

Washington Disease Reporting System

Hepatitis (B & C) Disease Instruction

Manual

Washington State Department of Health
Office of Infectious Diseases &
Office of Communicable Disease Epidemiology



2023





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This guide is non-exhaustive and only includes fields that need additional explanation. Please direct questions on topics not covered in this guide to Hepatitis@doh.wa.gov.

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KEY to Symbols	
	Pay particular attention
	Remember to save the patient record

Contact the Washington State Department of Health Hepatitis B & C Programs:
Hepatitis@doh.wa.gov



Supplementary WDRS training materials can be found on the [main WDRS page](#), [Hepatitis WDRS page](#), and [WDRS User Community SharePoint](#).

Disclaimer: The examples used in this reference guide are fictitious. Any resemblance between any person or case illustrated in this reference guide and an actual person or case is purely coincidental.

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Getting Started

The Washington Disease Reporting System (WDRS) Hepatitis Disease Model is used to report cases of hepatitis to the Washington State Department of Health (DOH). WDRS must be accessed through [SecureAccess Washington \(SAW\)](#).



If you are unable to login to SAW, call Service Central at **360-236-4357**. It will help to have your error message ready.

Once you are logged into WDRS through SAW, search for a patient or create a new patient record from the **WDRS Home Page**. For guidance on how to **Search for a Patient** or **Create a New Event**, refer to the general [WDRS Reference Guide](#).

Washington Disease Reporting System Staging 02/20/2017 Home ? Enter Case ID or Search Term... Search Heidi Iyall

Workflows

Workflow Queue	Events
No workflows to display	
More ...	

Tasks

Type	Priority	Full Name	Disease
No tasks to display			
More ...			

Recent Cases

Event ID	Full Name	Disease
No Recent Cases		
More ...		

Welcome To Washington Disease Reporting 02/20/2017

This is customizable area for deployment specific dashboard content. To get started, please review the latest [user guide](#).

Calendar

[Manage appointments](#)

Activity

Activity Summary as of 02/22/2017 02:41 PM

Type	# Last Week	# Average Last 4 Weeks	# Last 52 Weeks
Lead adult	1	0	1
TB contact	3	0	3
TB disease	58	14	58
TB infection	1	0	1

Help Desk

[Contact Us](#) [Email Us](#)
1-800-SUPPORT help@support.org

Once you have created, or found, a patient event, the **Event Summary** screen will be displayed.

Event Summary

Washington Disease Reporting System Staging 02/20/2017 Enter Case ID or Search Term... Search Heidi Iyall

Basic Information

Event ID:	100000071
External ID:	100000071
Disease:	TB disease
Person:	Papa Smurf Birth Date: 02/22/1950 (67 yo Male)
Dates:	Create Date: 02/22/2017
Type:	Interactive
Investigation Status:	Open
Linked Events/Contacts:	0 linked event(s)/contact(s) (View)
Attachments:	0 attachment(s) (Add)

Notes (Add/Edit | Show My Notes)

Question Packages

Question Package	Person	Last Update	Updated By	Status
Administrative	Papa Smurf	02/22/2017	Heidi Iyall [hiyall]	Incomplete
Demographics	Papa Smurf	02/22/2017	Heidi Iyall [hiyall]	Incomplete
Risk	Papa Smurf	02/22/2017	Heidi Iyall [hiyall]	Incomplete
Diagnostics and Evaluation	Papa Smurf	02/22/2017	Heidi Iyall [hiyall]	Incomplete
Treatment	Papa Smurf	02/22/2017	Heidi Iyall [hiyall]	Incomplete
Additional Information	Papa Smurf	02/22/2017	Heidi Iyall [hiyall]	Completed
CDC Notification	Papa Smurf	02/22/2017	Heidi Iyall [hiyall]	Completed

Event Data | Lab Results | Concerns | Persons | Tasks | Calendar | Event Properties | Event History

View Question Package | Wizards | View Wizard

There are two ways to enter data for a new event in WDRS: use **Wizards** or use individual **Question Packages**. Both can be found at the bottom of the **Event Summary Screen**.

Question Packages

Question Package	Person	Last Update	Updated By	Status
Administrative	Test Patient	05/22/2018	Jennifer Hubber [JHubber]	Incomplete
Communications	Test Patient	05/22/2018	Jennifer Hubber [JHubber]	Incomplete
Demographics	Test Patient	05/22/2018	Jennifer Hubber [JHubber]	Incomplete
Clinical Evaluation	Test Patient	05/22/2018	Jennifer Hubber [JHubber]	Incomplete
Pregnancy	Test Patient	05/22/2018	Jennifer Hubber [JHubber]	Completed
Laboratory Diagnostics	Test Patient	05/22/2018	Jennifer Hubber [JHubber]	Incomplete
Exposure	Test Patient	05/22/2018	Jennifer Hubber [JHubber]	Incomplete
Linkage to Care	Test Patient	05/22/2018	Jennifer Hubber [JHubber]	Incomplete
Insurance	Test Patient	05/22/2018	Jennifer Hubber [JHubber]	Completed
Death	Test Patient	05/22/2018	Jennifer Hubber [JHubber]	Completed
PH Issues & Actions	Test Patient	05/22/2018	Jennifer Hubber [JHubber]	Incomplete
CDC Notification	Test Patient	05/22/2018	Jennifer Hubber [JHubber]	Completed

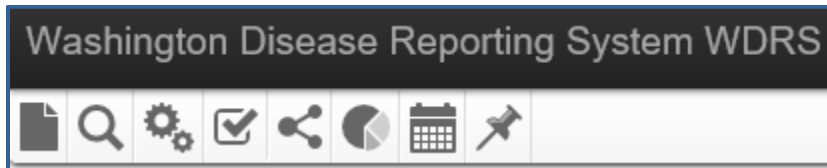
Event Data | Lab Results | Concerns | Persons | Tasks | Surveys | Calendar | Event Properties | Event History

View Question Package | Wizards | View Wizard



Question package, or tabular, entry requires you to enter data through individual question packages and choose the fields to input. Wizards, however, are condition-specific and take relevant questions from the different question packages to create one page for data entry. Wizards are the recommended method for data entry. See the [Wizards](#) section to learn more.

WDRS Toolbar



The toolbar displays icons that initiate most activities. It can be found at the top left-hand side of the WDRS Home Screen. **Your role will determine which icons you see.** The toolbar will change depending on your activities in WDRS. The icons listed below are the most widely available action items in WDRS.



Create Event – used to create a new event.



Search Event / Search Case – used to search for an existing event, based on various search criteria (such as case name).



Workflow / Workflow Queue – used to view user workflow queues. Workflow queues are designed to bring attention to events that need user action. Please see the section on [Workflows](#) in this guide for additional information about Hepatitis B & C-specific workflows.



Tasks – used to assign and update statuses of specific tasks.



Reports / Maven Reporting – used to view, print, and export reports from data entered in WDRS including line list, tabular and extract reports that can be customized for local or state use.

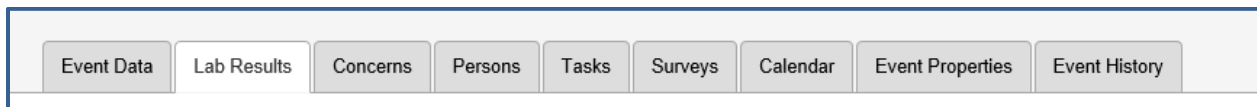


View User Calendar – user tool for adding and viewing tasks, meetings, appointments, and more.



Recent Events – provides easy access to the previous 20 events that have been viewed by the current user.

WDRS Tabs on the Event Summary Page



Event Data - The Event Data tab is where the questions packages for this event are located. Question packages are used to view and edit information on an event.

Lab Results - The Lab Results tab is where you add and review labs for this event. This is also where electronic lab reports will be viewable.

Concerns - The Concerns tab is where you can view any concern for the event. A concern is an important issue that could affect the event. There are two types of concerns: 1) a system-generated concern is automatically generated by WDRS and is used to highlight important characteristics of the event (potential data entry issues, pediatric case, multidrug resistance, etc.; and, 2) a user-generated concern is created by the user to bring attention to an issue.


Persons - The Persons tab provides details about the person associated with the event and is used to add or update identifying and contact information about the person.

Tasks - The Tasks tab provides information about any task associated with an open event. You can add Tasks here.

Calendar - The WDRS Calendar tab provides a simple solution for organizing team meetings, client appointments, and resources usage.

Event History - The Event History tab provides a history of when the event was created and updated, including details about what changes were made to a question package and who made them. It can provide a helpful snapshot of the history of changes made to the event. This history is displayed at the question package level, not by individual question.

Tips and Tricks

- Hover over the **information icon** for more information about a question/field. 
- Some questions have **additional drop-down questions** that may not be visible until you select an answer for the question in view.





- Pay attention to **red text**, which may indicate concerns or incomplete sections needing your attention.
- **Please leave fields blank if the question was not asked or is not applicable.** Select “Unknown” only when there was an attempt to get the information and the answer is unknown.



- **Save early and often!** The WDRS system will automatically time out due to inactivity after 20 minutes, and there is no autosave function.
- The handling of **uncertain dates** in WDRS varies by program area. For Hepatitis:
 - If month and year are known and you can make a close estimate of the day (e.g. got sick “a week ago”), pick a day.
 - If the month and year are known and you cannot make a close estimate of the day (e.g. got sick “in March”), input the first of the month for that month and year. Note: Select “Derived” = “Yes” when you cannot make a close estimate of the day.
 - If the date is completely unknown, leave the field blank. This is especially important for the symptom onset date.
- Some **greyed out fields** do not allow changes to be made on the current screen. If changes to these fields are needed, make the change on the page where the information was originally entered.

For example, if you are navigating a wizard, you cannot change Date of birth or Sex directly in the wizard.

DEMOGRAPHICS	
* Date of birth 	<input type="text" value="01/01/1990"/>
* Sex 	Female ▾
* Ethnicity	<input type="text"/>

To modify these particular fields, you need to return to the **Edit Person** screen.

Manage Person

Edit Person

First Name:*	Middle Name:	Last Name:*
<input type="text" value="Daisy"/>	<input type="text"/>	<input type="text" value="Duck"/>
Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date:	Sex assigned at birth:	Social Security Number:
<input type="text" value="01/01/1990"/>	<input type="text" value="Female"/> ▼	<input type="text"/>

- Anywhere you see an **“Add New”** link, you may click on it to make additional entries for that question (called a repeatable question). Repeatable questions are indicated throughout this guide with a diamond symbol (◆).

Information Tracking	
Subtype	Acute ▼
OK to talk with patient	Yes ▼
* Interview performed	Yes ▼
* Date of patient interview	05/01/2018 Add New
Interview type	▼
Interview stage	▼
* Interviewer	<input type="text"/>
Communications	
Information source	Internal ▼ Add New
* Date	MM/DD/YYYY

- When the magnifying glass or **search icon** appears next to a field, click on the icon to search for a response from a preexisting list.

* Investigator

Best practice is to enter the first two or three letters of the name followed by an asterisk (*). This is called the **Wildcard Function**, which searches for terms that match the initial characters input and unknown characters following the asterisk.

For example, for a search of Providence Hospital, you could type “Pr*”. This would pull up options that start with “Pr”. For more information on this function, see the general [WDRS Reference Guide](#).

Search Party

Search Criteria

Type:

Status: Active

Full Name: Pr*

City:

State:

Zip Code:

Street:

Phone:

Sort Options

Sort By: Name

Sort Order: Ascending

Search Results

Search Result

Name

Primary Care

Primary Care

Primary Care

Primary Care

Primary Health

Primary Inf Cli

Primary Inf Cli

Primerica Life

Proliance Surg

Prosser Mem

Showing 1 to

- To edit **Person information**, such as address or vital status, navigate to the **Event Summary** screen, click on the **Persons** tab, and select “Edit Person” (option 1). You can also click on the hyper-linked name of the person in the **Basic Information** section and select “Edit Person” (option 2).

Option 1.

Event Data Lab Results Concerns **Persons** Tasks

Persons

Name	Sex assigned at birth
▶ Test Patient	Female

Edit Person

Option 2.

Event Summary	
Basic Information	
Event ID:	10000084
Disease:	Hepatitis C
Person:	Fake Patient Birth Date: 01/01/1990 (28 yo Female)
Dates:	Create Date: 05/08/2018
Type:	Interactive
Investigation Status:	Open (Change to Closed)
Linked Events/Contacts:	0 linked event(s)/contact(s) (View)
Linked Exposure Sites:	0 linked exposure site(s) (View)
Attachments:	0 attachment(s) (Add)
Notices:	Workflow Status (1) Event is in workflows (View List)
	General Notifications (1) Vital Status: Alive
<input type="button" value="Edit Event Properties"/> <input type="button" value="Copy Event"/>	

Contact Information					
Type	Address	County	Country	GIS Info	Action
Home * Primary	WA	King County	USA	Incomplete Data	Edit Delete
<input type="button" value="Edit Person"/>					

ELR-Created Events

New events that are created as a result of an Electronic Laboratory Report (ELR) will appear in a [workflow](#).

Manually Entering Event Data into WDRS: Overview

- 1.) Search for an existing [event/case](#) or person.
 - **Always search for an existing event or person before creating a new event or new person.**
 - Please see the general [WDRS Reference Guide](#) for more information.
- 2.) If event/person is not found in the system, create a new event (for this case or person) and enter as much information as possible.
 - The minimum information required to create an event is first and last name for the person, as well as their reported disease condition.
 - It is important to include as much information as possible when creating an event because information entered is used to populate other fields.
 - Please see the general [WDRS Reference Guide](#) for more information.



- 3.) Add, edit, and review lab results under the **Lab Results** tab on the **Event Summary** page.
 - Please see the lab sections of this guide for more information: [Laboratory Diagnostics](#) chapter and [Appendix A](#).
- 4.) Use a wizard to enter additional data.
 - Please see the [Wizards](#) section of this guide for more information.
 - If you need to enter lab results, refer to step 3.
- 5.) Navigate each question package individually as necessary to enter data that is not captured in the wizards.
 - Refer to individual [Question Package](#) sections of this guide for more information

Persons Who Have Been Reported as Both Acute and Chronic Cases

In the Hepatitis model, if a person has had both acute and chronic subtype information reported for a disease (Hepatitis B or Hepatitis C), then **both types of information are entered in the same event**. The following screenshot depicts a Hepatitis C event that has both acute and chronic subtypes confirmed. **Disease Status** is located in either the [Administrative question package](#) or through the applicable [Wizard](#):

Disease Status	
Select 'Yes' to enter data for an ACUTE hepatitis C case	Yes ▾
Confirm acute case	<input checked="" type="checkbox"/> Yes
By: Hepatitis WDRS	
Date and time: 05/14/2018 03:39 PM	
Unlock	<input type="checkbox"/> Yes
Select 'Yes' to enter data for a CHRONIC hepatitis C case	Yes ▾
Confirm chronic case	<input checked="" type="checkbox"/> Yes
By: Hepatitis WDRS	
Date: 05/14/2018	
Unlock	<input type="checkbox"/> Yes
Timestamp	05/14/2018
Select 'Yes' to enter data for a PERINATAL case	▾



When new labs indicate that a formerly acute case has become a chronic infection, the Chronic disease status should be **added** to the event record – **do not change** the disease status from Acute to Chronic **or you will lose all data entered in the Acute fields**.

Within a question package, groups of fields that are associated with a particular subtype (i.e. acute, chronic or perinatal) will be indicated by a descriptive header. The following screenshots are an example of these headers in the [Administrative question package](#):

Chronic Event Administration	
Chronic Case ID	C-100000020
Select the reporting address to assign the county of diagnosis.	

Acute Event Administration	
Acute Case ID	A-100000020
Select the reporting address to assign the county of diagnosis.	

