



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 (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

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

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

Case Classification

Confirmed: A case that is laboratory confirmed

Probable: A case that:

- Meets clinical criteria AND epidemiologic linkage criteria with no confirmatory laboratory testing performed for COVID-19,

OR

- Using a method approved or authorized by the FDA or designated authority, meets presumptive laboratory evidence of
 - Detection of specific antigen (Ag) in a clinical specimen, **OR**
 - Detection of a specific antibody in serum, plasma, or whole blood indicative of a new or recent infection,
- **AND** meets either clinical criteria OR epidemiologic linkage criteria.

OR

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

Clinical criteria:

- At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s); **OR**
- At least one of the following symptoms: cough, shortness of breath, or difficulty breathing; **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 last 14 days before onset of symptoms:

- Close contact* with a confirmed or probable case of COVID-19 disease

- Close contact* with a person with clinically compatible illness AND linkage to a confirmed case of COVID-19 disease.
- Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2.
- Member of a risk cohort as defined by public health authorities during an outbreak. (ex. symptomatic residents of a nursing home where at least one laboratory confirmed COVID-19 case has been identified).

*Close contact is defined as being within 6 feet for at least a period of 10 minutes to 30 minutes or more depending upon the exposure. In healthcare settings, this may be defined as exposures of greater than a few minutes or more. Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact.

Additional Information

Outbreaks:

- ◆ Use the following operational definitions for deciding which cluster or outbreak to code as an outbreak in NEDSS.
 - In hospital or clinic settings:
 - One or more healthcare-associated infections of confirmed SARS-CoV-2 (i.e. COVID-19)
 - In long-term care settings:
 - One or more laboratory confirmed cases of COVID-19 identified in either a resident or paid/unpaid staff.
 - In school or child care settings:
 - A sudden increase of cases or absenteeism over the normal background rate
 - Five or more cases of AFRI or ILI in one week among students or staff in an epidemiologically linked group (e.g., single class, sports team or after school group)
 - In other settings:
 - A sudden increase of cases over the normal background rate
 - Five or more cases of AFRI or ILI within one week in people in the same area of the building or work group
- ◆ 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.

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 (For example, an adult with a positive SARS-CoV-2 test whose death clearly resulted from trauma after a car accident would not qualify as a case.)

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.
	→ 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 Serum; Blood, venous; Sputum; Bronchial; Pleural fluid (thoracentesis fld); or Other (fill in nasopharynx and/or oropharynx, or trachea), as appropriate
	Specimen Site	
	→ Date Specimen Collected	Enter date specimen collected.
	Patient Status at Specimen Collection	
	Pregnant	
	Weeks	

Lab Report	NBS Field Name	Description/Instructions
	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	
	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.	
	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"
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

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](#)

Investigation	NBS Field Name	Description/Instructions
	Investigation Summary	
	➔ 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.
	➔ Program Area	IDEAS – Meningitis/Invasive Respiratory Disease - Will default based on condition.
	State Case ID	

Investigation	NBS Field Name	Description/Instructions
	→ 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.
	⇒ <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 Source		
	→ Date of Report	Enter the earliest date first reported to public health. (See "Date of Report" on CRF.) 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.
	→ Reporting Source	This should be whoever reported the case to public health. 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.
	⇒ <i>Reporting Source (Organization)</i>	"Reporting Source" auto populates if investigation is created from a lab report. Conduct search for "Reporting Source" as needed. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
	→ 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.
	⇒ <i>Reporter</i>	Search for "Reporter" (reporting provider) if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
Clinical		
	⇒ <i>Physician</i>	Search for "Physician" if known. <i>Note: If not found, search by city, etc. and then enter new Provider as needed.</i>
	→ Was the patient hospitalized for this illness?	Select Yes, No, or Unknown.

