

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Online Reporting Card User Guide

Updated 5/9/2014

Online Reporting Card User Guide

- **1.** Log into Epi-Tracks with the user's username (Firstname-Lastname) and password.
 - a. The username is not case-sensitive, but the password is case-sensitive.
 - b. If the user has forgotten their password, they can click on "*Forgot your password*" to reset it.
 - c. The user can also reset their password once they are logged into the system by clicking on "*Reset Password*".
 - i. Note: the system will force the user to change their password every 90 days.



2. After reading the "User Agreement" statement, check the "I agree" box.



3. Select "Physician Card" from the drop-down list.



🗹 I agree

4. The Information Sections can be *collapsed* (minus button) or *expanded* (plus button) based on the user's preference.

Physician Reporting Logout		
00	Validate and Save	٤]
Patie Expand All Sections		
Patient Name		
Last Name A	First Name A Middle Name	
If hospitalized, chart number		

- **5.** Enter all required fields (noted in red)
 - a. If you have additional patient or physician information, please enter it into the Online Reporting Card.
 - b. It is highly encouraged that *all* information is completed on the Online Reporting Card to assist with public health investigations.

Patient Name				
Last Name	First Nan	ne 🗛	Middle Name	
If hospitalized, chart number				
Patient Address				
Street 1				
Street 2				
State	City	Zip	County	
Mississippi 💌				
Patient Phone Number/SSN				
Home Phone	Ext.	Work Phone	Ext.	SSN
Patient Date of Birth				
Date of Birth A Age A		Age Unit Was this	s a child enrolled in a da	ycare center?
Sex/Ethnicity	Race (Select All That	Apply) A		
Sex	□ W/bite	D American Indian an Alaska Nativa	_	
		American innian nr Aracica Manua	Native Hawaiia	n or other Pacific Islander
			Native Hawaiia	n or other Pacific Islander
Ethnicity	Asian	Black or African American	□ Native Hawaiia	n or other Pacific Islander
Ethnicity		Black or African American	Q Other	n or other Pacific Islander
Pregnant during Illness?	Asian	Black or African American Occupation (Select All	Other	n or other Pacific Islander
Pregnant during Illness?	Asian	Black or African American Occupation (Select All	Other	n or other Pacific Islander
Pregnant during Illness?	EDC or Delivery Date T	Coccupation (Select All Coccupation (Select All Coccupation (Select All Coccupation (Select All Cother (specify)	Other	n or other Pacific Islander
Pregnant during Illness?	EDC or Delivery Date T	Black or African American Occupation (Select All Other (specify)	Other	n or other Pacific Islander
Pregnant during Illness?	EDC or Delivery Date T	Coccupation (Select All Occupation (Select All Other (specify)	Other That Apply)	n or other Pacific Islander
Pregnant during Illness?	EDC or Delivery Date T	Coccupation (Select All Occupation (Select All Other (specify)	Other That Apply)	n or other Pacific Islander
Pregnant during Illness?	EDC or Delivery Date T	Black or African American Occupation (Select All Other (specify)	Onset	n or other Pacific Islander
Pregnant during Illness? if yes EDC or Delivery Date Disease or Condition Information Disease Name A Select a Disease	EDC or Delivery Date T	Coccupation (Select All Occupation (Select All Other (specify)	Onset	n or other Pacific Islander
Pregnant during Illness?	EDC or Delivery Date T	Coccupation (Select All Occupation (Select All Other (specify)	Onset	n or other Pacific Islander

6. Patient Address

- a. "State" defaults to Mississippi.
- b. If "Mississippi" is selected:
 - i. The "*City*" and "*Zip*" fields have predictive text capability.
 - ii. The user can enter either the "*City*" or "*Zip*" and the predictive text will list possible matches.
 - iii. In the "*City*" field, either a city's name or zip code can be entered.