Transferring and Sharing Events/Cases

Event/Case Belongs to Another Jurisdiction

If a person was incorrectly reported to your jurisdiction, you can transfer events/cases by updating the reporting address. Once the **County of diagnosis (accountable county)** field is updated in the [Administrative question package](#) (also available in [Wizards](#)), the new county will now have view and edit permissions. It will also enter one of the open event workflows of the other county, as long as the **LHJ record complete date** field in the Administrative question package (also available in Wizards) is empty.



WARNING: If you did not create the event, you may lose access to the event after updating the **County of diagnosis (accountable county)** field to a new jurisdiction. Refer to the [Sharing an Event](#) quick reference guide for an alternative way to share events with another jurisdiction.

Event/Case Has Moved to Another Jurisdiction and You Would Like the New County to Have Edit Permissions

If you receive event information (e.g. lab results) that indicates that a person's residential county has changed (but the accountable county should stay the same), you may update the event's **Managing county** in the **Administrative question package**. This will allow that jurisdiction to edit the event. Please note that only the most recent managing county will have edit permissions (i.e. managing county permissions are not cumulative). The accountable county will always have edit permissions:

Case Management	
Managing county notification date <input type="checkbox"/>	05/14/2018 <input type="button" value="Add New"/>
Managing county	Adams County ▼
LHJ case ID	<input type="text"/>
User	Hepatitis WDRS
Notes	<input type="text"/>

Managing county notification date (◆)

- Input the date it became known the case had moved to a new jurisdiction.

Managing county

- Input the county where the patient now lives.

LHJ case ID

- If the new LHJ has a unique ID for this case, they can use this field to record it.

User

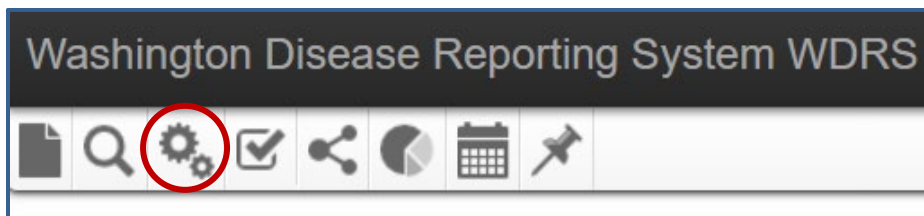
- Automatically populated when “Managing county notification date” is input.

Notes

- A place for the user to record any notes about the jurisdiction change.

NOTE: Contact WA DOH at Hepatitis@doh.wa.gov if you would like access to an existing event to input additional information or to review data for case management purposes, but do not have permissions because the event’s accountable county is in a different jurisdiction.

Workflows



About Workflows

Washington Disease Reporting System (WDRS) includes workflows that organize events and the work that needs to be done on them. Workflows allow the user to keep track of Hepatitis

events that may need to be investigated, reviewed, or completed. **They capture records created from 1) manual entry and 2) labs reported electronically that are automatically imported into WDRS.**



Most workflow queries update every 10 minutes or more. The frequency is based on the criticality of the workflow, as well as the burden on the system. Please allow 10 minutes or more before looking for changes that should cause an event to enter or exit a workflow.

This chapter contains a brief summary of the workflows available to Hepatitis investigators.

Hepatitis Workflow Categories

Each workflow display shows the workflow queues, the total count of events in the workflow, the priority, and when the workflow was last updated. The categories of workflows for hepatitis are “New events,” “Open events,” and “Review needed.”

Below are all workflows available to Hepatitis investigators.

Hepatitis B Workflows

HEP.B03 - New HBV events [LHJ]				
☆	HEP - Potential acute HBV cases [LHJ]	0	Very High	09/07/2022 03:27 PM
☆	HEP - Potential HDV cases [LHJ]	0	High	09/07/2022 03:27 PM
☆	HEP - Potential perinatal HBV cases [LHJ]	0	High	09/07/2022 03:27 PM
☆	HEP - Potential chronic HBV cases [LHJ]	0	Medium	09/07/2022 03:27 PM
☆	HEP - New, unspecified HBV events [LHJ]	5	Low	09/07/2022 03:24 PM
HEP.B04 - Open HBV events [LHJ]				
☆	HEP - Open acute HBV events [LHJ]	2	Very High	09/07/2022 03:15 PM
☆	HEP - Open perinatal HBV events [LHJ]	0	Very High	09/07/2022 03:15 PM
☆	HEP - Open HDV events [LHJ]	0	High	09/07/2022 03:15 PM
☆	HEP - Open chronic HBV events for persons born 1992 or later [LHJ]	0	High	09/07/2022 03:15 PM
☆	HEP - Open chronic HBV events [LHJ]	1	Medium	09/07/2022 03:27 PM
HEP.B05 - HBV review needed [LHJ]				
☆	HEP - Acute HBV events that have become chronic infections [LHJ]	0	Medium	09/07/2022 03:14 PM
☆	HEP - HBV events where pregnancy is indicated [LHJ]	0	Medium	09/07/2022 03:15 PM
☆	HEP - HBV labs that need manual review [LHJ]	0	Medium	09/07/2022 03:15 PM
☆	HEP - HBV women of CBA to assess pregnancy [LHJ]	0	Medium	09/07/2022 03:15 PM
☆	HEP - Non-reportable chronic HBV events with new labs [LHJ]	0	Medium	09/07/2022 03:15 PM
☆	HEP - Perinatal HBV events that have become chronic infections [LHJ]	0	Medium	09/07/2022 03:15 PM
☆	HEP - HBV events that need case follow-up	0	Low	09/07/2022 02:26 PM

Hepatitis C Workflows

HEP.C03 - New HCV events [LHJ]				
☆	HEP - Potential acute HCV cases [LHJ]	0	Very High	09/07/2022 03:27 PM
☆	HEP - Potential perinatal HCV cases [LHJ]	0	High	09/07/2022 03:27 PM
☆	HEP - Potential chronic HCV cases [LHJ]	18	Medium	09/07/2022 03:27 PM
☆	HEP - New, unspecified HCV events [LHJ]	0	Low	09/07/2022 03:24 PM
HEP.C04 - Open HCV events [LHJ]				
☆	HEP - Open acute HCV events [LHJ]	6	Very High	09/07/2022 03:15 PM
☆	HEP - Open perinatal HCV events [LHJ]	3	Very High	09/07/2022 03:15 PM
☆	HEP - Open chronic HCV events for persons born 1992 or later [LHJ]	1	High	09/07/2022 03:15 PM
☆	HEP - Open chronic HCV events [LHJ]	22	Medium	09/07/2022 03:27 PM
☆	HEP - Open low-priority chronic HCV events [LHJ]	2	Low	09/07/2022 03:24 PM
HEP.C05 - HCV review needed [LHJ]				
☆	HEP - Acute HCV events that have become chronic infections [LHJ]	0	Medium	09/07/2022 03:14 PM
☆	HEP - Chronic HCV events with new ELRs [LHJ]	0	Medium	09/07/2022 03:14 PM
☆	HEP - HCV labs that need manual review [LHJ]	0	Medium	09/07/2022 03:27 PM
☆	HEP - Non-reportable chronic HCV events with new labs [LHJ]	0	Medium	09/07/2022 03:15 PM
☆	HEP - Perinatal HCV events that have become chronic infections [LHJ]	0	Medium	09/07/2022 03:15 PM
☆	HEP - HCV events that need case follow-up	1	Low	09/07/2022 01:56 PM

ELR-Created Events

New events that are created as a result of an Electronic Laboratory Report (ELR) can be accessed in the **New events** workflow category. Events in these workflows will require review to determine whether they are acute, chronic, or perinatal cases. ELR may also attach to existing events and prompt additional follow-up; these events will flow into the **Review needed** workflow category.

Hepatitis Workflow Columns

The display for each Hepatitis (HEP) workflow has a list of events that meet the criteria for the workflow. The columns of the display provide the identifying information for each event:

- Event – the case ID is an active link that will take you directly to the Event Summary screen.
- Full Name – last name and first name for case.
- Status – whether the event is open or closed.
- Create Date – the date the event was created in WDRS.
- Disease – condition associated with the event.
- Last Update – last date any update was made.
- Assigned To – person(s) to whom tasks for the event are assigned. (This is different from “Investigator.” This column displays the people to whom **Tasks** are assigned for the event.)

- Assigned To Group – group to whom the event is assigned.

Workflow Details - HEP - Open Acute Hepatitis B events [LHJ]								
HEP - Open Acute Hepatitis B events [LHJ] (Last Update: 05/16/2018 01:46 PM)								
<input type="checkbox"/>	Event	Full Name	Status	Create Date	Disease	Last Update	Assigned To	Assigned To Group
<input type="checkbox"/>	100000021	One, Person	Open	05/16/2018	Hepatitis B and D	05/16/2018		
<input type="checkbox"/>	100000002	Patient, Pretend	Open	05/14/2018	Hepatitis B and D	05/16/2018	Izumi Chihara	

You can sort events in your workflow by clicking on any column header. You can filter events that appear in the workflow by selecting a “Filter:” dropdown option, selecting the field for the filter, entering a condition, and clicking “Apply.” For example, you could filter for the disease as Hepatitis (includes all types) and then add an additional condition for last name. Click “Clear” to remove the filter.

Workflow Details - GCD open events that are immediately notifiable [LHJ]								
GCD open events that are immediately notifiable [LHJ] (Last Update: 05/15/2018 09:04 AM)								
<input type="checkbox"/>	Event	Disease	Last Name	First Name	Birth Date	Investigator	Accountable county	Create Date
<input type="checkbox"/>	100000005Virtual Question Packages • Cholera	Cholera	Test	Cholera		Jennifer Hubber	Pierce County	05/15/2018

Filter: Contains
 Displaying 1...1 of 1 ([Export All](#))

<< First < Prev 1 / 1 Next > Last >>

GCD open events that are immedi		
<input type="checkbox"/>	Event	Disease
<input type="checkbox"/>	100000005Virtual Question Packages • Cholera	Cholera

Filter:

- Event
- Disease
- Last Name
- First Name
- Birth Date
- Investigator
- Accountable county
- Create Date

Assigning Events in a Workflow

You may assign a specific user or group to one or more events in a workflow. To assign an event, check the box(es) to the left of the “Event” column and select a user or group using the party picker magnifying glass icons. Click the “Assign” button. The main workflow page will now indicate which workflows contain events assigned to the user or group you have selected.

Workflow Details - HEP - Hepatitis C cases with unconfirmed subtype [LHJ]

Sort

HEP - Hepatitis C cases with unconfirmed subtype [LHJ] (Last Update: 06/20/2018 04:23 PM)

Event	Full Name	Status	Create Date	Disease	Last Update	Assigned To	Assigned To Group
150000063	Ludgate, April	Open	05/23/2018	Hepatitis C	05/23/2018		

Filter: Full Name Contains | Apply Clear Displaying 1...1 of 1 (Export) First < Prev 1 / 1 Next > Last >>

Assign to user: [] [Assign to me] Assign to group: [] [Assign] [Reassign]

This functionality will effectively assign the user or group a **Task**, as shown on the **WDRS Home Page**. View the [Tasks](#) section of this document or the for more information.

Type	Priority	Full Name	Disease
Assignment	Medium	MAGENTA, RYAN20 T	Hepatitis B and D
Assignment	Medium	Ludgate, April	Hepatitis C

[More...](#)

Navigate to the **Workflows** page to keep track of events assigned to you. The workflow is named “Open Cases – Assigned to Current User” under the **Case Specific Monitors** category:

Case Specific Monitors	
☆ Open Cases - Assigned to Current User	1 (1)

Summary of Hepatitis Workflows and Expected User Actions

There are 3 different categories of Hepatitis workflows for the local health jurisdiction user:

1. New events
2. Open events
3. Review needed

Tables 1 through 6 describe workflows found in each category, expected user actions, and workflow priority level.

Table 1. HEP.B03 New HBV events [LHJ]

Workflow	Description	Expected User Action	Priority
HEP - Potential acute HBV cases [LHJ]	Potential HBV cases that may be acute based on lab information.	Exits when subtype is confirmed.	Very High
HEP – Potential HDV cases [LHJ]	Events with a positive HDV test but Hepatitis D co-infected is not confirmed.	Exits when HDV co-infected is confirmed.	High
HEP - Potential perinatal HBV cases [LHJ]	Potential HBV cases that may be perinatal based on lab information, and age is less than or equal to 24 months.	Exits when subtype is confirmed.	High
HEP – Potential chronic HBV cases [LHJ]	Potential chronic HBV cases.	Exits when subtype is confirmed. Users may select events and utilize the “Mark as chronic” button to batch confirm events as chronic.	Medium
HEP – New, unspecified HBV events [LHJ]	New, unspecified HBV events that do not fall under the criteria or potential acute, chronic, or perinatal cases.	Exits when subtype is confirmed.	Low

Table 2. HEP.C03 New HCV events [LHJ]

Workflow	Description	Expected User Action	Priority
HEP - Potential Acute HCV cases [LHJ]	Potential HCV events that may be acute based on high ALT and/or BIL values. Enters when an event with unconfirmed subtype has an ALT >	Exits when subtype is confirmed.	Very High

	200 or BIL \geq 3.0, and age $>$ 40 months.		
HEP – Potential perinatal HCV cases [LHJ]	Positive HCV test results and age \leq 40 months.	Exits when subtype is confirmed.	High
HEP – Potential chronic HCV cases [LHJ]	Potential chronic HCV cases. No ALT $>$ 200, no bilirubin \geq 3, and age $>$ 40 months.	Exits when subtype is confirmed. Users may select events and utilize the “Mark as chronic” button to batch confirm events as chronic.	Medium
HEP – New, unspecified HCV events [LHJ]	New, unspecified HCV events that do not fall under the criteria of potential acute, chronic, or perinatal cases.	Exits when subtype is confirmed.	Low

Table 3. HEP.B04 Open HBV events [LHJ]

Workflow	Description	Expected User Action	Priority
HEP - Open acute HBV events [LHJ]	Acute HBV events that need to be completed. Enters when acute subtype is marked.	Exits when “LHJ record complete date” is entered.	Very High
HEP – Open perinatal HBV events [LHJ]	Perinatal HBV events that need to be completed. Enters when perinatal subtype is marked.	Exits when "LHJ record complete date" is entered.	Very High
HEP – Open HDV events [LHJ]	Events with Hepatitis D co-infection indicated.	Exits when “LHJ record complete date” is entered.	High

HEP - Open chronic Hepatitis B events for persons born 1992 or later [LHJ]	Chronic HBV events that may warrant investigation, due to potentially having a higher risk of transmitting disease. Enters when Chronic HBV events with a date of birth of 1/1/92 or later are created.	Exits when "LHJ record complete date" is entered.	High
HEP - Open chronic HBV events [LHJ]	Chronic HBV events that need to be completed. Enters when chronic subtype is marked.	Exits when "LHJ record complete date" is entered.	Medium

Table 4. HEP.C04 Open HCV events [LHJ]

Workflow	Description	Expected User Action	Priority
HEP - Open acute HCV events [LHJ]	Acute HCV events that need to be completed. Enters when acute subtype is marked.	Exits when "LHJ record complete date" is entered.	Very High
HEP - Open perinatal HCV events [LHJ]	Perinatal HCV events that need to be completed. Enters when perinatal subtype is marked.	Exits when "LHJ record complete date" is entered.	Very High
HEP – Open chronic HCV events for persons born 1992 or later [LHJ]	Chronic HCV events that may warrant investigation, due to potentially having a higher risk of transmitting disease. Enters when Chronic HBV events with a date of birth of 1/1/92 or later are created.	Exits when "LHJ record complete date" is entered.	High
HEP - Open chronic HCV events [LHJ]	Chronic HCV events that need to be completed. Enters when chronic subtype is marked.	Exits when "LHJ record complete date" is entered.	Medium
HEP – Open low-priority chronic HCV events [LHJ]	Low-priority chronic HCV events (baby boomers, confirmed or probable) open for >90 days.	Exits when "LHJ record complete date" is entered. Can also use "Complete investigation" bulk action button.	Low

