No, or Unknown.	
	⇒ <i>Country of Usual Residence</i>	Select country from dropdown list.	
	⇒ <i>Which would best describe where the patient was staying at the time of illness onset? (Residence type)</i>	Select residence type: <i>Private residence; Homeless; Homeless shelter; Assisted living facility; Long term acute care; Long term care facility; Rehabilitation facility; Hospice; State living facility; Military base; Quarantine facility, military or other; Hotel; Jail; Prison; Detention Facility; Unknown; Other residence type</i>	
	⇒ <i>Residence Description:</i>	If Other residence type is selected, enter a description of the residence. If Prison is selected or the case is a TDCJ resident or staff, enter the unit number here and enter "TDCJ" and Unit for address 2 on the patient tab. Transfer the investigation to the jurisdiction of the unit.	
	Occupation Information		
	⇒ <i>Current Occupation:</i>	Enter occupation.	
	⇒ <i>Unemployed:</i>	Select Yes, No, or Unknown.	
	⇒ <i>Student:</i>	Select Yes, No, or Unknown.	
	⇒ <i>Name of School:</i>	Enter name of school including level (HS, MS, Elem, Pre-K, etc.).	
		Is this patient associated with a day care facility?	Select Yes, No, or Unknown.
		Is this patient a food handler?	Select Yes, No, or Unknown.
	Contact Exposure Information		
	→ During the 14 days prior to onset (or diagnosis if asymptomatic), did the patient have close contact with another COVID-19 case (probable or confirmed)?		Select Yes, No, or Unknown.



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	⇒	<i>Were they ill at the time of contact?</i> Select Yes, No, or Unknown.
	⇒	<i>Is the contact a U.S. case?</i> Select Yes, No, or Unknown.
	⇒	<i>Is the contact an international case?</i> Select Yes, No, or Unknown.
	⇒	<i>In which country was the contact diagnosed with 2019 n-CoV?</i> Select country from dropdown list.
	⇒	<i>Is the patient a suspected community transmission case (i.e., have no known exposure risk factors)?</i> Select Yes if there is no travel and no known exposure to a COVID case. Select No if there is a known exposure or travel to an outbreak area in the previous 14 days. Select Unknown if travel is unknown and exposure to a case is no or unknown.
	➔	Is the patient a health care worker? Select Yes, No, or Unknown.
	⇒	<i>Does the patient have history of being in a healthcare facility (as a patient, worker, or visitor)?</i> Select Yes, No, or Unknown.
	⇒	<i>Did this person care for a COVID-19 patient?</i> Select Yes, No, or Unknown.
	⇒	<i>Is the patient in a cluster of severe acute respiratory illness in which nCoV is being evaluated?</i> Select Yes, No, or Unknown.
	➔	Is this case part of an outbreak? If applicable, select "Yes" and select the corresponding "Outbreak Name." Contact the NEDSS Project Office to have an outbreak name entered.
	➔	Outbreak Name Choose outbreak name from pull-down list



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Investigation Tab	NBS Field Name	Description/Instructions
	➔ Outbreak Name 2	If the patient is part of the cohort for 2 outbreaks, enter the name of the second outbreak.
	THT outbreak name	Not available for data entry. Reflects assigned outbreak name in the THT system for investigation imported from THT.
	Exposure Information	
	➔ International Travel	In the 14 days prior to illness onset, did the patient have International Travel (Y/N/U) Record travel locations and dates in table and click on Add until all travel in time frame is recorded.
	➔ Domestic Travel <i>(outside of normal state of residence)</i>	In the 14 days prior to illness onset, did the patient have Domestic Travel (outside of normal state of residence) (Y/N/U) Record travel locations and dates in table and click on Add until all travel in time frame is recorded.
	⇒ <i>Travel City</i>	Enter city patient traveled to.
	⇒ <i>Travel State</i>	Select state patient traveled to.
	⇒ <i>Travel Country</i>	Select country patient traveled to.
	⇒ <i>Date Arrived</i>	Select date of arrival.
	⇒ <i>Date Left</i>	Select date of departure or leave blank if still at there.
	Click on <input type="button" value="Add"/> button to complete entry. Repeat until all travel data is entered.	
	Additional Travel Information	Add any additional relevant information such as mode of transportation and flight/cruise information or known exposures during travel.
	DGMQ ID	If case has a DGMQ notification from a flight or cruise, enter the DGMQ number if known
	Cruise ship or vessel travel as passenger or crew member	Was the case identified as a passenger on a cruise with one or more cases identified? Y/N/U
	Specify Name of Ship or Vessel	Enter name of cruise ship and other information that identifies the exposure group.