Investigation	NBS Field Name	Description/Instructions
	→ Hospital Information	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>	Calculate duration of stay as discharge - admission date for listed hospital stay. If admission date is same as discharge date, enter 1.
	→ Diagnosis Date	"Diagnosis Date" is required if onset date is unknown. Use first date COVID-19 laboratory test was positive.
	→ Illness Onset Date	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.</i>
	Illness End Date	Enter "Illness End Date." <i>Note: Leave blank if illness end date is unknown or the patient has asymptomatic infection.</i>
	Illness Duration	
	⇒ <i>Age at Onset/Age Type</i>	Enter number and unit. Default is years. Use days if < 1 month, months for ≥ 1 month and < 1 year, and years for ≥ 1 year.
	→ Is the patient pregnant?	Listed under "co-morbid conditions" in Additional Patient Information Section on the CRF. Can put unknown. Must answer for both men and women.
	Does the patient have pelvic inflammatory disease?	
	→ Did the patient die from this illness?	See the definition of a COVID related death under Deaths in the Additional Information section above. 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 enter date of death for <i>Deceased Date</i> .
Epidemiologic		
	Is this patient associated with a day care facility?	Fill in the Day Care section.
	Is this patient a food handler?	Fill in the Food Handler section.
	→ Is this case part of an outbreak?	See outbreak definition in the Additional Information section above. If applicable, select "Yes" and select the corresponding "Outbreak Name". Contact the NEDSS Project Office to have an outbreak name entered.

Investigation	NBS Field Name	Description/Instructions	
	→ Outbreak Name	See nomenclature in Outbreaks section in the Additional Information section above when requesting an outbreak name. Select outbreak name from drop-down list.	
	⇒ <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 (not TX).	
	<i>Imported City</i>	Indicate city where patient became ill.	
	⇒ <i>Imported County</i>	Indicate county where patient became ill.	
	Transmission Mode		
	Detection Method		
	→ Confirmation Method	Select method used to determine case status. Select lab confirmed.	Laboratory confirmed – laboratory criteria required for case status selected was met; if NBS lab report not entered, enter lab information into comments.
	Confirmation Date	Date criteria for the case status of the case were met	
	→ Case Status	Select Confirmed or Not a Case according to the case definition. See the Epi Case Criteria Guide	
	→ MMWR Week	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.	
	→ MMWR Year	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.	
Administrative			
	⇒ <i>General Comments</i>		
Custom Fields			

Investigation	NBS Field Name	Description/Instructions
	→ 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 ◆ Date patient was identified as a symptomatic contact of a confirmed or suspected COVID-19 case
Condition Specific Custom Fields		
	⇒ <i>Is the person a US resident?</i>	Select Yes, No, or Unknown.
	⇒ <i>Non-US country of residence</i>	Select country from dropdown list.
	⇒ <i>Residence type:</i>	Select residence type from 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>Other 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.
	⇒ <i>Unemployed:</i>	Select Yes, No, or Unknown.
	⇒ <i>Occupation:</i>	Enter occupation.
	⇒ <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.).
	→ During the 14 days prior to onset (or diagnosis if asymptomatic), did the patient have close contact with a person who is under investigation for 2019-nCoV?	Select Yes, No, or Unknown.
	→ During the 14 days prior to onset (or diagnosis if asymptomatic), did the patient have close contact with a laboratory-confirmed 2019-nCoV case?	Select Yes, No, or Unknown.
	⇒ <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.

Investigation	NBS Field Name	Description/Instructions
	⇒ <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., confirmed to have no 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>Care for a nCoV patient?</i>	Select Yes, No, or Unknown.
	⇒ <i>Is the patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which nCoV is being evaluated?</i>	Select Yes, No, or Unknown.
	➔ During the 14 days prior to onset: Did the patient travel outside of their city of residence?	Select Yes, No, or Unknown. If yes, fill in the travel locations and dates in chronological order with 1 = most recent. Use comment field to describe complex or additional travel information.
	⇒ <i>1-City</i>	Enter city patient traveled to.
	⇒ <i>1-State</i>	Select state patient traveled to.
	⇒ <i>1-Country</i>	Select country patient traveled to.
	⇒ <i>1-Date Arrived at First Location:</i>	Select date of arrival.
	⇒ <i>1-Date Left First Location:</i>	Select date of departure or leave blank if still at that location.
	⇒ <i>2-City</i>	Enter city patient traveled to.
	⇒ <i>2-State</i>	Select state patient traveled to.
	⇒ <i>2-Country</i>	Select country patient traveled to.
	⇒ <i>2-Date Arrived at First Location:</i>	Select date of arrival.
	⇒ <i>2-Date Left First Location:</i>	Select date of departure or leave blank if still at that location.
	⇒ <i>3-City</i>	Enter city patient traveled to.
	⇒ <i>3-State</i>	Select state patient traveled to.
	⇒ <i>3-Country</i>	Select country patient traveled to.
	⇒ <i>3-Date Arrived at First Location:</i>	Select date of arrival.
	⇒ <i>3-Date Left First Location:</i>	Select date of departure or leave blank if still at that location.
	⇒ <i>Additional travel destinations or information:</i>	Enter similar information for additional travel sites and any additional relevant information such as mode of transportation and flight/cruise information.