Table 5. HEP.B05 HBV review needed [LHJ]

Workflow	Description	Expected User Action	Priority
HEP – HBV events where pregnancy is indicated [LHJ]	HBV events where at least one lab indicates the person may be pregnant.	Exits when all labs where “WDRS pregnancy indicated” = Yes is marked “Lab report reviewed - LHJ” = Yes	High
HEP - Acute HBV events that have become chronic infections [LHJ]	Acute HBV events that may have become chronic infections based on new lab information. (See Persons Who Have Been Reported as Both Acute and Chronic Cases)	Exits when subtype is confirmed as "Chronic."	Medium
HEP – HBV labs that need manual review [LHJ]	HBV events where at least 1 lab has “WDRS test performed” and/or “WDRS result summary” = <i>Manual review</i> .	Exits when “WDRS test performed” and/or “WDRS result summary” are updated to any value other than <i>Manual review</i> .	Medium
HEP - HBV women of CBA to assess pregnancy [LHJ]	HBV events with most recent “Date that the individual was assessed for pregnancy” > 4 months prior to the positive new lab, for events where “Sex” = Female and “Age” is 12-50. *This workflow is currently available to a subset of jurisdictions. Reach out to Hepatitis@doh.wa.gov if you would like to utilize this workflow.	In “Pregnancy” question package, indicate whether pregnancy status associated with the most recent lab where pregnancy is indicated = Yes, No or Unknown. Populate “assessment date” with the date pregnancy was assessed.	Medium
HEP – Non-reportable chronic HBV events with new labs [LHJ]	HBV events that may have been misclassified as non-reportable	Exits when “LHJ record complete date” is updated OR if LHJ case	Medium

	based on available or new lab information.	classification is updated.	
HEP – Perinatal HBV events that have become chronic infections [LHJ]	Perinatal HBV events that have become chronic infections based on new lab information.	Exits when subtype is confirmed as "Chronic."	Medium
HEP – HBV events that need case follow-up	HBV events that need case follow-up.	Exits when "Follow-up completed or no longer needed" = Yes in Workflow-Specific question package.	Low

Table 6. HEP.C05 HCV review needed [LHJ]

Workflow	Description	Expected User Action	Priority
HEP – Acute HCV events that have become chronic infections [LHJ]	Acute HCV events that may have become chronic infections based on new lab information. (See Persons Who Have Been Reported as Both Acute and Chronic Cases)	Exits when subtype is confirmed as "Chronic."	Medium
HEP – Chronic HCV events with new ELRs [LHJ]	Completed chronic HCV events with a new Clark County ELR(s) with a specimen collection date of 01/01/19 or later (or NULL). *This workflow is currently available to a subset of jurisdictions. Reach out to Hepatitis@doh.wa.gov if you would like to utilize this workflow.	Exits when "Lab report reviewed - LHJ" = Yes.	Medium
HEP – HCV labs that need manual review [LHJ]	HCV events where at least 1 lab has "WDRS test performed" and/or "WDRS	Exits when "WDRS test performed" and/or "WDRS	Medium

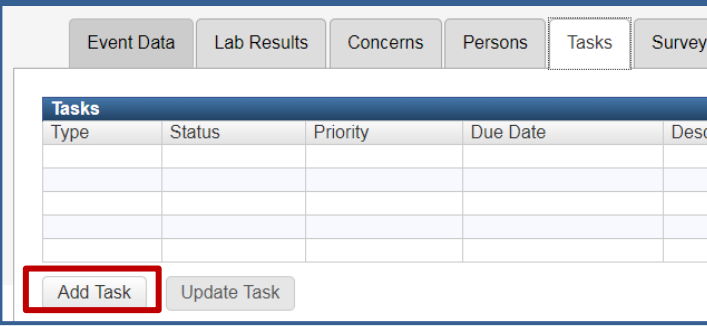
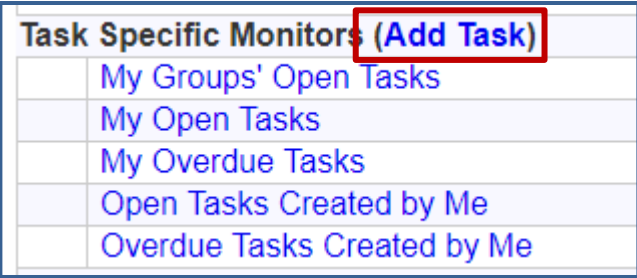


	result summary” = Manual review.	result summary” are updated to any value other than <i>Manual review</i> .	
HEP – Non-reportable chronic HCV events with new labs [LHJ]	HCV events that may have been misclassified as non-reportable based on available or new lab information.	Exits when “LHJ record complete date” is updated OR if LHJ case classification is updated.	Medium
HEP – Perinatal HCV events that have become chronic infections [LHJ]	Perinatal HCV cases that have become chronic infections based on new lab information.	Exits when subtype is confirmed as “Chronic.”	Medium
HEP – HCV events that need case follow-up	HCV events that need case follow-up.	Exits when “Follow-up completed or no longer needed” = Yes in Workflow-Specific question package.	Low

Tasks

Tasks are activities that need to be completed for an event/case. Tasks are a way for you to delegate work and can be assigned to specific users or groups. They can have a due date and are updated manually as they are completed.

Tasks can be viewed and created in three places and the functionality can be different depending upon where you initiate the create task action:

Where task is created	How to create task	Visual of where to create task
-----------------------	--------------------	--------------------------------

<p>From within an event using the Tasks tab on the Event Summary screen</p>	<p>If you select the “Add Task” button on the Tasks tab, you may only create an event-specific task.</p>	
<p>From the Workflow Queues page under the Task Specific Monitors category</p>	<p>If you select the “Add Task” link from the Workflow page (under Task Specific Monitors), you can only create a general (non-event-specific) task.</p>	
<p>From the Tasks icon on the Dashboard toolbar</p>	<p>If you click the Tasks icon  on the toolbar, you can create both – the task can be associated with the currently active event (if one is active) or it can be non-event-specific</p>	

An example of a task that would be associated with a specific event is to ask a user to follow up on laboratory results. An example of a non-event specific task would be to ask a user (or group) to review lab results for all of the hepatitis events that have been received in their jurisdiction recently to check for similarities.

Assigning Tasks to the DOH Hepatitis Team

When communicating with the DOH Hepatitis team through WDRS, it is best to assign tasks to the Hepatitis B or Hepatitis C groups (rather than an individual user) in case a staff member is out of the office. You can assign either general or event-specific tasks:

For Hepatitis B: **HEP Statewide Hepatitis B/D edit**

For Hepatitis C: **HEP Statewide Hepatitis C edit**

You can find both groups by searching with a wildcard: hep statewide*

Search Group																			
Search Criteria		Search Results																	
Full Name: <input type="text" value="hep statewide*"/>		<table border="1"> <thead> <tr> <th colspan="4">Search Results</th> </tr> <tr> <th>Full Name</th> <th>Description</th> <th>Type</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>HEP Statewide Hepatitis B/D edit</td> <td>HEP Statewide Hepatitis B/D edit</td> <td>County</td> <td>Enabled</td> </tr> <tr> <td>HEP Statewide Hepatitis C edit</td> <td>HEP Statewide Hepatitis C edit</td> <td>County</td> <td>Enabled</td> </tr> </tbody> </table>		Search Results				Full Name	Description	Type	Status	HEP Statewide Hepatitis B/D edit	HEP Statewide Hepatitis B/D edit	County	Enabled	HEP Statewide Hepatitis C edit	HEP Statewide Hepatitis C edit	County	Enabled
Search Results																			
Full Name	Description	Type	Status																
HEP Statewide Hepatitis B/D edit	HEP Statewide Hepatitis B/D edit	County	Enabled																
HEP Statewide Hepatitis C edit	HEP Statewide Hepatitis C edit	County	Enabled																
Type: <input type="text"/>																			
Status: <input type="text" value="Enabled"/>																			
<input type="button" value="Search"/>	<input type="button" value="Clear"/>																		

For more details on creating, editing, and completing tasks, see the [WDRS Quick Reference Guide](#).

Reports

Various reports are available to Hepatitis investigators. Refer to the [WDRS Quick Reference Guide](#) for a general overview on how to run a report. For more information on available reports, please email the viral hepatitis team at Hepatitis@doh.wa.gov.

Event Data Tab - Question Packages

Question packages can include (as applicable): [Administrative](#), [Communications](#), [Demographics](#), [Clinical Evaluation](#), [Pregnancy](#), [Birth](#), [Laboratory Diagnostics](#), [Exposure](#), [Linkage to Care](#), [Insurance](#), [Death](#), [PH Issues & Actions](#), [CDC Notification](#), [External data](#), and [Workflow-Specific](#). Users may disregard the **CDC Notification** Question Package, which will be used by the DOH Hepatitis Program. To open a Question Package, double click on the question package name or single click to highlight the name and click on the “View Question Package” button at the bottom of the list.

Administrative Question Package




Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

This section captures information on disease subtype (acute, chronic, or perinatal), reporting sources, case management, and information on disease outbreak.

Hepatitis B & C

Disease Status

Disease Status	
Select 'Yes' to enter data for an ACUTE hepatitis C case	Yes ▾
Confirm acute case	<input checked="" type="checkbox"/> Yes
By: Jennifer Hubber	
Date and time: 05/08/2018 11:56 AM	
Unlock	<input type="checkbox"/> Yes
Select 'Yes' to enter data for a CHRONIC hepatitis C case	▾
Select 'Yes' to enter data for a PERINATAL case 	▾

Disease subtype







The disease subtype (acute, chronic, and/or perinatal) will default to pending when an event is first created.

Confirm subtype

- Select “Yes” to confirm subtype (acute, chronic, or perinatal) as soon as possible. Additional question packages will become available after subtype is confirmed.
- **After confirming subtype: removing the subtype in the Administrative question package after data has been entered will result in data loss.**
- **If you believe there is a need to change an event from acute/perinatal to chronic, or vice versa, first reach out to Hepatitis@doh.wa.gov to verify that data loss will not occur.** Events may be reportable as acute or perinatal in one year, but chronic in a later year; in this scenario, both acute or perinatal and chronic subtypes should remain selected.



Report Source(s)

Report Source(s)	
* Report source 	Healthcare provider ▾ Add New
* Report date	02/06/2018 
Report subtype	Acute ▾
Reporter	Not answered  
Organization	Not answered  
Telephone	<input type="text"/>
Legacy DOH case classification	▾

Report source (◆)

- This field is for documenting the source(s) that reported the hepatitis event to the investigator (e.g. via a lab report or reporting form).
- **Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date** (see below).

- **Report subtype** indicates for which disease subtype (acute, chronic or perinatal) the report was made. This is an important field to complete in order to distinguish report sources for a case that may have multiple disease subtypes (i.e. an acute case that becomes chronic).

Event Administration

Acute Event Administration	
Acute Case ID	<input type="text"/>
Select the reporting address to assign the county of diagnosis.	
Street address	<input type="text"/>
Street address 2	<input type="text"/>
City	<input type="text"/>
State	WA ▾
Zip code	<input type="text"/>
County	Grant County
Country	USA
Address type	Home ▾
Address within city limits	<input type="text"/>
Washington state resident	Yes ▾
* County of diagnosis (accountable county)	Grant County ▾
County of diagnosis (accountable county) override	<input type="text"/>
Record creation date	05/08/2018
* LHJ notification date	05/01/2018
* Investigator	<input type="text"/>
* Investigation start date	05/02/2018
* Investigation status	In progress ▾
LHJ investigation complete date	MM/DD/YYYY
LHJ case classification	Confirmed ▾
* LHJ record complete date	<input type="text"/>
<p style="color: red;">LHJ record complete date will remain locked until all of the following fields have been answered: 1 - County of diagnosis (accountable county), 2 - LHJ notifications date, 3 - Investigator, 4 - Investigation Start Date, and 5 - Investigation Status</p>	

Address Information

- Select the address at the time of reporting in Washington State. The county of diagnosis (accountable county) will autofill based on address selected.
- To edit or add an address, navigate to the **Event Summary** screen, click on the **Persons** tab, and select “Edit Person.” You can also click on the hyper-linked name of the person in the **Basic Information** section and select “Edit Person” (see [Tips and Tricks](#)).
- If the record was created by an Electronic Laboratory Report (ELR) submission, the address will be entered into the person record automatically; you will still need to select the reporting address using the address selection link in the **Administrative** question package.
- If a residential address is not available, the address of the provider or laboratory will be used to assign a record to an accountable county.

- To enter address information for a person experiencing homelessness, select “Other” for **Address Type**, then select “Homeless” for **Residence Type**.

LHJ notification date

- Enter the date that the LHJ was notified of the event.
- The **LHJ notification date** can be different than the **Report date**. For example, if King County received a Pierce County lab result dated 2/1 and sent the lab to Pierce County on 2/5, the **Report date** would be 2/1 and the **LHJ notification date** would be 2/5.

Investigator

- Use this field to record the investigator responsible for this event.
- Select the **search icon** to search for and select your WDRS username (this is the same as your SAW user ID).



* Investigator 

Search User

Search Criteria

Username:

Last Name:

First Name:

Status: ▼

Role: ▼

Group: ▼

Investigation start date

- The investigation start date is the date the investigator initiated action on the event.

Investigation status

- The investigation status must be marked as “Complete,” “Complete – not reportable to DOH,” or “Unable to complete” to enter a record complete date.

LHJ investigation complete date

- The investigation complete date is entered when an LHJ has completed their active investigation. This date is different than the record complete date.

LHJ record complete date

- The record complete date is entered when the LHJ is ready to complete the event.
- To complete an event, you must have the following fields answered:
 - County of diagnosis (accountable county).
 - LHJ notification date.
 - Investigator.
 - Investigation start date.
 - Investigation status.
 - Disease status. The hepatitis event must have a confirmed subtype (acute, chronic, or perinatal). An event cannot be closed with a pending subtype.
- **Entering a date in this field will lock the acute event information, so all data entry for acute events must be complete before entering a record complete date.**



Case Management

Case Management	
Managing county notification date <input type="text"/>	05/03/2018 <input type="button" value="Add New"/>
Managing county	DOH OID
LHJ case ID	
User	Jennifer Hubber
Notes	

Managing county notification date (♦)

- The managing county field *typically* reflects the current county a patient resides in, if different from the original county of diagnosis/accountable county
- You can add a new managing county by selecting “Add New”
- The most recent managing county will have the ability to edit the record.
- Only the most recent managing county and the original county of diagnosis/accountable county will have the ability to edit the record.

Outbreak

Only used in the event of an Outbreak. Call or e-mail WA DOH viral hepatitis staff (Hepatitis@doh.wa.gov) in the event of an outbreak.

Command Buttons



Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Communications Question Package



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

Use this question package to record information about whether or not the case (patient) was interviewed and document interview attempts by the investigator(s).

Hepatitis B & C Information Tracking

Information Tracking	
Subtype	Chronic ▾
OK to talk with patient	Yes ▾
Interview performed *RETIRED as of 7/28/2022	▾
Contact attempts: Please document all attempts to gather information, including patient interview, provider outreach, or medical record abstraction.	
Contact attempted	Yes ▾
Date of contact attempt ☞	09/08/2022 Add New
Contact attempt type	▾
Contact attempt outcome	▾
Other interviewer (if not a WDRS user)	
Interviewer	
Interviewer's jurisdiction	▾
Was patient acute, chronic or perinatal at the time of contact attempt?	▾
Notes	
Communications	
Information source ☞	Internal ▾ Add New
* Date	MM/DD/YYYY
Time	
User	Hanna Carroll-Day
Notes	

* Indicates required field

Contact attempted


- If yes, additional questions will appear:
 - **Date of contact attempt (◆)** is required to be filled in.
 - **Contact attempt type**
 - Indicate what method of contact was used.
 - **Contact attempt outcome**

- Indicate here what the outcome of the contact attempt was (left message, unable to contact).
 - **Other interviewer**
 - If the interviewer is not a WDRS user, enter their name here (free text field).
 - **Interviewer**
 - If the interviewer is a WDRS user, search for and select their name here.
 - **Interviewer's jurisdiction**
 - Select the interviewer's county of jurisdiction.
 - **Was patient acute, chronic or perinatal at the time of contact attempt?**
 - Select the patient's subtype here or select unknown.
 - **Notes**
 - Free text space for any additional notes about the contact and interview.
- Multiple interviews can be recorded by selecting the "Add New" button that appears next to **Date of contact attempt**.