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Investigation Tab	NBS Field Name	Description/Instructions	
	⇒ <i>Where was the disease acquired?</i>	Indicate where disease was acquired; if patient became ill while traveling, designate appropriately. Indigenous, within jurisdiction Out of Country – patient became ill while traveling outside of US Out of jurisdiction, from another jurisdiction – patient became ill while traveling to another jurisdiction within TX Out of State – patient became ill while traveling within US but outside of TX	
	⇒ <i>Imported Country</i>	Indicate country where patient became ill.	
	⇒ <i>Imported State</i>	Indicate state where patient became ill.	
	⇒ <i>Imported City</i>	Indicate city where patient became ill.	
	⇒ <i>Imported County</i>	Indicate county where patient became ill.	
	Binational Reporting Criteria	Select binational reporting criteria from drop-down list (Use Ctrl to select more than one).	
	Signs & Symptoms		
	➔ Date of First Positive Specimen Collection	Enter collection date of earliest specimen that supports case classification if applicable.	
	➔ Diagnosis Date	Diagnosis Date is required if onset date is unknown. Use first date COVID-19 laboratory test was positive.	
	➔ Earliest Date Suspected	Enter date the case first met the criteria for reporting to the health department as evidenced by <ul style="list-style-type: none"> ◆ Date of positive lab report ◆ Date of clinical diagnosis (if probable case status based on clinical criteria and no lab test(i.e., date patient was identified by physician or public health investigator as a symptomatic contact of a confirmed or suspected COVID-19 case) 	
	➔ Date of Symptom Onset	Enter "Illness Onset Date." ("Date of symptom onset" from CRF.) <i>Note: Leave blank if onset date is unknown or the patient has asymptomatic infection. Diagnosis date is required if onset date is blank.</i>	
	Date of Symptom Resolution	Enter "Illness End Date." <i>Note: Leave blank if illness end date is unknown or the patient has asymptomatic infection.</i>	



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Investigation Tab	NBS Field Name	Description/Instructions
	Illness Duration	Duration in days, months, or years will be auto-calculated based on onset and illness resolution dates.
	Illness Duration Units	Units of illness duration calculation will auto-fill.
	⇒ Age at Onset	Age at onset will be auto-calculated based on onset and date of birth.
	⇒ Age at Onset Units	Units for age calculation will auto-fill.
	➔ Symptoms present during course of illness	Select Yes, No (asymptomatic case), or Unknown. "Yes" is required to enter symptoms.
		For all symptoms, select "Yes" if checked or listed in other symptoms, select "No" if asked on form and not checked, select "Unknown" if not asked on form. If symptoms = "No" or "Unknown" skip all of the symptom questions.
	⇒ Fever >100.4 F (38C):	Select Yes if recorded temperature is 100.4 F or higher. Select No if no fever or fever <100.4 F. Select Unknown response is marked unknown.
	⇒ Maximum fever measured:	Enter highest measured temp in °F if 100.4 or higher.
	⇒ Subjective fever (felt feverish):	Select Yes if fever is checked and no temperature is recorded or recorded temperature is <100.4 F. Select No if no fever is indicated. Select Unknown response is marked unknown.
	⇒ Cough (new onset or worsening of chronic cough):	Select Yes, No, or Unknown.
	⇒ Sore throat:	Select Yes, No, or Unknown.
	⇒ Shortness of breath (dyspnea):	Select Yes, No, or Unknown.
	⇒ Chills:	Select Yes, No, or Unknown.
	⇒ Headache:	Select Yes, No, or Unknown.
	⇒ Muscle aches (myalgia):	Select Yes, No, or Unknown.
	⇒ Vomiting:	Select Yes, No, or Unknown.
	⇒ Abdominal pain or tenderness:	Select Yes, No, or Unknown.
⇒ Diarrhea:	Select Yes, No, or Unknown.	
⇒ New Olfactory and Taste Disorder:	Select Yes, No, or Unknown.	