Investigation	NBS Field Name	Description/Instructions
	→ Does the patient have any signs and symptoms? If yes, please select status of each of the following.	Select Yes, No, or Unknown.
	⇒ <i>Fever:</i>	Select Yes, No, or Unknown.
	⇒ <i>Maximum fever measured:</i>	Enter highest measured temp in °F or type subjective.
	⇒ <i>Cough:</i>	Select Yes, No, or Unknown.
	⇒ <i>Sore throat:</i>	Select Yes, No, or Unknown.
	⇒ <i>Shortness of breath:</i>	Select Yes, No, or Unknown.
	⇒ <i>Chills:</i>	Select Yes, No, or Unknown.
	⇒ <i>Headache:</i>	Select Yes, No, or Unknown.
	⇒ <i>Myalgia (muscle pain):</i>	Select Yes, No, or Unknown.
	⇒ <i>Vomiting:</i>	Select Yes, No, or Unknown.
	⇒ <i>Abdominal pain:</i>	Select Yes, No, or Unknown.
	⇒ <i>Diarrhea:</i>	Select Yes, No, or Unknown.
	⇒ <i>Other, specify:</i>	Type description of other symptoms.
	→ 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.
	→ Was the patient admitted to ICU?	Select Yes, No, or Unknown.
	⇒ <i>Date admitted to ICU:</i>	Select date admitted to ICU.
	⇒ <i>Was the patient intubated?</i>	Select Yes, No, or Unknown.
	→ Was the patient on ECMO?	Select Yes, No, or Unknown.
	⇒ <i>See mechanical ventilator questions at end of form under Additional Information</i>	
	⇒ <i>Is patient isolated at home?</i>	Select Yes, No, or Unknown.
	⇒ <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.
	→ Does the patient have any underlying health conditions? If yes please select status of each of the following:	Select Yes, No, or Unknown.
	⇒ <i>Diabetes:</i>	Select Yes, No, or Unknown.
	⇒ <i>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>Immunocompromised:</i>	Select Yes, No, or Unknown.
	⇒ <i>List other health conditions:</i>	Enter a list of other significant underlying health conditions.

Investigation	NBS Field Name	Description/Instructions
⇒	<i>Influenza rapid Ag A test result:</i>	Select Indeterminate, Negative, Not Done, Pending, or Positive.
⇒	<i>Influenza rapid Ag B test result:</i>	Select Indeterminate, Negative, Not Done, Pending, or Positive.
⇒	<i>Influenza rapid Ag A/B test result:</i>	Select Indeterminate, Negative, Not Done, Pending, or Positive.
⇒	<i>Influenza A PCR test result:</i>	Select Indeterminate, Negative, Not Done, Pending, or Positive.
⇒	<i>Influenza B PCR test result:</i>	Select Indeterminate, Negative, Not Done, Pending, or Positive.
⇒	<i>RSV test result:</i>	Select Indeterminate, Negative, Not Done, Pending, or Positive.
⇒	<i>Human metapneumovirus test result:</i>	Select Indeterminate, Negative, Not Done, Pending, or Positive.
⇒	<i>Parainfluenza 1-4 test result:</i>	Select Indeterminate, Negative, Not Done, Pending, or Positive.
⇒	<i>Adenovirus test result:</i>	Select Indeterminate, Negative, Not Done, Pending, or Positive.
⇒	<i>Rhinovirus test result:</i>	Select Indeterminate, Negative, Not Done, Pending, or Positive.
⇒	<i>Enterovirus test result:</i>	Select Indeterminate, Negative, Not Done, Pending, or Positive.
⇒	<i>Coronavirus (OC43, 229E, HKU1, NL62) test result:</i>	Select Indeterminate, Negative, Not Done, Pending, or Positive.
⇒	<i>Mycobacteria pneumoniae test result:</i>	Select Indeterminate, Negative, Not Done, Pending, or Positive.
⇒	<i>Chlamydia pneumoniae test result:</i>	Select Indeterminate, Negative, Not Done, Pending, or Positive.
⇒	<i>Other test result:</i>	Select Indeterminate, Negative, Not Done, Pending, or Positive.
⇒	<i>Specify other:</i>	Enter "other" test type.
⇒	<i>COVID 1 Result:</i>	Select Indeterminate, Negative, Not Done, Pending, Positive.
⇒	<i>COVID 1 Test Type:</i>	Select 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 (OC43, 229E, HKU1, NL63), Mycoplasma pneumoniae, Chlamydia pneumoniae, Other
⇒	<i>COVID 1 Other Test Type:</i>	Describe other test type
⇒	<i>COVID 1 Specimen Type:</i>	Select Bronchoalveolar lavage, NasoPharyngeal Swab, OroPharyngeal swab, Postmortem, Serum, Sputum, Stool, Tracheal aspirate, Urine, or Other
⇒	<i>COVID 1 Other Specimen Type:</i>	Describe "other" specimen type.
⇒	<i>COVID 1 Postmortem Specimen Type:</i>	Describe "other" postmortem specimen type.
⇒	<i>COVID 1 Specimen ID:</i>	Enter specimen ID.
⇒	<i>COVID 1 Date Collected:</i>	Enter date specimen was collected.
⇒	<i>COVID 1 Date Resulted:</i>	Enter date specimen was resulted.