Communications

Information source (◆)

- A response to this field triggers additional questions.
 - Document case (patient) interview attempts by the investigator(s) by selecting "**Internal.**"
 - Document communications about the case with a provider or medical facility by selecting "**Provider/medical facility.**"
 - **Provider:** Use the **search icon** to select a provider. It is suggested that you use the [Wildcard Function](#) (see [Tips and Tricks](#)). 
 - **Facility:** Use the **search icon** to select a facility name. It is suggested that you use the [Wildcard Function](#) (see [Tips and Tricks](#)).
 - If the facility name is not on the search results list, type "*not listed" in name box and hit search. Select "**Health Care Facility Not Listed**" or "**Laboratory Not Listed,**" then specify the name of the facility in the free text box provided.
 - Document communications about the case with an informant (e.g. friend, family member, associate) by selecting "**Informant.**"
- Multiple communication attempts can be recorded by selecting the "Add New" button that appears next to **Information source**.





Command Buttons

Click "Save" button to save your changes and return to the **Event Summary** screen. "Save & Stay," "Cancel," and "Help" buttons are also available options.

Demographics Question Package



Please leave fields blank if the question was not asked or is not applicable. Select "Unknown" only when there was an attempt to get the information and the answer is unknown.

Overview

This section captures demographic information such as address, date of birth, race, and ethnicity.

Hepatitis B & C

Screenshots

Alternative Information Source	
Type	Friend Add New
Name	
Phone number	
Email address	
General Demographics	
* Date of birth	01/01/1990
Age at time of reporting	32
* Sex	Female
Current gender	
Transgender	
* Ethnicity	
Race	
Suggested open-ended language if interviewing patient: What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like.	
Indicate ALL race values reported under "Race" and "Additional race(s)" fields.	
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Patient declined to respond <input type="checkbox"/> Unknown <input type="checkbox"/> Other race
*Specify whether American Indian and/or Alaska Native (required if available)	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native
*Specify whether Native Hawaiian and/or other Pacific Islander (required if available)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander
* Additional race(s)	
Country of birth	
Other country of birth (if not listed above)	
Primary/preferred language	
Acute Occupation and Demographic Information	
Patient is employed and/or student (including daycare)	<input type="checkbox"/> Employed <input type="checkbox"/> Student (including daycare) <input type="checkbox"/> Unknown

Address Information

Address Information	
Address is not editable in this question package. To edit or add address, go to the Edit Person screen.	
Chronic Current Address	
Select Current Chronic Address	
Street address	123 Pretend Street
Street address 2	
City	Seattle
State	WA ▼
Zip code	
County	King County
Country	USA
Address type	Home ▼
Address within city limits	Yes ▼

Choose Associated Address						
Available Contact Points						
Start Date	End Date	Address Type	Address	Residence Type	Address Status	Select
01/01/1900	01/01/2030	Home	123 Pretend Street Seattle, WA King County	Private Residence		Select as Official Address
01/01/1900	01/01/2030	Home (Secondary)	789 Fake Avenue Camano Island, WA Island County	Private Residence		Select as Official Address
01/01/1900	01/01/2030	Work	456 Made Up Lane Tacoma, WA Pierce County			Select as Official Address

Address information is not editable in the demographics question package.

Current Address

- For chronic cases, you can select current address from a list of available contact points.










To edit or add an address, return to the **Event Summary** page, click on the **Persons** tab and select “Edit Person” (see [Tips and Tricks](#)).

Alternative Information Source (◆)

Alternative Information Source	
Type ▾	Friend ▼ Add New
Name	FelixCat
Phone number	(123) 456-7891
Email address	FelixCat@gmail.com x

This field is for adding contact information for additional sources of information. Multiple entries are possible by selecting the “Add New” link.

General Demographics

General Demographics	
* Date of birth 	<input type="text" value="01/01/1990"/>
Age at time of reporting	<input type="text" value="32"/>
* Sex 	Female 
Current gender	
Transgender	<input type="text"/>
* Ethnicity	
<p>Race</p> <p>Suggested open-ended language if interviewing patient: What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like.</p> <p>Indicate ALL race values reported under "Race" and "Additional race(s)" fields.</p>	
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Patient declined to respond <input type="checkbox"/> Unknown <input type="checkbox"/> Other race
*Specify whether American Indian and/or Alaska Native (required if available)	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native
*Specify whether Native Hawaiian and/or other Pacific Islander (required if available)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander
* Additional race(s)	
Country of birth	
Other country of birth (if not listed above)	<input type="text"/>
Primary/preferred language	<input type="text"/>  



Sex, Ethnicity, Race, and Additional race(s) are required fields to populate, if data are available.

Date of birth

- This field will autofill based on the birth date entered on the initial **Person** page when the contact was created. To edit birth date information, return to the **Event Summary** page and select the **Persons** tab. Click the "Edit Person" button to manage information about the patient (see [Tips and Tricks](#)).

Age at time of reporting

- This field will autofill based on the birth date entered on the initial **Person** page when the event was first created.

Sex

- This field will autofill based on the sex selected on the initial **Person** page upon event creation. It should be entered as the biological sex of the patient at birth.

- To edit sex information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Race

- Select the patient’s race
 - Specify whether American Indian and/or Alaska Native, if applicable.
 - Specify whether Native Hawaiian and/or other Pacific Islander, if applicable.

Additional Race(s) (◆)

- Select additional races for the patient as necessary. Multiple entries are possible by selecting the “Add New” link.

Primary/preferred language

- Indicate the language the patient prefers for communication by selecting the search icon and entering the name of the language. If you are unsure of spelling you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).
- Once you have found the language desired, select from the list generated below by double clicking on the language or single click on the language and click the “Select” button. You can remove languages with the trash icon next to the window.



Primary/preferred language	Spanish	 
Translator needed	Yes	



Command Buttons

Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Clinical Evaluation Question Package



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

This section is for documenting a case’s medical history.

Hepatitis B

Acute HBV cases

Onset and Diagnosis

Onset and Diagnosis	
Acute Information	
Age at acute diagnosis (years)	18
Illness duration (days)	
* Symptom onset date	MM/DD/YYYY
Derived onset date	▼
* Acute diagnosis date	MM/DD/YYYY

Acute - Reason(s) for Initial Screening (select all that apply)	
Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever)	▼
Asymptomatic <u>with</u> risk factors	▼
Asymptomatic <u>without</u> risk factors	▼
Prenatal screening	▼
Follow-up testing for previous marker of viral hepatitis	▼
Blood/organ donor screening	▼
Elevated liver enzymes	▼
High risk exposure	▼
Other reason for testing	Yes ▼
Specify other reason for testing	
Settings of initial screening	▼

Acute Information

- **Diagnosis date** and **Symptom onset date** are required, if available. Age at acute diagnosis will auto calculate based on date of birth.
- **Derived onset date** indicates whether Symptom onset date is estimated/inexact (“Yes”) or exact (“No”).

Acute – Reason(s) for Initial Screening (select all that apply)

- Prenatal screening can be recorded only for women of childbearing age.
- If there is other reason for testing, specify (free text).





Signs and Symptoms

Signs and Symptoms	
* Discrete onset of symptoms	Yes ▼
* Acute symptoms consistent with hepatitis (such as jaundice, vomiting, diarrhea, abdominal cramps, loss of appetite, fatigue, fever)	Yes ▼
If diarrhea, onset date	MM/DD/YYYY
* Pale stool, dark urine (jaundice)	Yes ▼
If yes, onset date	MM/DD/YYYY




- Fields marked with asterisks (*) in this section are very important for classifying and reporting hepatitis events to CDC.

Hospitalization

Hospitalization	
Hospitalized at least overnight for this illness <input type="checkbox"/>	Yes <input type="button" value="Add New"/>
Hospital - facility name	Not answered  
Hospital record number	<input type="text"/>
Admitted date	MM/DD/YYYY 
Discharged date	MM/DD/YYYY 
Length of stay (days)	<input type="text"/>

Hospitalized at least overnight for this illness (◆)

- If yes, additional questions will appear.
 - **Hospital - facility name:** Use the **search icon** to select a hospital name.  It is suggested that you use the **Wildcard Function** (see **Tips and Tricks**).
 - If the facility name is not on the search results list, type “***not listed**” in name box and hit search. Select **health care facility not listed** in search results box and type out the facility name in the specify hospital field.

Vaccination History

Vaccination History	
Subtype when immunity history assessed	Acute <input type="button" value="v"/>
Washington Immunization Information System (WA IIS) number	<input type="text"/>
Documented immunity to hepatitis A (due to either vaccination or previous infection)	Yes - vaccination <input type="button" value="v"/>
Number of doses of HBV vaccine in past	3 <input type="button" value="v"/>

Documented immunity to hepatitis A (due to either vaccination or previous infection)

- Select “Yes” for this field only if documented doses with dates are available. When patient reports vaccination but no documentation of doses is available, select “Unknown” and make a note on the **Event Summary** dashboard.

Comorbidities

Comorbidities	
Diabetes	Yes <input type="button" value="v"/>
Diabetes diagnosis date	MM/DD/YYYY <input type="button" value="calendar"/>
Cirrhosis	Yes <input type="button" value="v"/>
Cirrhosis diagnosis date	MM/DD/YYYY <input type="button" value="calendar"/>
Ever diagnosed with liver cancer	Yes <input type="button" value="v"/>
Liver cancer diagnosis date	MM/DD/YYYY <input type="button" value="calendar"/>
Decompensated cirrhosis	Yes <input type="button" value="v"/>
Decompensated cirrhosis diagnosis date	MM/DD/YYYY <input type="button" value="calendar"/>
Liver transplant	Yes <input type="button" value="v"/>
Liver transplant diagnosis date	MM/DD/YYYY <input type="button" value="calendar"/>
Renal dialysis	Yes <input type="button" value="v"/>
Renal dialysis diagnosis date	MM/DD/YYYY <input type="button" value="calendar"/>
Chronic kidney disease	Yes <input type="button" value="v"/>
Chronic kidney disease diagnosis date	MM/DD/YYYY <input type="button" value="calendar"/>
Patient ever tested for HIV	Yes <input type="button" value="v"/>
Date of last test	MM/DD/YYYY <input type="button" value="calendar"/>
Test result	<input type="button" value="v"/>

Select yes, no, or unknown to each question on comorbidities.

- If yes, additional questions will appear, such as diagnosis date.
 - For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

Chronic HBV cases

Onset and Diagnosis

Onset and Diagnosis	
Chronic Information	
Year of acute diagnosis date, if known	<input type="text"/>
* Chronic diagnosis date	03/19/2018 <input type="button" value="calendar"/>
Date of diagnosis accuracy	Exact <input type="button" value="v"/>
Date of diagnosis inexact date	03/19/2018
Age at chronic diagnosis (years) i	19
Age at diagnosis (patient reported)	<input type="text"/>
Reason(s) for Initial Screening (select all that apply)	
Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever)	No <input type="button" value="v"/>
Asymptomatic <u>with</u> risk factors	Yes <input type="button" value="v"/>
Asymptomatic <u>without</u> risk factors	<input type="button" value="v"/>
Prenatal screening	Yes <input type="button" value="v"/>
Follow-up testing for previous marker of viral hepatitis	<input type="button" value="v"/>
Blood/organ donor screening	<input type="button" value="v"/>
Elevated liver enzymes	<input type="button" value="v"/>
Other reason for testing	Yes <input type="button" value="v"/>
Specify other reason for testing	<input type="text"/>
Settings of initial screening	OB/GYN clinic <input type="button" value="v"/>

Chronic Information

Chronic diagnosis date is a required field, if available.

- For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

Age at chronic diagnosis

- Age is auto calculated based on birthdate and diagnosis date entered in previous question

Reason(s) for Initial Screening (select all that apply)

- Prenatal screening can be recorded only for women of childbearing age.
- If there is other reason for testing, specify (free text).

Hospitalization

Hospitalization	
Hospitalized at least overnight for this illness	Yes <input type="checkbox"/> Add New
Hospital - facility name	Not answered <input type="text"/>
Hospital record number	<input type="text"/>
Admitted date	MM/DD/YYYY <input type="text"/>
Discharged date	MM/DD/YYYY <input type="text"/>
Length of stay (days)	<input type="text"/>

Hospitalized at least overnight for this illness (◆)

- If yes, additional questions will appear.
 - **Hospital - facility name:** Use the **search icon** to select a hospital name. It is suggested that you use the [Wildcard Function](#) (see [Tips and Tricks](#)).
 - If the facility name is not on the search results list, type “*not listed” in name box and hit search. Select **health care facility not listed** in search results box and type out the facility name in the specify hospital field.

Vaccination History

Vaccination History	
Washington Immunization Information System (WA IIS) number	<input type="text"/>
Documented immunity to hepatitis A (due to either vaccination or previous infection)	Yes - vaccination <input type="text"/>
Number of doses of HAV vaccine in past	1 <input type="text"/>
Number of doses of HBV vaccine in past	<input type="text"/>

Washington Immunization Information System (WA IIS) number

- WA IIS number (if available) should be entered as free text.

Documented immunity to hepatitis A (due to either vaccination or previous infection)

- Select “Yes” for this field only if documented doses with dates are available. When patient reports vaccination but no documentation of doses is available, select “Unknown” and make a note on the **Event Summary** dashboard.

Number of doses of HAV vaccine in past

- Select number of doses the person has received in the past, or if unknown, select “Unknown.” Select “0” if the person has been verified to have been unvaccinated.

Number of doses of HBV vaccine in past

- Select number of doses the person has received in the past, or if unknown, select “Unknown.” Select “0” if the person has been verified to have been unvaccinated.

Comorbidities

Comorbidities	
Diabetes	Yes <input type="button" value="v"/>
Diabetes diagnosis date	MM/DD/YYYY <input type="button" value="c"/>
Cirrhosis	Yes <input type="button" value="v"/>
Cirrhosis diagnosis date	MM/DD/YYYY <input type="button" value="c"/>
Ever diagnosed with liver cancer	Yes <input type="button" value="v"/>
Liver cancer diagnosis date	MM/DD/YYYY <input type="button" value="c"/>
Decompensated cirrhosis	Yes <input type="button" value="v"/>
Decompensated cirrhosis diagnosis date	MM/DD/YYYY <input type="button" value="c"/>
Liver transplant	Yes <input type="button" value="v"/>
Liver transplant diagnosis date	MM/DD/YYYY <input type="button" value="c"/>
Renal dialysis	Yes <input type="button" value="v"/>
Renal dialysis diagnosis date	MM/DD/YYYY <input type="button" value="c"/>
Chronic kidney disease	Yes <input type="button" value="v"/>
Chronic kidney disease diagnosis date	MM/DD/YYYY <input type="button" value="c"/>

Patient ever tested for HCV	Yes <input type="button" value="v"/>
Date of last test	MM/DD/YYYY <input type="button" value="c"/>
Test result	<input type="button" value="v"/>
Patient ever tested for HIV	Yes <input type="button" value="v"/>
Date of last test	MM/DD/YYYY <input type="button" value="c"/>
Test result	<input type="button" value="v"/>

Select yes, no, or unknown for each question on comorbidities.