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	⇒ <i>Loss of appetite:</i>	Select Yes, No, or Unknown.	
	⇒ <i>Fatigue or malaise:</i>	Select Yes, No, or Unknown.	
	⇒ <i>Runny nose (rhinorrhea):</i>	Select Yes, No, or Unknown.	
	⇒ <i>Wheezing:</i>	Select Yes, No, or Unknown.	
	⇒ <i>Chest Pain:</i>	Select Yes, No, or Unknown.	
	⇒ <i>Other Symptoms:</i>	Type description of other symptoms.	
	⇒ <i>Symptom Notes:</i>		
	Medical History		
	→ Does the patient have any underlying health conditions? If yes please select status of each of the following:	Select Yes, No, or Unknown.	
		If underlying conditions (ULC) = "Yes" - for all underlying health conditions, select "Yes" if checked or listed in other symptoms, select "No" if asked on form and not checked, select "Unknown" if not asked on form. If ULC = "No" or "Unknown" skip all of the condition questions.	
	⇒ <i>Is the patient pregnant?</i>	Select Yes, No, or Unknown. (question will be hidden if male.)	
	⇒ <i>Diabetes Mellitus:</i>	Select Yes, No, or Unknown.	
	⇒ <i>Cardiovascular disease: (Cardiac disease)</i>	Select Yes, No, or Unknown.	
	⇒ <i>Hypertension:</i>	Select Yes, No, or Unknown.	
	⇒ <i>Chronic Pulmonary Disease:</i>	Select Yes, No, or Unknown.	
⇒ <i>Chronic Kidney Disease:</i>	Select Yes, No, or Unknown.		
⇒ <i>Chronic Liver Disease:</i>	Select Yes, No, or Unknown.		
⇒ <i>Asthma:</i>	Select Yes, No, or Unknown.		



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	⇒	<i>Hemoglobin disorders (e.g. sickle cell disease, thalassemia):</i> Select Yes, No, or Unknown.	
	⇒	<i>Severe Obesity (BMI >=40):</i> Select Yes, No, or Unknown.	
	⇒	<i>Specify Other Underlying Condition or Risk Behavior:</i> Enter a list of other significant underlying health conditions.	
	Hospitalization Information		
	➔	Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.
	➔	Hospital	If hospitalized, search for "Hospital" and enter "Admission Date" and "Discharge Date." Capture all hospitals, dates, and durations of stay utilizing available fields and, as needed, the comments field. <i>Note: If hospital is not found, search by city, etc. and then enter new Organization as needed.</i>
	➔	Admission Date	If patient hospitalized, enter admission date(s).
	➔	Discharge Date	If patient hospitalized, enter discharge date(s).
	⇒	<i>Duration of Stay</i>	The duration of stay will be auto-calculated when admission and discharge dates are entered.
	➔	Was the patient admitted to ICU?	Select Yes, No, or Unknown.
	⇒	<i>ICU Admission Date</i>	Select date admitted to ICU.
	Clinical Information		
	⇒	<i>Was the patient intubated?</i>	Select Yes, No, or Unknown.
	➔	Did the patient receive ECMO?	Select Yes, No, or Unknown.
	➔	Did the patient receive mechanical ventilation:	Select Yes, No, or Unknown.
	➔	Total days with Mechanical Ventilation:	Enter number of days. If ongoing, enter number of days as of interview.