Patient Information			
Patient Name			
Last Name A	First Name A	Middle Name	
If hospitalized, chart number			
Patient Address			
Street 1			
123 MAIN STREET			
Street 2			
State	City	Zip County	
Mississippi 💽	JACK		
Definit Dhana Number/CCN	JACKSON 39201)
Patient Phone Number/SSN	JACKSON 39202		
Home Phone	JACKSON 39203	Ext. SSN	
	JACKSON 39204]
Patient Information	ACKSON 39204		
Patient Information	ACKSON 39204		
Patient Information Patient Name	ACKSON 39204	Middle Name	
Patient Information Patient Name Last Name	ACKSON 39204	Middle Name	
Patient Information Patient Name Last Name If hospitalized, chart number	First Name	Middle Name	
Patient Information Patient Name Last Name If hospitalized, chart number	First Name	Middle Name	
Patient Information Patient Name Last Name If hospitalized, chart number	First Name ▲	Middle Name	
Patient Information Patient Name Last Name If hospitalized, chart number Patient Address	First Name	Middle Name	
Patient Information Patient Name Last Name Last Name If hospitalized, chart number Patient Address Street 1 I23 MAIN STREET	First Name	Middle Name	
Patient Information Patient Name Last Name Last Name If hospitalized, chart number Patient Address Street 1 123 MAIN STREET Street 2	First Name	Middle Name	
Patient Information Patient Name Last Name Last Name If hospitalized, chart number Patient Address Street 1 123 MAIN STREET Street 2	First Name	Middle Name	
Patient Information Patient Name Last Name Last Name If hospitalized, chart number Patient Address Street 1 123 MAIN STREET Street 2 State	ACKSON 39204	Middle Name	
Patient Information Patient Name Last Name Last Name If hospitalized, chart number Patient Address Street 1 123 MAIN STREET Street 2 State Mississippi	First Name A	Zip County	
Patient Information Patient Name Last Name Last Name If hospitalized, chart number Patient Address Street 1 123 MAIN STREET Street 2 State Mississippi ▼	City 39201 JACKSON	Zip County	
Patient Information Patient Name Last Name Last Name If hospitalized, chart number Patient Address Street 1 123 MAIN STREET Street 2 State Mississippi ▼ Patient Phone Number/SSN	ACKSON 39204 First Name ▲ City 39201 JACKSON 39202	Zip County	
Patient Information Patient Name Last Name Last Name If hospitalized, chart number Patient Address Street 1 123 MAIN STREET Street 2 State Mississippi ▼ Patient Phone Number/SSN Home Phone	City 3920 3920 3920 JACKSON 39202 JACKSON 39203 JACKSON	Zip County	

6. Patient Address (cont.)

- b. If "Mississippi" is selected (cont.):
 - iv. Once the city or zip code is selected, the "*City*", "*Zip*" and "*County*" fields will auto-populate.

Patient Address				
Street 1				
123 MAIN STREET				
Street 2				
State	City	Zip	County	
Mississippi 💽	JACKSON	39203	HINDS	
Street 2 State Mississippi	City JACKSON	Zip 39203	County	

- c. If another state is selected, the "*City*" and "*Zip*" can be manually entered.
- **7.** When entering the patient's *"Home Phone"*, *"Work Phone"* or *"SSN"*, the fields will autoformat (i.e., the user will not have to put dashes in the fields).
 - a. For example, a patient's "*Home Phone*" can be entered as 6015555555 and the system will auto-format the phone number to 601-555-5555.
 - b. An area code is required.
- **8.** Multiple Races can be selected for a patient.
 - a. If "Unknown" is checked, this will clear all other selections.
- **9.** All date fields (e.g., Patient Date of Birth, Onset Date, etc.) have a calendar date picker that automatically appears when the user is in that field.
 - a. The calendar date picker highlights the current date in yellow.
 - b. The user can also enter the month/day/year in the format of mmddyy (no dashes required) and the date will auto-format.
 - c. For example, the user can enter 100113 for the "Onset Date" and the system will auto-format the date to 10/01/2013.

Disease or Condition Information								
Disease Name		Onset	Date					
AAA Disease		10/0	1/13					
Method of Diagnosis A		0	<i>Oc</i> t		▼ 20	013	T	
		Su	Мо	Ти	We	Th	Fr	Sa
Lab Test Results				1	2	3	4	5
		6	7	8	9	10	11	12
Person Providing Report		13	14	15	16	- 17	18	19
	1	20	21	22	30	31	23	20
Attending Physician			20	20	50	51		

10. If the user selects hepatitis, an STD (gonorrhea, chlamydia, or syphilis) or a mycobacterial/non-mycobacterial disease in the "*Disease Name*" field, then an additional information section will appear.

isease or Condition Information	Note that the sections progress from "Disease or Condition		
sease Name 🔺	Information" to "I ab Test Results" prior to selecting a "Disease Name"		
Select a Disease	information to Lub rest nesatis phor to selecting a Disease Name .		
ethod of Diagnosis A			
ab Test Results			
Disease or Condition Information			
Disease Name	When one of the above listed "Disease Names" is selected, an		
Hepatitis B, Acute	additional information section appears before the "Lab Test Results".		
lethod of Diagnosis A			
lepatitis Specific Information			
Hepatitis Laboratory Information	Hepatitis Chemistry Results		
Laboratory Name	Laboratory Name		
Specimen Source	Specimen Source		
Date Specimen Obtained	Date Specimen Obtained Date of Chemistry Test		
Henatitis A IoM antibody Henatitis B IoM core	antibodySGOT(AST)		
Hepatitis C antibody Jaundiced?	Normal Pango		
	v Normai Kange		
	SGPT(ALT)		
	Normal Range		

- **11.** If "Laboratory" or "Both Clinical and Laboratory" are selected in the "Method of Diagnosis" field, the user must enter at least one Lab Test Result.
 - a. The "Laboratory Name" has predictive text capability and is populated with all Mississippi hospitals and most reference laboratories (e.g., LabCorp, Quest, ARUP, etc.).
 - i. The user can begin typing the laboratory's name and the predictive text will list possible matches.
 - ii. Select the "Laboratory Name" from the possible matches.
 - iii. If a match does not exist, then the "*Laboratory Name*" can be manually entered.