- If yes, additional questions will appear, such as diagnosis date.
 - For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

Perinatal HBV cases

Onset and Diagnosis

Onset and Diagnosis	
Perinatal Information	
Infant had symptoms of acute hepatitis	Yes ▾
Describe infant's symptoms (check all that apply)	<input type="checkbox"/> Jaundice <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever <input type="checkbox"/> Fatigue <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Loss of appetite (anorexia)
Perinatal diagnosis date	MM/DD/YYYY
Symptom onset date	MM/DD/YYYY
Enter date of testing as onset date.	

Infant had symptoms of acute hepatitis

- Indicate whether symptomatic or asymptomatic.
- If symptomatic, check all that apply for symptoms present.


Symptom onset date

- Enter date of testing as onset date that led to the diagnosis of perinatal hepatitis B infection in this child (i.e., testing that was done after the vaccine series is completed, at 9 months or later).
- This date will be used to calculate CDC year (i.e., the year the case is reported to CDC).

Hospitalization

Hospitalization	
Hospitalized at least overnight for this illness	Yes ▾ Add New
Hospital - facility name	Not answered
Hospital record number	<input type="text"/>
Admitted date	MM/DD/YYYY
Discharged date	MM/DD/YYYY
Length of stay (days)	<input type="text"/>

Hospitalized at least overnight for this illness (◆)

- If yes, additional questions will appear.
 - **Hospital - facility name:** Use the **search icon** to select a hospital name. 
It is suggested that you use the [Wildcard Function](#) (see [Tips and Tricks](#)).

- If the facility name is not on the search results list, type “*not listed” in name box and hit search. Select **health care facility not listed** in search results box and type out the facility name in the specify hospital field.

Infant Vaccination History

Infant Vaccination History	
Washington Immunization Information System (WA IIS) number	<input type="text"/>
Received HBIG	Yes ▾
* Date received	02/05/2018 <input type="text"/>
* Timing of HBIG	0-12 hours after birth ▾
Received hepatitis B containing vaccine	Yes ▾
Number of doses	2 ▾
Date of vaccine administration <input type="text"/>	04/08/2018 <input type="text"/>
Vaccine administered (type)	Single-antigen HBV ▾
Vaccine brand name	Engerix-B ▾
Vaccine lot number	<input type="text"/>
Vaccine manufacturer	<input type="text"/>
Administering provider	Not answered <input type="text"/>
Information source	WIS ▾
Date of vaccine administration <input type="text"/>	05/08/2018 <input type="text"/> Add New
Vaccine administered (type)	HBV combination ▾
Vaccine brand name	Comvax ▾

Washington Immunization Information System (WA IIS) number

- WA IIS number (if available) should be entered as free text.

Documented immunity to hepatitis A (due to either vaccination or previous infection)

- Select “Yes” for this field only if documented doses with dates are available. When patient reports vaccination but no documentation of doses is available, select “Unknown” and make a note on the **Event Summary** dashboard.

Number of doses of HAV vaccine in past

- If yes, additional questions will appear:
 - Number of doses: enter the number of doses.

Hepatitis C

Acute HCV cases

Onset and Diagnosis

Acute Information

Onset and Diagnosis	
Acute Information	
Age at acute diagnosis (years)	32
Illness duration (days)	
Symptom onset date	MM/DD/YYYY
Derived onset date	▼
* Acute diagnosis date	MM/DD/YYYY

Age at acute diagnosis

- Age is auto calculated based on birthdate and diagnosis date.

Derived onset date

- Indicate whether symptom onset date is estimated/inexact (“Yes”) or exact (“No”).

Acute diagnosis date

- This field is required, if available.
- Entering a date here will prompt an additional field that allows you to indicate the accuracy of the diagnosis date (exact, missing days, or missing months and days).
- For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

Acute - Reason(s) for Initial Screening (select all that apply)

Acute - Reason(s) for Initial Screening (select all that apply)	
Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever)	▼
Asymptomatic <u>with</u> risk factors	▼
Asymptomatic <u>without</u> risk factors	▼
Prenatal screening	▼
Follow-up testing for previous marker of viral hepatitis	▼
Blood/organ donor screening	▼
Elevated liver enzymes	▼
High risk exposure	▼
Other reason for testing	▼
Settings of initial screening	▼

Symptoms of acute hepatitis

- Selecting “Yes” will hide the following two questions regarding asymptomatic risk factors.

Prenatal screening

- Prenatal screening can be recorded only for women of childbearing age.

Other reason for testing

- If yes, free text space will appear to specify the other reason for testing.

Signs and Symptoms

Signs and Symptoms	
* Discrete onset of symptoms	Yes ▾
* Acute symptoms consistent with hepatitis (such as jaundice, vomiting, diarrhea, abdominal cramps, loss of appetite, fatigue, fever)	Yes ▾
If diarrhea, onset date	MM/DD/YYYY
* Pale stool, dark urine (jaundice)	Yes ▾
If yes, onset date	MM/DD/YYYY




- Fields marked with asterisks (*) in this section are very important for classifying and reporting hepatitis events to CDC.

Hospitalization

Hospitalization	
Hospitalized at least overnight for this illness <input type="checkbox"/>	Yes ▾ Add New
Hospital - facility name	Not answered
Hospital record number	<input type="text"/>
Admitted date	MM/DD/YYYY
Discharged date	MM/DD/YYYY
Length of stay (days)	<input type="text"/>

Hospitalized at least overnight for this illness (◆)

- If yes, additional questions will appear.
 - **Hospital - facility name:** Use the **search icon** to select a hospital name.  It is suggested that you use the **Wildcard Function** (see **Tips and Tricks**).
 - If the facility name is not on the search results list, type “*not listed” in name box and hit search. Select **health care facility not listed** in search results box and type out the name of the facility in the specify hospital field.

Vaccination History

Vaccination History	
Washington Immunization Information System (WA IIS) number	<input type="text"/>
Documented immunity to hepatitis A (due to either vaccination or previous infection)	<input type="text"/> ▾
Number of doses of HAV vaccine in past	<input type="text"/> ▾
Documented immunity to hepatitis B (due to either vaccination or previous infection)	<input type="text"/> ▾
Number of doses of HBV vaccine in past	<input type="text"/> ▾

Washington Immunization Information System (WA IIS) number

- WA IIS number (if available) should be entered as free text.

Documented immunity to hepatitis A (due to either vaccination or previous infection)

- Indicate source of immunity, if known. If not immune, select “No.” If immune status unknown, select “Unknown.”

Number of doses of HAV vaccine in past

- Select number of doses the person has received in the past, or if unknown, select “Unknown.” Select “0” if the person has been verified to have been unvaccinated.

Documented immunity to hepatitis B (due to either vaccination or previous infection)

- Indicate source of immunity, if known. If not immune, select “No.” If immune status unknown, select “Unknown.”

Number of doses of HBV vaccine in past

- Select number of doses the person has received in the past, or if unknown, select “Unknown.” Select “0” if the person has been verified to have been unvaccinated.

Comorbidities and Screening

Comorbidities and Screening	
Diabetes	Yes <input type="button" value="v"/>
Diabetes diagnosis date	01/01/2022 <input type="button" value="calendar"/>
Date accuracy	Exact <input type="button" value="v"/>
Inexact date	01/01/2022
Cirrhosis	<input type="button" value="v"/>
Ever diagnosed with liver cancer	<input type="button" value="v"/>
Decompensated cirrhosis	<input type="button" value="v"/>
Liver transplant	<input type="button" value="v"/>
Renal dialysis	<input type="button" value="v"/>
Chronic kidney disease	<input type="button" value="v"/>
Patient ever tested for HBV	<input type="button" value="v"/>
Patient ever tested for HIV	Yes <input type="button" value="v"/>
Date of last test	01/01/2022 <input type="button" value="calendar"/>
Date accuracy	Missing days <input type="button" value="v"/>
Inexact date	01/./2022
Test result	Negative <input type="button" value="v"/>

Select yes, no, or unknown for each question on comorbidities and screening

- If yes, additional questions will appear, such as diagnosis date or date of last test.

- Indicate whether the date is exact, missing days, or missing months and days. If missing days or months and days, the “Inexact date” field will update to reflect that after hitting “Save” or “Save & Stay” command button.
- For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

Chronic HCV cases

Onset and Diagnosis

Chronic Information

Onset and Diagnosis	
Chronic Information	
Year of acute diagnosis date, if known	<input type="text"/>
Chronic diagnosis date	11/01/2022
Date of diagnosis accuracy	Exact <input type="button" value="v"/>
Date of diagnosis inexact date	11/01/2022
Age at chronic diagnosis (years)	32
Age at diagnosis (patient reported)	<input type="text"/>

Chronic diagnosis date

- Entering a date here will prompt an additional field that allows you to indicate the accuracy of the diagnosis date (exact, missing days, or missing months and days).
- For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

Age at chronic diagnosis

- Age is auto calculated based on birthdate and diagnosis date.

Chronic – Reason(s) for Initial Screening (select all that apply)

Chronic - Reason(s) for Initial Screening (select all that apply)	
Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever)	<input type="checkbox"/> <input type="button" value="v"/>
Asymptomatic <u>with</u> risk factors	<input type="checkbox"/> <input type="button" value="v"/>
Asymptomatic <u>without</u> risk factors	<input type="checkbox"/> <input type="button" value="v"/>
Prenatal screening	<input type="checkbox"/> <input type="button" value="v"/>
Follow-up testing for previous marker of viral hepatitis	<input type="checkbox"/> <input type="button" value="v"/>
Blood/organ donor screening	<input type="checkbox"/> <input type="button" value="v"/>
Elevated liver enzymes	<input type="checkbox"/> <input type="button" value="v"/>
High risk exposure	<input type="checkbox"/> <input type="button" value="v"/>
Other reason for testing	<input type="checkbox"/> <input type="button" value="v"/>
Settings of initial screening	<input type="text"/> <input type="button" value="v"/>

Symptoms of acute hepatitis

- Selecting “Yes” will hide the following two questions regarding asymptomatic risk factors





Prenatal screening

- Prenatal screening can be recorded only for women of childbearing age.

Other reason for testing

- If yes, free text space will appear to specify the other reason for testing.

Hospitalization

Hospitalization	
Hospitalized at least overnight for this illness <input type="checkbox"/>	Yes <input type="button" value="Add New"/>
Hospital - facility name	Not answered  
Hospital record number	<input type="text"/>
Admitted date	01/01/2018 
Discharged date	MM/DD/YYYY 
Length of stay (days)	<input type="text"/>

Hospitalized at least overnight for this illness (◆)

- If yes, additional questions will appear.
 - **Hospital - facility name:** Use the **search icon** to select a hospital name.



It is suggested that you use the [Wildcard Function](#) (see [Tips and Tricks](#)).

- If the facility name is not on the search results list, type “***not listed**” in name box and hit search. Select **health care facility not listed** in search results box and type out the name of the facility in the specify hospital field.

Vaccination History

Vaccination History	
Washington Immunization Information System (WA IIS) number	<input type="text"/>
Documented immunity to hepatitis A (due to either vaccination or previous infection)	<input type="text" value="v"/>
Number of doses of HAV vaccine in past	<input type="text" value="v"/>
Documented immunity to hepatitis B (due to either vaccination or previous infection)	<input type="text" value="v"/>
Number of doses of HBV vaccine in past	<input type="text" value="v"/>

Washington Immunization Information System (WA IIS) number

- WA IIS number (if available) should be entered as free text.

Documented immunity to hepatitis A (due to either vaccination or previous infection)

- Indicate source of immunity, if known. If not immune, select “No.” If immune status unknown, select “Unknown.”

Number of doses of HAV vaccine in past

- Select number of doses the person has received in the past, or if unknown, select “Unknown.” Select “0” if the person has been verified to have been unvaccinated.

Documented immunity to hepatitis B (due to either vaccination or previous infection)

- Indicate source of immunity, if known. If not immune, select “No.” If immune status unknown, select “Unknown.”

Number of doses of HBV vaccine in past

- Select number of doses the person has received in the past, or if unknown, select “Unknown.” Select “0” if the person has been verified to have been unvaccinated.

Comorbidities and Screening

Comorbidities and Screening	
Diabetes	Yes <input type="button" value="v"/>
Diabetes diagnosis date	01/01/2022 <input type="button" value="calendar"/>
Date accuracy	Exact <input type="button" value="v"/>
Inexact date	01/01/2022
Cirrhosis	<input type="button" value="v"/>
Ever diagnosed with liver cancer	<input type="button" value="v"/>
Decompensated cirrhosis	<input type="button" value="v"/>
Liver transplant	<input type="button" value="v"/>
Renal dialysis	<input type="button" value="v"/>
Chronic kidney disease	<input type="button" value="v"/>
Patient ever tested for HBV	<input type="button" value="v"/>
Patient ever tested for HIV	Yes <input type="button" value="v"/>
Date of last test	01/01/2022 <input type="button" value="calendar"/>
Date accuracy	Missing days <input type="button" value="v"/>
Inexact date	01././2022
Test result	Negative <input type="button" value="v"/>

Select yes, no, or unknown to each question on comorbidities and screening

- If yes, additional questions will appear, such as diagnosis date or date of last test.
 - Indicate whether the date is exact, missing days, or missing months and days. If missing days or months and days, the “Inexact date” field will update to reflect that after hitting “Save” or “Save & Stay” command button.
 - For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

Perinatal HCV cases

Onset and Diagnosis

Onset and Diagnosis	
Perinatal Information	
Infant had symptoms of acute hepatitis	Yes ▾
Describe infant's symptoms (check all that apply)	<input type="checkbox"/> Jaundice <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever <input type="checkbox"/> Fatigue <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Loss of appetite (anorexia)
Perinatal diagnosis date	MM/DD/YYYY
Symptom onset date	MM/DD/YYYY

Infant had symptoms of acute hepatitis

- Select yes, no, or unknown.
- If yes, list of symptoms will appear.
 - Check all that apply

Hospitalization

Hospitalization	
Hospitalized at least overnight for this illness	Yes ▾ Add New
Hospital - facility name	Not answered
Hospital record number	<input type="text"/>
Admitted date	MM/DD/YYYY
Discharged date	MM/DD/YYYY
Length of stay (days)	<input type="text"/>

Hospitalized at least overnight for this illness (◆)

- If yes, additional questions will appear.



- **Hospital - facility name:** Use the **search icon** to select a hospital name. It is suggested that you use the [Wildcard Function](#) (see [Tips and Tricks](#)).
 - If the facility name is not on the search results list, type “*not listed” in name box and hit search. Select **health care facility not listed** in search results box and type out the name of the facility in the specify hospital field.

Vaccination History

Vaccination History	
Washington Immunization Information System (WA IIS) number	<input type="text"/>
Documented immunity to hepatitis A (due to either vaccination or previous infection)	<input type="text" value="v"/>
Number of doses of HAV vaccine in past	<input type="text" value="v"/>
Documented immunity to hepatitis B (due to either vaccination or previous infection)	<input type="text" value="v"/>
Number of doses of HBV vaccine in past	<input type="text" value="v"/>

Washington Immunization Information System (WA IIS) number

- WA IIS number (if available) should be entered as free text.

Documented immunity to hepatitis A (due to either vaccination or previous infection)

- Indicate source of immunity, if known. If not immune, select “No.” If immune status unknown, select “Unknown.”

Number of doses of HAV vaccine in past

- Select number of doses the person has received in the past, or if unknown, select “Unknown.” Select “0” if the person has been verified to have been unvaccinated.

Documented immunity to hepatitis B (due to either vaccination or previous infection)

- Indicate source of immunity, if known. If not immune, select “No.” If immune status unknown, select “Unknown.”

Number of doses of HBV vaccine in past

- Select number of doses the person has received in the past, or if unknown, select “Unknown.” Select “0” if the person has been verified to have been unvaccinated.