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	→ Was the patient diagnosed with pneumonia (clinical or radiologic)?	Select Yes, No, or Unknown.	
	→ Was the patient diagnosed with acute respiratory distress syndrome?	Select Yes, No, or Unknown.	
	⇒ <i>Did the patient have an abnormal chest X-ray?:</i>		
	⇒ <i>Did the patient have an abnormal EKG?:</i>		
	→ Did the patient die from this illness?:	If patient died from the illness, enter yes. Also go to the Patient tab and enter "yes" for <i>Is the Patient Deceased?</i> and date of death for <i>Deceased Date</i> .	
	→ Date of Death:	If patient died, enter "Yes" for "Is patient deceased" on the Patient tab and enter the Deceased Date.	
	⇒ <i>Does the patient have another diagnosis/etiology for their respiratory illness?:</i>	Select Yes, No, or Unknown.	
	⇒ <i>Specify other diagnosis:</i>	Type a description of the other diagnosis.	
	⇒ <i>Is patient isolated at home?:</i>	Select Yes, No, or Unknown.	
	Respiratory Diagnostic Testing		
	⇒ <i>Positive non-COVID respiratory tests:</i>	Select all non-COVID respiratory tests with positive results that apply: <i>Influenza rapid Ag A, Influenza rapid Ag B, Influenza rapid Ag A/B, Influenza A PCR, Influenza B PCR, RSV, Human metapneumovirus, Parainfluenza 1-4, Adenovirus, Rhinovirus, Enterovirus, Coronavirus (non COVID-19 serotypes OC43, 229E, HKU1, NL63), Mycoplasma pneumoniae, Chlamydia pneumoniae, Other</i>	



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Investigation Tab	NBS Field Name	Description/Instructions	
	⇒ Other Positive non-COVID respiratory tests:	Describe other positive respiratory test.	
	⇒ Negative respiratory tests:	Select all non-COVID respiratory tests with negative results that apply: <i>Influenza rapid Ag A, Influenza rapid Ag B, Influenza rapid Ag A/B, Influenza A PCR, Influenza B PCR, RSV, Human metapneumovirus, Parainfluenza 1-4, Adenovirus, Rhinovirus, Enterovirus, Coronavirus (non COVID-19 serotypes OC43, 229E, HKU1, NL63), Mycoplasma pneumoniae, Chlamydia pneumoniae, Other</i>	
	⇒ Other Negative respiratory tests:	Describe other negative respiratory test.	
	COVID-19 Laboratory Findings		
		Record the earliest positive COVID test that supports the selected case status.	
	⇒ Performing Lab Type:	Select <i>CDC Lab, Commercial Lab, or Public Health Lab.</i>	
	➔ COVID Test Result:	Select <i>Indeterminate, Negative, Not Done, Pending, or Positive.</i>	
	➔ COVID Test Type:	Select <i>Antibody, IgG; Antibody, IgM; Antibody, whole; Molecular amplification (MA) test, such as PCR; Non-MA antigen test; or Other.</i>	
	⇒ Other COVID Test Type:	Describe other test type	
	⇒ COVID Specimen Source:	Select <i>Bronchoalveolar lavage, NasoPharyngeal Swab, OroPharyngeal swab, Postmortem, Serum, Sputum, Stool, Tracheal aspirate, Urine, or Other.</i>	
	⇒ Other COVID Specimen Source:	Describe "other" specimen type.	
	⇒ COVID Other Postmortem Source:	Describe "other" postmortem specimen type.	
	⇒ COVID Specimen ID:	Enter specimen ID.	
	➔ Specimen Collection Date:	Enter date specimen was collected.	
	➔ COVID Date Resulted:	Enter date specimen was resulted.	



Novel Coronavirus (COVID-19)

Investigation Tab	NBS Field Name		Description/Instructions
	→	COVID Lab:	Select CDC, DSHS Austin, LRN - Corpus Christi/Nueces Co, LRN - Dallas County, LRN - El Paso, LRN - Houston HD, LRN - Lubbock, LRN - San Antonio Metro, LRN - South Texas, LRN - Tarrant, LRN - Tyler UTHSCT/PHLET, or Commercial.
	→	COVID Commercial Lab Name:	If testing source is not a CDC or other public health lab, enter name of commercial or hospital lab reporting the test result.
	Click on <input type="button" value="Add"/> button and repeat until all relevant COVID labs are entered.		
		Test Result Comments	