Investigation	NBS Field Name	Description/Instructions
	⇒ COVID 1 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 1 Commercial Lab Name:	Enter name of commercial or hospital lab reporting the test result.
	⇒ COVID 2 Result:	Select Indeterminate, Negative, Not Done, Pending, Positive.
	⇒ COVID 2 Test Type:	Select 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 (OC43, 229E, HKU1, NL63), Mycoplasma pneumoniae, Chlamydia pneumoniae, Other
	⇒ COVID 2 Other Test Type:	Describe other test type
	⇒ COVID 2 Specimen Type:	Select Bronchoalveolar lavage, NasoPharyngeal Swab, OroPharyngeal swab, Postmortem, Serum, Sputum, Stool, Tracheal aspirate, Urine, or Other
	⇒ COVID 2 Other Specimen Type:	Describe "other" specimen type.
	⇒ COVID 2 Postmortem Specimen Type:	Describe "other" postmortem specimen type.
	⇒ COVID 2 Specimen ID:	Enter specimen ID.
	⇒ COVID 2 Date Collected:	Enter date specimen was collected.
	⇒ COVID 2 Date Resulted:	Enter date specimen was resulted.
	⇒ COVID 2 Lab:	Select CDC, Commercial, DSHS State Lab 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, or LRN - Tyler UTHSCT/PHLET
	⇒ COVID 2 Commercial Lab Name:	Enter name of commercial or hospital lab reporting the test result.
	⇒ COVID 3 Result:	Select Indeterminate, Negative, Not Done, Pending, Positive.
	⇒ COVID 3 Test Type:	Select 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 (OC43, 229E, HKU1, NL63), Mycoplasma pneumoniae, Chlamydia pneumoniae, Other
	⇒ COVID 3 Other Test Type:	Describe other test type
	⇒ COVID 3 Specimen Type:	Select Bronchoalveolar lavage, NasoPharyngeal Swab, OroPharyngeal swab, Postmortem, Serum, Sputum, Stool, Tracheal aspirate, Urine, or Other
	⇒ COVID 3 Other Specimen Type:	Describe "other" specimen type.

Investigation	NBS Field Name	Description/Instructions
	⇒ COVID 3 Postmortem Specimen Type:	Describe "other" postmortem specimen type.
	⇒ COVID 3 Specimen ID:	Enter specimen ID.
	⇒ COVID 3 Date Collected:	Enter date specimen was collected.
	⇒ COVID 3 Date Resulted:	Enter date specimen was resulted.
	⇒ COVID 3 Lab:	Select CDC, Commercial, DSHS State Lab 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, or LRN - Tyler UTHSCT/PHLET
	⇒ COVID 3 Commercial Lab Name:	Enter name of commercial or hospital lab reporting the test result.
	⇒ On mechanical ventilation:	Select Yes, No, or Unknown.
	⇒ If yes, total days on mechanical ventilation:	Enter number of days. If ongoing, enter number of days and through date, e.g., 3 days as of 4/20/20

NBS Entry Guidelines for Notification

Notifications are required for confirmed and probable cases.