Command Buttons



Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Pregnancy Question Package



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

This section captures information on pregnancy and delivery. This section appears only for women aged 11 to 50. This section will not appear if date of birth is not entered.

Hepatitis B & C

Acute and chronic HBV and HCV cases

Pregnancy Information

Pregnancy Information	
Pregnant <input type="checkbox"/>	Yes <input type="button" value="Add New"/>
Date that the individual was assessed for pregnancy	MM/DD/YYYY <input type="button" value="Calendar"/>
Subtype at time of this pregnancy	<input type="button" value="Dropdown"/>
Reported to Perinatal Hepatitis B Prevention Program (PHBPP)	<input type="button" value="Dropdown"/>
* Estimated delivery date	MM/DD/YYYY <input type="button" value="Calendar"/>
Delivery date	MM/DD/YYYY <input type="button" value="Calendar"/>
Delivery hospital	Not answered <input type="button" value="Info"/> <input type="button" value="Delete"/>
OB name	Not answered <input type="button" value="Info"/> <input type="button" value="Delete"/>
OB address	<input type="text"/>
OB phone	<input type="text"/>
Complications during pregnancy	<input type="button" value="Dropdown"/>
Perinatal Hepatitis B Prevention Program (PHBPP) Case ID	<input type="text"/>

Pregnant (◆)

- Multiple instances of pregnancy assessment can be recorded by selecting the “Add New” button. Record whether pregnancy status was “Yes,” “No,” or “Unknown.”

Date that the individual was assessed for pregnancy

- Populate the date that assessment of pregnancy occurred.


Subtype at time of this pregnancy

- Different subtypes (acute or chronic) can be recorded for each instance of pregnancy assessment.

Estimated delivery date

- Estimated delivery date is a required field, if available. If delivery date is completely unknown, leave the field blank. If only the month and year are known, input the 1st for day.

Delivery Hospital

- Use the **search icon** to select a hospital name. It is suggested that you use the [Wildcard Function](#) (see [Tips and Tricks](#)). 
 - If the facility name is not on the search results list, type “***not listed**” in name box and hit search. Select **health care facility not listed** in search results box and type out the name of the facility in the specify hospital field.

OB Name

- Use the **search icon** to select the name of the OB/GYN. If you are unsure of spelling you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).
- Names of providers cannot be manually entered; you must select the name from the search results list.
 - If the provider’s name is not on the search results list, select “Provider not listed” and specify the provider in the field “Provider not listed – specify.”

Perinatal Hepatitis B Prevention Program (PHBPP) Case ID (specific to HBV cases)

- Each pregnancy in an HBV-infected woman should be reported to the Perinatal Hepatitis B Prevention Program . The Case ID from the PHBPP module should be entered here.

Infant Information

Infant Information	
Would you like to add a new infant?	Yes Add New
Search for existing event	Not answered
Search for existing person	Not answered
Existing person not found - add new	<input type="text"/>
Infant's age calculated from date of birth	<input type="text"/>
Sex at birth	<input type="text"/>
Select Infant's Address	
Infant's address not listed under mother's available contact points	<input type="checkbox"/> Yes
Street address	<input type="text"/>
Street address 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip code	<input type="text"/>
County	<input type="text"/>
Country	<input type="text"/>
Where was infant born	<input type="text"/>
Delivery facility	Not answered
Delivery provider	Not answered
Create/Edit Infant	
Are you ready to save and copy this information to the other event?	<input type="text"/>
<p>To edit fields, clear the copy question above. When ready to commit changes, set copy question above to 'Yes' and save.</p>	
* Indicates required field	



Always search for an existing event and person before adding a new one.

Create/Edit Infant

Create/Edit Infant	
Are you ready to save and copy this information to the other event?	Yes <input type="text"/>
<p>To edit fields, clear the copy question above. When ready to commit changes, set copy question above to 'Yes' and save.</p>	

Are you ready to save and copy this information to the other event

- Selecting “Yes” will copy the infant information entered in this QP to the new event
- The two events (mother and infant) will be linked. You can find the linked events under

Event Summary

Event Summary

Basic Information	
Event ID:	100000020
Disease:	Hepatitis C
Person:	Beth Johnson Birth Date: 01/01/1986 (32 yo Female)
Dates:	Create Date: 02/21/2018
Type:	Interactive
Investigation Status:	Open (Change to Closed)
Linked Events/Contacts:	1 linked event(s)/contact(s) (View)
Linked Exposure Sites:	0 linked exposure site(s) (View)
Attachments:	0 attachment(s) (Add)
Notices:	General Notifications (1) Vital Status: Alive

Edit Event Properties
Copy Event

Linked Events - Beth Johnson - Hepatitis C

Filter Linked Events

Disease: Status:

Apply Filter
Reset Filter

Linked Events									
Event ID	Full Name	Status	Create Date	Disease	Event Date	Text1	Type	Relationship	Action
100000040	Brown, Derek	Open	02/21/2018	Hepatitis C	02/21/2018		Hepatitis Mother - Child		Edit Delete

Displaying link(s) 1...1
<< First < Prev 1 / 1 Next > Last >>

Command Buttons



Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Birth Question Package



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

This section captures information about the birth, mother, and vaccination. This section appears only for perinatal cases.

Hepatitis B

Perinatal HBV cases


Information About The Birth

Information About The Birth	
Born inside US 	Yes
Delivery hospital	Not answered  



Born inside US






- Make changes to this question in the demographics question package, **Country of birth**. Only HBV-infected infants born in the United States can be counted as perinatal cases, so this variable is case-defining.

Delivery hospital

- Use the **search icon** to select a hospital name. It is suggested that you use the [Wildcard Function](#) (see [Tips and Tricks](#)). 
 - If the facility name is not on the search results list, type “***not listed**” in name box and hit search. Select **health care facility not listed** in search results box and type out the name of the facility in the specify hospital field.

Maternal Information

Maternal Information	
Birth mother race or ethnicity known	Yes 
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other race
* Ethnicity	Not Hispanic or Latino 

Birth mother born outside of USA	Yes 
Country	Unknown 
Birth mother confirmed HBsAg positive prior to or at time of delivery	Yes 
Birth mother confirmed HBsAg positive after delivery	Yes 
Birth mother confirmed Hepatitis B e antigen (HBeAg) positive	Yes 

Birth mother race or ethnicity known

- If mother’s race or ethnicity known, select “Yes,” and additional questions will appear.

Birth mother born outside of USA

- If yes, select the country of birth from the drop-down list.

Infant Vaccination History

Infant Vaccination History	
Washington Immunization Information System (WA IIS) number	<input type="text"/>
Received HBIG	Yes ▾
* Date received	02/05/2018
* Timing of HBIG	0-12 hours after birth ▾
Received hepatitis B containing vaccine	Yes ▾
Number of doses	2 ▾
Date of vaccine administration	04/08/2018
Vaccine administered (type)	Single-antigen HBV ▾
Information source	WIIS ▾
Vaccine brand name	Engerix-B ▾
Vaccine manufacturer	<input type="text"/>
Vaccine lot number	<input type="text"/>
Administering provider	Not answered
Date of vaccine administration	05/08/2018 Add New
Vaccine administered (type)	HBV combination ▾
Information source	WIIS ▾
Vaccine brand name	Comvax ▾
Vaccine manufacturer	<input type="text"/>
Vaccine lot number	<input type="text"/>
Administering provider	Not answered
Perinatal Hepatitis B Prevention Program (PHBPP) Case ID	<input type="text"/>

* Indicates required field

Received HBIG

- Date received HBIG and Timing of HBIG are required fields.

Received hepatitis B containing vaccine

- If the patient received hepatitis B containing vaccine, enter the number of doses and date of vaccine administration.
- **Date of vaccine administration** (◆) is a required field
- If date of vaccine administration is entered, additional questions will appear.

Hepatitis C

Perinatal HCV cases


Information About The Birth

Information About The Birth	
Born inside US i	Yes
Delivery hospital	Not answered  







Born inside US

- Make changes to this question in the demographics question package, **Country of birth**. Only HBV-infected infants born in the United States can be counted as perinatal cases, so this variable is case-defining.

Delivery hospital

- Use the **search icon** to select a hospital name. It is suggested that you use the **Wildcard Function** (see **Tips and Tricks**). 
 - If the facility name is not on the search results list, type “***not listed**” in name box and hit search. Select **health care facility not listed** in search results box and type out the name of the facility in the specify hospital field.

Maternal Information

Maternal Information	
Birth mother race or ethnicity known	Yes 
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other race
* Ethnicity	
Birth mother born outside of USA	Yes 
Country	
Mother confirmed HCV RNA positive at or before time of delivery	Yes 
Date mother confirmed HCV RNA positive i	MM/DD/YYYY 
* Indicates required field	

Birth mother race or ethnicity known

- Select yes, no, or unknown.
- If yes, required race and ethnicity fields will appear.

Birth mother born outside of USA

- If yes, field will appear to select country of birth.

Mother confirmed HCV RNA positive at or before time of delivery

- If yes, field will appear to enter the date the mother was confirmed HCV RNA positive.

**Command Buttons**

Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Laboratory Diagnostics Question Package



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

Use this question package to visualize and answer additional questions about laboratory results already entered in the **Lab Results** tab (see below). Enter all laboratory results in the **Lab Results** tab by selecting “Add Lab Result.”

Event Data		Lab Results	Concerns
Labs			
Lab No.	Specimen collection date		
Add Lab Result		Update Lab Result	

Refer to the [WDRS Lab Results Instruction Manual](#) for specific instructions on how to enter laboratory results. See [Appendix A](#) for an overview of required fields and tests for both Hepatitis B and Hepatitis C.

Hepatitis B & C

Screenshots

Hepatitis B (note: more fields are available for those co-infected with Hepatitis D):

Enter all laboratory results in the Investigation Template/Lab Tab.	
Tests	
Hepatitis B surface antigen (HBsAg)	<input type="button" value="v"/>
Hepatitis B core antigen IgM (anti-HBc IgM)	<input type="button" value="v"/>
HBeAg	<input type="button" value="v"/>
HBV DNA qualitative	<input type="button" value="v"/>
HBV DNA quantitative	<input type="text"/>
HBV genotype	<input type="text"/>
Negative HBsAg within the prior six months	<input type="button" value="v"/>
Anti-HDV	<input type="button" value="v"/>
HDV RNA	<input type="button" value="v"/>
Lab test for acute HDV infection	<input type="button" value="v"/>
Liver Enzyme Tests	
AST (SGOT) collection date	<input type="text"/>
ALT (SGPT) collection date	<input type="text"/>
Liver Staging	
Patient ever staged	<input type="button" value="v"/>
Earliest Positive Lab Test	
<i>No data required for this section</i>	

Hepatitis C

Enter all laboratory results in the Investigation Template/Lab Tab.	
Tests	
Antibody to hepatitis C virus (anti-HCV)	<input type="button" value="v"/>
* Hepatitis C antibody negative result followed by Hepatitis C antibody positive result collected within 12 months (test conversion)	<input type="button" value="v"/>
HCV RNA quantitative	<input type="text"/>
HCV RNA qualitative	<input type="button" value="v"/>
HCV genotype	<input type="text"/>
Liver Enzyme Tests	
AST (SGOT) collection date	<input type="text"/>
ALT (SGPT) collection date	<input type="text"/>
Liver Staging	
Patient ever staged	<input type="button" value="v"/> Yes

Staging method description <input type="checkbox"/>	FibroSURE Add New
CPT procedure code	<input type="text"/>
Date procedure was ordered	MM/DD/YYYY <input type="text"/>
Date procedure was completed	MM/DD/YYYY <input type="text"/>
Location (i.e. name of facility where procedure was performed)	Not answered <input type="text"/> <input type="text"/>
Fibrosis stage	F0-F1 <input type="text"/>
Result/notes	<div style="border: 1px solid gray; height: 100px;"></div>
Earliest Positive Lab Test <i>No data required for this section</i>	

Tests

Lab results that are greyed out can be edited by navigating to the **Lab Results** tab on the **Event Summary** page.



Liver Staging

This section is optional and is not required to complete an investigation.

Patient ever staged

- If yes, additional questions will appear.

Staging method description (◆)

- **APRI score**
 - Used to rule-out significant fibrosis and cirrhosis in hepatitis and non-alcoholic fatty liver disease.
- **ARFI**
 - Type of ultrasound used for the diagnosis and monitoring of cancers.
- **Biopsy**
- **Fib-4**
 - Index for estimating the amount of scarring in the liver.
- **FibroSURE**
 - Blood test that measures liver fibrosis and inflammation.
- **Imaging (e.g. ultrasound, CT, MRI)**
- **Liver elastography (fibrosan)**
 - Fibrosan: imaging study that evaluates the degree of liver stiffness or scarring.
- **Other**
 - If yes, specify other procedure.

CPT procedure code

- Used for documenting medical procedures performed.

Location (i.e. name of facility where procedure was performed)

- Use the **search icon** to select the name of the facility where the procedure was performed. It is suggested that you use the [Wildcard Function](#) (see [Tips and Tricks](#)).
 - If the facility name is not on the search results list, type “*not listed” in name box and hit search. Select **health care facility not listed** in search results box and type out the name of the facility in the specify hospital field.



Command Buttons

Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Exposure Question Package



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

This section captures information on hepatitis risk factors and possible exposures.

Hepatitis B



The Exposure question package will appear after disease status is confirmed in the administrative question package.

Acute HBV cases

Acute Exposure Information

Acute Exposure Information	
Exposure dates: 180 days before symptoms onset date to 45 days before symptoms onset date	07/19/2017 to 12/01/2017
Travel out of state, out of the country or outside of usual routine	
Case knows anyone with similar symptoms	
Contact with a confirmed or suspected hepatitis B case (acute or chronic)	
Congregate living	
Any suspect medical or dental exposure	
Surgery (including outpatient), other medical procedures, hospitalized during exposure period	
Hemodialysis	
IV or injection as outpatient/IV infusion or injection in outpatient setting	
Transfusion, blood product or transplant	
Dental work or oral surgery	
Employed in job with potential for exposure to human blood or body fluids	
Other exposure to someone else's blood (including first aid)	
Accidental stick or puncture with sharps contaminated with blood or body fluid	
Ear or body piercing	

Received acupuncture	
Tattoo recipient	Yes
Tattoo was performed at	
Body site of tattooing	
Shared razor, toothbrushes or nail care items	
Injected drugs not prescribed by doctor, even if only once or a few times	Yes
Injection drug use type (check all that apply)	<input type="checkbox"/> Heroin (includes Diacetylmorphine) <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> MDMA <input type="checkbox"/> Ketamine <input type="checkbox"/> PCP <input type="checkbox"/> Anabolic steroids <input type="checkbox"/> Opioids (prescription or non-prescription) <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Shared needles/other injection equipment	
Shared needles	
Shared other injection equipment	
Ever used needle exchange services	
Non-injection street drug use/use street drugs	Yes
Specify drug(s)	
Route of administration	

Used drugs not prescribed by a doctor and route of administration is unknown	Yes
Type:	<input type="checkbox"/> Heroin (includes Diacetylmorphine) <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> MDMA <input type="checkbox"/> Ketamine <input type="checkbox"/> PCP <input type="checkbox"/> Opioids (prescription or non-prescription) <input type="checkbox"/> Anabolic steroids <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Patient used injection drugs in the past 3 months	
Number of female sexual partners (during exposure period)	
Number of male sexual partners (during exposure period)	
Received treatment for an STD	
Possible hepatitis B reactivation	Yes
Suspected reactivation cause (check all that apply)	<input type="checkbox"/> Cancer chemotherapy <input type="checkbox"/> Immunosuppressive therapy (e.g., rituximab or other drugs which target B lymphocytes, high-dose steroids, anti-TNF agents) <input type="checkbox"/> Patient with HIV infection who has discontinued HBV active antiviral drugs <input type="checkbox"/> Undergoing solid organ or bone marrow transplantation <input type="checkbox"/> Undergoing or recently had HCV treatment <input type="checkbox"/> Other

Exposure dates: 180 days before symptoms onset date to 14 days before symptoms onset date

- Exposure dates will auto-calculate based on the symptom onset date entered in the [Clinical Evaluation](#) question package.
- For a case classified as acute via anti-HCV or HCV RNA test conversion, in the absence of clinical criteria, 12 months to 14 days before onset date should be considered.