Disease or Condition Information	
Disease Name 🔺 Onset Date	
Select a Disease	
Method of Diagnosis	
Laboratory	•
Lab Test Results	
Lab Test Result 1 Lab Test Result 2 Lab Test Result 3	
aboratory Name A	
hospital	
ANDERSON HOSPITAL - SOUTH CAMPUS	
Baptist Memorial Hospital - Booneville	
Baptist Memorial Hospital - DeSoto	
Baptist Memorial Hospital - Golden Triangle	-

b. Up to three Lab Test Results can be entered.

i. Note the required fields in red.

Lab Test Results			
Lab Test Result 1	Lab Test Result 2 Lab Test Result 3		
Laboratory Name A			
AAA HOSPITAL			
Specimen Source		Т	Date Specimen Obtained A
		•	
Test Name A		Ĩ	Test Result A

12. Attending Physician section

- a. The "Attending Physician Last Name" and "Attending Physician First Name" have predictive text capability and are populated with Mississippi licensed physicians.
- b. The user can enter either the "*Last Name*" or "*First Name*" and the predictive text will list possible matches.

Attending Physician			
Title	Last Name byers BYERS, MICHAEL (JACKSON MEDIC	Filst Name	Date of Report 10/24/2013
Facility	BYERS, PAUL (MISSISSIPPI STATE HEALTH)	Ext.	Email
Street 1			
Street 2			
State	City	Zip	County
Attending Physician			
Title	Last Name	First Name paul PAUL BIERMAN	Dat of Report 10, 24/2013
Facility		PAUL BRACEY (ST. D Pro HOSP) PAUL BYERS (MISSI	SSIPPI STATE DEPT OF HEALTH)
Street 1			
Street 2			
State	City	Zip	County

- 12. Attending Physician section (cont.)
 - a. Once the correct physician is identified from the list, his or her contact information will auto-populate into the additional *Attending Physician* fields
 - i. *Note*: If the auto-populated information is not correct, these fields can be edited.

Attending Physician			
Title M.D.	Last Name BYERS	First Name PAUL	Date of Report 10/24/2013
Facility MISSISSIPPI STATE D	EPT OF HEALTH	Phone Ext. Email 601-576-2666 PAUL.BY	YERS@MSDH.STATE.MS.US
Street 1 MISSISSIPPI STATE D	EPT OF HEALTH		
Street 2 570 EAST WOODRO	W WILSON		
State Mississippi	City JACKSON	Zip 39216	County HINDS

13. Once all required and additional information has been entered into the Online Reporting Card, click the "*Validate and Save*" button.

Attending Physician	
0	Individual case reports of influenza-like illnesses are not required. Mississippi State Department of Health Revised 09-15-2011 Form No. 135
	Validate and Save

- **14.** Once the "Validate and Save" button is clicked, a pop-up window will appear stating a "Successful Submission" of the record.
 - a. This pop-up window will let the user know which disease was submitted to MSDH.
 - b. If a Class 1 disease is submitted, the user is instructed to call MSDH <u>within 24</u> <u>hours</u> to complete their reporting responsibility (the MSDH reporting phone numbers are included in the text box).
- **15.** The user can either click the "Logout" or "Submit a new report" button.
 - a. The "Logout" button will securely end the user's session.
 - i. After **15 minutes** of inactivity, the system will automatically log the user out.
 - ii. After this period of inactivity, any un-submitted information on the Online Reporting Card will not be saved or submitted to MSDH.
 - b. The "Submit a new report" button will allow the user to create and submit a new disease report to MSDH.

Epi Tracks		
Physician Reporting Logout		
0 0	Validate and Save Disease that was reported to MSDH	
	Successful Submission Class 1 disease report	
Patient Information		
Disease or Condition Infor	Thank you for submitting a disease report to the Microsophi State Department of Health. You have successfully submitted a report of AAA Disease, which is a Class 1 disease.	
Lab Test Results Person Providing Report	Class 1 diseases and conditions require an immediate public health response and must be reported directly to the Mississippi State Department of Health (MSDH) by telephone within 24 hours of first knowledge or suspicion. Submission of this information through this website does NOT relieve the reporter of their obligation to call and report.	
Attending Physician	Reporting Hotline: 1-800-556-0003, Monday - Friday, 8:00am - 5:00pm For Nights, Weekends, Holidays please call: (601) 576-7400	
θ		
	Logout or Submit a new report	
v		
	Logout Submit a new report	

Contact and Additional Information

Online Reporting Contacts

Theresa Kittle (601) 576-7725 <u>Theresa.Kittle@msdh.ms.gov</u>

Alisha Brinson (601) 576-7725 <u>Alisha.Brinson@msdh.ms.gov</u>

MSDH Office of Epidemiology

Mailing Address Office of Epidemiology Mississippi State Department of Health Post Office Box 1700 Jackson, Mississippi 39215-1700

Reporting Numbers **Phone**: (601) 576-7725 or (800) 556-0003, M-F, 8am – 5pm

(601) 576-7400 on nights, weekends and holidays

Fax: (601) 576-7497

Helpful Websites

Epi-Tracks website for Online Reporting: <u>https://apps.msdh.ms.gov/epitracks/</u>

MSDH Reportable Diseases Information: http://msdh.ms.gov/msdhsite/_static/14,0,194.html