Travel out of state, out of the country or outside of usual routine (◆)

- If yes, select whether they traveled out of “Country,” “County,” “State,” or “Unknown” and populate the destination, date left, and date returned.

Contact with a confirmed or suspected hepatitis B case (◆)

- If yes, select type of contact.

Congregate living (◆)

- If yes, select type of congregate living.
- Use this field to indicate if incarceration in prison or jail was a potential exposure for the patient:



Congregate living	Yes
Type of congregate living	Corrections Add New
Type of corrections	
Incarcerated longer than 24 hours	

Any suspect medical or dental exposure

- If yes, describe exposure.

Any suspect medical or dental exposure	Yes
Describe	

- A suspect medical or dental exposure includes any potential blood-borne exposure not otherwise listed.

Surgery (including outpatient), other medical procedures, hospitalized during exposure period

- If yes, describe exposure and indicate if hospitalized (full hospitalization information should be inputted in the **Clinical Evaluation** section.

Surgery (including outpatient), other medical procedures, hospitalized during exposure period	Yes	▼
Describe	<input type="text"/>	
Surgery (including outpatient, other than oral surgery)		▼
Other medical procedures		▼
Hospitalized during exposure period		▼

Employed in job with potential for exposure to human blood or body fluids

- If yes, additional follow up questions will appear:
 - Job type: Select Medical, Dental, Public Safety, Tattoo/Piercing, Other (specify in free text field).
 - Frequency of direct blood or body fluids: Select Frequent (several times a week), Infrequent, or Unknown.

Employed in job with potential for exposure to human blood or body fluids	Yes	▼
Job type	<input type="text"/>	
Frequency of direct blood or body fluids		▼

Ear or body piercing (◆)

- If yes, additional follow up questions will appear:
 - Specify: specify the body site of the piercing.
 - Address/name: specify the address and name of the shop that performed the piercing.
 - Body piercing was performed at: select one of the following
 - Commercial parlor/shop.
 - Correctional facility.
 - Other.
 - If other, specify the location.

Tattoo recipient (◆)

- If yes, additional follow up questions will appear:
 - Tattoo was performed at: select one of the following
 - Commercial parlor/shop.

- Correctional facility.
- Other.
 - If other, specify the location

Injected drugs not prescribed by doctor, even if only once or a few times

- If yes, additional follow up questions will appear:
 - Select injection drug use type.
 - **Make sure to check all that apply.**
 - Select “Yes” if shared needles
 - Select “Yes” if shared other injection equipment
 - Select “Yes” if ever used needle exchange services



Non-injection street drug use/use street drugs

- Specify which drug(s) in free text box
- Specify route of administration

Used drugs not prescribed by a doctor and route of administration is unknown

- If yes, additional follow up questions will appear:
 - Select drug type.



- **Make sure to check all that apply.**

Received treatment for an STD

- If yes, additional follow up questions will appear:
 - Input year for most recent year of STD treatment.

Possible hepatitis B reactivation

- If yes, additional follow up questions will appear:
 - Input suspected reactivation cause.
 - **Make sure to check all that apply.**

Possible hepatitis B reactivation	Yes ▾
Suspected reactivation cause (check all that apply)	<input type="checkbox"/> Cancer chemotherapy <input type="checkbox"/> Immunosuppressive therapy (e.g., rituximab or other drugs which target B lymphocytes, high-dose steroids, anti-TNF agents) <input type="checkbox"/> Patient with HIV infection who has discontinued HBV active antiviral drugs <input type="checkbox"/> Undergoing solid organ or bone marrow transplantation <input type="checkbox"/> Undergoing or recently had HCV treatment <input type="checkbox"/> Other

Acute Exposure Summary

Acute Exposure Summary	
* Most likely exposure	Illicit drugs ▾
Where did exposure probably occur	In Washington ▾
County	▾
Exposure location name	
Exposure location address	
Exposure location details	
No risk factors or exposures could be identified	Yes ▾

Most likely exposure

- Most likely exposure is a required field.

Chronic HBV cases

Chronic Exposure Information

Chronic Exposure Information (if not otherwise specified report exposure information over the lifetime)	
Received clotting factor concentrates	▾
Received blood products	▾
Received solid organ transplant	▾
Other organ or tissue transplant recipient	▾
Long term hemodialysis	▾
Birth mother has history of hepatitis B infection	▾
Employed in job with potential for exposure to human blood or body fluids	▾
Accidental stick or puncture with sharps contaminated with blood or body fluid	▾
History of occupational needle stick or splash	▾
Ever had a finger stick/prick blood sugar test	▾
Ear or body piercing	▾
Ever received acupuncture	▾

Tattoo recipient	<input type="text"/>
History of incarceration	<input type="text"/>
Born outside US	Yes <input type="text"/>
Country	<input type="text"/>
Number of years in US	<input type="text"/>
Contact with confirmed or suspect hepatitis B case (acute or chronic)	<input type="text"/>
Approximate number of lifetime sex partners	<input type="text"/>
Received treatment for an STD	<input type="text"/>
Ever injected drugs not prescribed by doctor, even if only once or a few times	Yes <input type="text"/>
Injection drug use type (check all that apply)	<input type="checkbox"/> Heroin (includes Diacetylmorphine) <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> MDMA <input type="checkbox"/> Ketamine <input type="checkbox"/> PCP <input type="checkbox"/> Opioids (prescription or non-prescription) <input type="checkbox"/> Anabolic steroids <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Ever shared needles	<input type="text"/>
Ever shared other injection equipment	<input type="text"/>
Ever used needle exchange services	<input type="text"/>
Non-injection street drug use/use street drugs	Yes <input type="text"/>
Specify drug(s)	<input type="text"/>
Route of administration	<input type="text"/>

Used drugs not prescribed by a doctor and route of administration is unknown	Yes <input type="text"/>
Type:	<input type="checkbox"/> Heroin (includes Diacetylmorphine) <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> MDMA <input type="checkbox"/> Ketamine <input type="checkbox"/> PCP <input type="checkbox"/> Opioids (prescription or non-prescription) <input type="checkbox"/> Anabolic steroids <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Patient used injection drugs in the past 3 months	<input type="text"/>
Possible hepatitis B reactivation	Yes <input type="text"/>
Suspected reactivation cause (check all that apply)	<input type="checkbox"/> Cancer chemotherapy <input type="checkbox"/> Immunosuppressive therapy (e.g., rituximab or other drugs which target B lymphocytes, high-dose steroids, anti-TNF agents) <input type="checkbox"/> Patient with HIV infection who has discontinued HBV active antiviral drugs <input type="checkbox"/> Undergoing solid organ or bone marrow transplantation <input type="checkbox"/> Undergoing or recently had HCV treatment <input type="checkbox"/> Other

Other organ or tissue transplant recipient

- If yes, select date
 - For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

Employed in job with potential for exposure to human blood or body fluids

- If yes, additional follow up questions will appear:
 - Job type: Select Medical, Dental, Public Safety, Tattoo/Piercing, Other (specify in free text field).

- Frequency of direct blood or body fluids: Select Frequent (several times a week), Infrequent, or Unknown.

Employed in job with potential for exposure to human blood or body fluids	Yes ▾
Job type	<input type="radio"/> Medical <input type="radio"/> Dental <input type="radio"/> Public safety (e.g. law enforcement/firefighter) <input type="radio"/> Tattoo/piercing <input type="radio"/> Other
Frequency of direct blood or body fluids	<input type="radio"/> Frequent (several times a week) <input type="radio"/> Infrequent <input type="radio"/> Unknown

○

Ear or body piercing (◆)

- If yes, additional follow up questions will appear:
 - Specify: specify the body site of the piercing.
 - Address/name: specify the address and name of the shop that performed the piercing.
 - Body piercing was performed at: select one of the following
 - Commercial parlor/shop.
 - Correctional facility.
 - Other.
 - If other, specify the location.

Tattoo recipient (◆)

- If yes, additional follow up questions will appear:
 - Tattoo was performed at: select one of the following
 - Commercial parlor/shop.
 - Correctional facility.
 - Other.
 - If other, specify the location.

Born outside US

- If yes, select country and input number of years living in the United States.

Contact with a confirmed or suspected hepatitis B case (acute or chronic) (◆)

- If yes, select type of contact.

Ever injected drugs not prescribed by doctor, even if only once or a few times

- If yes, additional follow up questions will appear:
 - Select injection drug use type.
 - **Make sure to check all that apply.**
 - Select “Yes” if shared needles



- Select “Yes” if shared other injection equipment
- Select “Yes” if ever used needle exchange services

Ever used non-injection street drug use/use street drugs

- Specify which drug(s) in free text box
- Specify route of administration

Used drugs not prescribed by a doctor and route of administration is unknown

- If yes, additional follow up questions will appear:
 - Select drug type.



▪ **Make sure to check all that apply.**

Received treatment for an STD

- If yes, additional follow up questions will appear:
 - Input year for most recent year of STD treatment.

Possible hepatitis B reactivation

- If yes, additional follow up questions will appear:
 - Input suspected reactivation cause.
 - **Make sure to check all that apply.**

Possible hepatitis B reactivation	Yes ▾
Suspected reactivation cause (check all that apply)	<input type="checkbox"/> Cancer chemotherapy <input type="checkbox"/> Immunosuppressive therapy (e.g., rituximab or other drugs which target B lymphocytes, high-dose steroids, anti-TNF agents) <input type="checkbox"/> Patient with HIV infection who has discontinued HBV active antiviral drugs <input type="checkbox"/> Undergoing solid organ or bone marrow transplantation <input type="checkbox"/> Undergoing or recently had HCV treatment <input type="checkbox"/> Other

Chronic Exposure Summary

Chronic Exposure Summary	
Where did exposure probably occur	In Washington ▾
County	▾
* Most likely exposure	Acupuncture ▾
Exposure location name	
Exposure location address	
Exposure location details	
No risk factors or exposures could be identified	Yes ▾
* Indicates required field	

Most likely exposure

- Most likely exposure is a required field.



Command Buttons

Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Hepatitis C



The Exposure question package will appear after disease status is confirmed in the administrative question package.

Acute HCV cases

Acute Exposure Information

Acute Exposure Information	
Exposure dates: 180 days before symptoms onset date to 14 days before symptoms onset date	02/02/2022 to 07/18/2022
Travel out of state, out of the country or outside of usual routine	<input type="checkbox"/>
Case knows anyone with similar symptoms	<input type="checkbox"/>
Contact with a confirmed or suspected hepatitis C case (acute or chronic)	<input type="checkbox"/>
Congregate living	<input type="checkbox"/>
Any suspect medical or dental exposure	<input type="checkbox"/>
Surgery (including outpatient), other medical procedures, hospitalized during exposure period	<input type="checkbox"/>
Hemodialysis	<input type="checkbox"/>
IV or injection as outpatient/IV infusion or injection in outpatient setting	<input type="checkbox"/>
Transfusion, blood product or transplant	<input type="checkbox"/>
Dental work or oral surgery	<input type="checkbox"/>
Employed in job with potential for exposure to human blood or body fluids	<input type="checkbox"/>
Other exposure to someone else's blood (including first aid)	<input type="checkbox"/>
Accidental stick or puncture with sharps contaminated with blood or body fluid	<input type="checkbox"/>
Ear or body piercing	<input type="checkbox"/>
Received acupuncture	<input type="checkbox"/>
Tattoo recipient	<input type="checkbox"/>
Shared razor, toothbrushes or nail care items	<input type="checkbox"/>
Injected drugs not prescribed by doctor, even if only once or a few times	<input type="checkbox"/>
Non-injection street drug use/use street drugs	<input type="checkbox"/>
Used drugs not prescribed by a doctor and route of administration is unknown	<input type="checkbox"/>
Number of female sexual partners (during exposure period)	<input type="text"/>
Number of male sexual partners (during exposure period)	<input type="text"/>
Received treatment for an STD	<input type="checkbox"/>



Acute exposures are asking only about the exposure period, which is 180 days (6 months) before symptom onset to 14 days before symptom onset. For a case classified as acute via anti-HCV or HCV RNA test conversion, in the absence of clinical criteria, 12 months to 14 days before onset date should be considered.

Exposure dates: 180 days before symptoms onset date to 14 days before symptoms onset date

- Exposure dates will auto-calculate based on the symptom onset date entered in the [Clinical Evaluation](#) question package.
- For a case classified as acute via anti-HCV or HCV RNA test conversion, in the absence of clinical criteria, 12 months to 14 days before onset date should be considered.

Travel out of state, out of the country or outside of usual routine (◆)

- If yes, select whether they traveled out of “Country,” “County,” “State,” or “Unknown” and populate the destination, date left, and date returned.

Contact with a confirmed or suspected hepatitis C case (◆)

- If yes, select type of contact.

Congregate living (◆)

- If yes, select type of congregate living.
- Use this field to indicate if incarceration in prison or jail was a potential exposure for the patient:



Congregate living	Yes	▼
Type of congregate living <input type="text"/>	Corrections	▼ Add New
Type of corrections		▼
Incarcerated longer than 24 hours		▼

Any suspect medical or dental exposure

- If yes, describe exposure.

Any suspect medical or dental exposure	Yes	▼
Describe	<input type="text"/>	

- A suspect medical or dental exposure includes any potential blood-borne exposure not otherwise listed.

Ear or body piercing (◆)

- If yes, additional follow up questions will appear:
 - Specify: specify the body site of the piercing.
 - Address/name: specify the address and name of the shop that performed the piercing.
 - Body piercing was performed at: select one of the following
 - Commercial parlor/shop.
 - Correctional facility.
 - Other.

- If other, specify the location.

Tattoo recipient (◆)

- If yes, additional follow up questions will appear:
 - Tattoo was performed at: select one of the following
 - Commercial parlor/shop.
 - Correctional facility.
 - Other.
 - If other, specify the location.

Ever injected drugs not prescribed by doctor, even if only once or a few times

- If yes, additional follow up questions will appear:
 - Select injection drug use type.
 - **Make sure to check all that apply.**
 - Select “Yes” if shared needles
 - Select “Yes” if shared other injection equipment
 - Select “Yes” if ever used needle exchange services



Ever used non-injection street drug use/use street drugs

- Specify which drug(s) in free text box
- Specify route of administration

Used drugs not prescribed by a doctor and route of administration is unknown

- If yes, additional follow up questions will appear:
 - Select drug type.
 - **Make sure to check all that apply.**



Acute Exposure Summary

Acute Exposure Summary	
* Most likely exposure	<input type="text"/>
Where did exposure probably occur	<input type="text"/>
Exposure location name	<input type="text"/>
Exposure location address	<input type="text"/>
Exposure location details	<input type="text"/>
No risk factors or exposures could be identified	Yes <input type="text"/>
* Indicates required field	

Most likely exposure

- Most likely exposure is a required field.

Chronic HCV cases

Chronic Exposure Information

Chronic Exposure Information (if not otherwise specified report exposure information over the lifetime)	
Received clotting factor concentrates	▼
Received blood products	▼
Received solid organ transplant	▼
Other organ or tissue transplant recipient	▼
Long term hemodialysis	▼
Birth mother has history of hepatitis C infection	▼
Employed in job with potential for exposure to human blood or body fluids	▼
Accidental stick or puncture with sharps contaminated with blood or body fluid	▼
History of occupational needle stick or splash	▼
Ever had a finger stick/prick blood sugar test	▼
Ear or body piercing	▼
Ever received acupuncture	▼
Tattoo recipient	▼
History of incarceration	▼
Born outside US	▼
Contact with confirmed or suspected hepatitis C case (acute or chronic)	▼
Approximate number of lifetime sex partners	▼
Received treatment for an STD	▼
Ever injected drugs not prescribed by doctor, even if only once or a few times	▼
Non-injection street drug use/use street drugs	▼
Used drugs not prescribed by a doctor and route of administration is unknown	▼

Ear or body piercing (◆)

- If yes, additional follow up questions will appear:
 - Specify: specify the body site of the piercing.
 - Address/name: specify the address and name of the shop that performed the piercing.
 - Body piercing was performed at: select one of the following
 - Commercial parlor/shop.
 - Correctional facility.
 - Other.
 - If other, specify the location.

Tattoo recipient (◆)

- If yes, additional follow up questions will appear:
 - Tattoo was performed at: select one of the following
 - Commercial parlor/shop.
 - Correctional facility.
 - Other.

- If other, specify the location.

Contact with a confirmed or suspected hepatitis C case (acute or chronic) (♦)

- If yes, select type of contact.

Ever injected drugs not prescribed by doctor, even if only once or a few times

- If yes, additional follow up questions will appear:



- Select injection drug use type.
 - **Make sure to check all that apply.**
- Select “Yes” if shared needles
- Select “Yes” if shared other injection equipment
- Select “Yes” if ever used needle exchange services

Ever used non-injection street drug use/use street drugs

- Specify which drug(s) in free text box
- Specify route of administration

Used drugs not prescribed by a doctor and route of administration is unknown

- If yes, additional follow up questions will appear:
 - Select drug type.



- **Make sure to check all that apply.**

Chronic Exposure Summary

Chronic Exposure Summary	
Where did exposure probably occur	<input type="text"/>
* Most likely exposure	<input type="text"/>
Exposure location name	<input type="text"/>
Exposure location address	<input type="text"/>
Exposure location details	<input type="text"/>
No risk factors or exposures could be identified	<input type="text" value="Yes"/>

* Indicates required field

Most likely exposure

- Most likely exposure is a required field.

Other organ or tissue transplant recipient

- If yes, select date

For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

Command Buttons



Click "Save" button to save your changes and return to the **Event Summary** screen. "Save & Stay," "Cancel," and "Help" buttons are also available options.

Linkage to Care Question Package



Please leave fields blank if the question was not asked or is not applicable. Select "Unknown" only when there was an attempt to get the information and the answer is unknown.

Overview

This section is for documenting a case's linkage to care and treatment history.

Hepatitis B

Screenshots

Acute

Acute - Clinical Case Management Information	
* Patient has provider of care for hepatitis?	Yes <input type="button" value="v"/>
Did the patient receive medication for the type of hepatitis being reported?	Yes <input type="button" value="v"/>
Specify medication name	Baraclude (entecavir) <input type="button" value="v"/> Add New
Dose (number)	<input type="text"/>
Dose (units)	<input type="button" value="v"/>
Frequency (per day)	<input type="text"/>
Other frequency unit	<input type="text"/>
Duration (number)	<input type="text"/>
Duration (units)	<input type="button" value="v"/>
* Start date	MM/DD/YYYY
* Treatment completed	Yes <input type="button" value="v"/>
Completion date	MM/DD/YYYY
* Spontaneous viral clearance	Yes <input type="button" value="v"/>

Chronic

Chronic - Clinical Case Management Information	
* Was patient referred for care?	Yes <input type="button" value="v"/>
Patient seen or has appointment for medical management of HBV	Yes <input type="button" value="v"/>
PCP	<input type="button" value="v"/>
Specialist	<input type="button" value="v"/>
Date of last appointment for medical management of HBV	MM/DD/YYYY <input type="button" value="c"/>
Did the patient receive medication for the type of hepatitis being reported?	Yes <input type="button" value="v"/>
Specify medication name <input type="button" value="x"/>	Baraclude (entecavir) <input type="button" value="v"/> Add New
Dose (number)	<input type="text"/>
Dose (units)	<input type="button" value="v"/>
Frequency (per day)	<input type="text"/>
Other frequency unit	<input type="text"/>
Duration (number)	<input type="text"/>
Duration (units)	<input type="button" value="v"/>
* Start date	MM/DD/YYYY <input type="button" value="c"/>
* Treatment completed	<input type="button" value="v"/>

Acute HBV cases

Clinical Case Management Information

Patient has provider of care for hepatitis

- This is defined as any healthcare provider that monitors or treats the patient for viral hepatitis.

Spontaneous Viral Clearance

- Indicate if the case has cleared the infection.

Chronic HBV cases

Clinical Case Management Information

Was patient referred for care

- If yes, and patient has seen or has an appointment for medical management:
 - Indicate whether the patient has seen/will see a Primary Care Physician (**PCP**) and/or a **Specialist**, and the date of the last appointment.
- If no, please specify the primary reason for why the patient was not referred for care.
- Select **“Unknown”** or leave field blank if unknown.

Acute and chronic HBV cases

Clinical Case Management Information

Did the patient receive medication for the type of hepatitis being reported (◆)

- If yes, you will be able to record each medication the patient is taking and input additional information.
 - Each option includes a brand name and its generic name in parentheses.
 - If the medication of interest is not listed, choose “Other” and specify the drug.
 - **Frequency (per day)** is for a number value only.
 - If the frequency is different than per day, please specify the frequency under “Other frequency unit.”
 - Indicate the **Start date** of the medication.
 - If the start date is completely unknown, leave the field blank.
 - If only the month and year are known, input the 1st for day.
 - If only the year is known, input January 1st of that year.
 - **Treatment completed**
 - Indicate whether treatment was completed, if it is in progress, or if unknown (or leave field blank if unknown).
 - The response to this field may trigger additional questions to appear.

Chronic - Clinical Case Management Information	
Was patient referred for care?	Yes ▾
Patient seen or has appointment for medical management of HBV	Yes ▾
PCP	▾
Specialist	▾
Date of last appointment for medical management of HBV	MM/DD/YYYY
Did the patient receive medication for the type of hepatitis being reported?	Yes ▾
Specify medication name	Baraclude (entecavir) ▾ Add New
Dose (number)	<input type="text"/>
Dose (units)	▾
Frequency (per day)	<input type="text"/>
Other frequency unit	<input type="text"/>
Duration (number)	<input type="text"/>
Duration (units)	▾
* Start date	MM/DD/YYYY
* Treatment completed	<input type="text"/>
* Indicates required field	

Hepatitis C

Acute HCV cases

Acute – Clinical Case Management Information

Acute - Clinical Case Management Information	
* Patient has provider of care for hepatitis? ⓘ	<input type="checkbox"/>
Did the patient receive medication for the type of hepatitis being reported?	Yes <input type="checkbox"/>
Specify medication name ⓘ	CoPegus (ribavirin) <input type="checkbox"/> Add New
Dose (number)	<input type="text"/>
Dose (units)	<input type="text"/>
Frequency (per day)	<input type="text"/>
Other frequency unit	<input type="text"/>
Duration (number)	<input type="text"/>
Duration (units)	<input type="text"/>
* Start date	MM/DD/YYYY <input type="text"/>
* Treatment completed	<input type="checkbox"/>
Expected HCV retest date	MM/DD/YYYY <input type="text"/>
* Spontaneous viral clearance	<input type="checkbox"/>

Patient has provider of care for hepatitis

- This is a required field defined as any healthcare provider that monitors or treats the patient for viral hepatitis.

Did the patient receive medication for the type of hepatitis being reported?

- If yes, you will be able to record each medication the patient is taking and input additional information.
 - Each option includes a brand name and its generic name in parentheses.
 - If the medication of interest is not listed, choose “Other” and specify the drug.
 - **Frequency (per day)** is for a number value only.
 - If the frequency is different than per day, please specify the frequency under “Other frequency unit.”
 - Indicate the **Start date** of the medication.
 - If the start date is completely unknown, leave the field blank.
 - If only the month and year are known, input the 1st for day.
 - If only the year is known, input January 1st of that year.
 - **Treatment completed**
 - Indicate whether treatment was completed, if it is in progress, or if unknown (or leave field blank if unknown).
 - The response to this field may trigger additional questions to appear.

Spontaneous viral clearance

This is a required field to indicate if the case has cleared the infection.

Chronic HCV cases

Chronic – Clinical Case Management Information

Chronic - Clinical Case Management Information	
Was patient referred for care?	Yes <input type="checkbox"/>
Patient seen or has appointment for medical management of HCV	Yes <input type="checkbox"/>
PCP	<input type="text"/>
Specialist	<input type="text"/>
Date of last appointment for medical management of HCV	MM/DD/YYYY <input type="text"/>
Did the patient receive medication for the type of hepatitis being reported?	Yes <input type="checkbox"/>
Specify medication name <input type="text"/>	CoPegus (ribavirin) <input type="text"/> Add New
Dose (number)	<input type="text"/>
Dose (units)	<input type="text"/>
Frequency (per day)	<input type="text"/>
Other frequency unit	<input type="text"/>
Duration (number)	<input type="text"/>
Duration (units)	<input type="text"/>
* Start date	MM/DD/YYYY <input type="text"/>
* Treatment completed	Yes <input type="checkbox"/>
Completion date	MM/DD/YYYY <input type="text"/>
Expected HCV retest date	MM/DD/YYYY <input type="text"/>
Achieved sustained virological response (SVR)	Yes <input type="checkbox"/>
SVR post-treatment time point	12 weeks <input type="text"/> Add New

Was patient referred for care?

- If yes, and patient has seen or has an appointment for medical management:
 - Indicate whether the patient has seen/will see a Primary Care Physician (PCP) and/or a Specialist, and the date of the last appointment.
- If no, please specify the primary reason for why the patient was not referred for care.
- Select “Unknown” or leave field blank if unknown.

Did the patient receive medication for the type of hepatitis being reported?

- If yes, you will be able to record each medication the patient is taking and input additional information.
 - Each option includes a brand name and its generic name in parentheses.
 - If the medication of interest is not listed, choose “Other” and specify the drug.
 - **Frequency (per day)** is for a number value only.
 - If the frequency is different than per day, please specify the frequency under “Other frequency unit.”
 - Indicate the **Start date** of the medication.
 - If the start date is completely unknown, leave the field blank.
 - If only the month and year are known, input the 1st for day.
 - If only the year is known, input January 1st of that year.
 - **Treatment completed**
 - Indicate whether treatment was completed, if it is in progress, or if unknown (or leave field blank if unknown).


- The response to this field may trigger additional questions to appear.

Achieved sustained virological response (SVR)

- If yes,
 - Please indicate SVR post-treatment time point(s).
 - This field is to track follow-up visits after treatment is both successful and completed.
 - Available responses to select are: “12 weeks,” “24 weeks,” or “Other.”
- If no,
 - Available responses to select are: “Treatment failure,” “Did not complete treatment,” or “Other” (and specify other reason).
 - Leave field blank if unknown.

Acute and chronic HCV cases

HCV Continuum of Care

HCV Continuum of Care	
Stage on the HCV continuum ▾	HCV antibody positive ▼ Add New
Antibody date	MM/DD/YYYY 

Stage on the HCV continuum

- This section is optional for LHJ use and can be used to record a person’s stage(s) on the HCV continuum of care. Each answer will prompt a follow up question to record the date associated with that stage on the continuum.
- Available selections are:
 - HCV antibody positive
 - Not an HCV case (RNA negative)
 - HCV confirmed (RNA positive)
 - Linked to HCV care
 - HCV treatment
 - Cured/SVR



Command Buttons

Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Insurance Question Package



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

This section captures information on insurance status and type.

Hepatitis B & C

Additional Information

Additional Information	
Insurance status date <input type="text" value="11/01/2022"/>	<input type="button" value="Add New"/>
Patient has insurance	<input type="text" value="Yes"/>
Type of insurance (select all that apply)	
Medicare	<input checked="" type="checkbox"/> Yes
Plan ID	<input type="text"/>
Medicaid	<input type="checkbox"/> Yes
VA/military	<input type="checkbox"/> Yes
Employer	<input type="checkbox"/> Yes
Individual	<input type="checkbox"/> Yes
Other	<input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/>	

Insurance status date (◆)

- Entering a date here will prompt a follow up question asking if the patient has insurance.

Patient has insurance

- Select yes, no, or unknown. Selecting “Yes” will prompt a follow up question to indicate what type(s) of insurance the person has.

Type of insurance

- Select the “Yes” check box next to each type of insurance the person has. Selecting “Yes” for an insurance type will populate a field to enter the Plan ID.

Command Buttons



Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Death Question Package



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

This section captures information on date, cause, and location of death.

Hepatitis B & C

Death Information

Death Information	
If deceased, please change the vital status and update date of death on the Edit Person screen.	
Deceased	Dead ▾
Date of death	<input type="text"/>
Source used to verify vital status	Medical records ▾
Death document ID	<input type="text"/>
Death Information	
Cause of death	Hepatitis related ▾
Place of death	Emergency department ▾
Autopsy performed	No ▾
Addresses are not editable in this question package. To edit or add an address, go the to Edit Person screen.	
Select Residential Address at Death	
Address	<input type="text"/>
City	<input type="text"/>
State	WA ▾
Zip code	<input type="text"/>
County	Grant County

Vital status

- To enter death data, the vital status must be marked as dead in the **Persons** tab after the event has been created. See [Tips and Tricks](#) for more information on editing Person information.

Edit Person		
First Name:*	Middle Name:	Last Name:*
Betty <input type="text"/>	<input type="text"/>	Joe <input type="text"/>
Suffix: <input type="text"/>		
Birth Date:	Sex assigned at birth:	Social Security Number:
10/10/1954 <input type="text"/>	Female ▾	<input type="text"/>
Death Date: 01/23/2018 <input type="text"/>		
ExternalID: PGHEXRLTQMMP <input type="text"/>		
Vital status: Dead ▾		

Date of death

- This field will autofill based on the death date entered on the initial **Person** page when the contact was created. To edit “Date of death” information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient. (See [Tips and Tricks](#))

Address

- The address at time of death is not editable in the death question package. The address will autofill or you can select “Residential Address at Death” and pick an address from the list of available contact points.
- To edit or add an address, you must select “Edit Person” in the **Persons** tab.

Addresses are not editable in this question package. To edit or add an address, go the to Edit Person screen.

Select Residential Address at Death

Address	<input type="text"/>
City	<input type="text"/>
State	WA ▾
Zip code	<input type="text"/>
County	Grant County



Command Buttons

Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

PH Issues & Actions Question Package



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

This section captures potential public health issues and record actions taken by anyone (likely the investigator or medical provider) as a result of a case’s positive disease status.

Hepatitis B Screenshots

Acute Public Health Issues	
Employed as a health care worker	<input type="text" value=""/>
Patient in a dialysis or kidney transplant unit	<input type="text" value=""/>
Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset	<input type="text" value=""/>
Acute - Public Health Actions	
Notified blood or tissue bank (if recent donation)	<input type="text" value=""/>
Counseled on measure to avoid transmission	<input type="text" value=""/>
Recommended hepatitis A vaccination if at risk and susceptible	<input type="text" value=""/>
Notified healthcare facility if case may have transmitted to others at facility	<input type="text" value=""/>
Notified healthcare facility if case had suspected exposure at facility	<input type="text" value=""/>
Counseled patient regarding retesting in 3-6 months	<input type="text" value=""/>
Woman counseled about pregnancy risks	<input type="text" value=""/>
Counseled about transmission risk to baby if pregnant	<input type="text" value=""/>
Investigate vaccine or postexposure prophylaxis failure	<input type="text" value=""/>
Failure of vaccine or postexposure prophylaxis	<input type="text" value=""/>
Other	<input type="text" value=""/>
* Evaluated contacts	Yes <input type="text" value=""/>
Number of contacts evaluated	<input type="text" value=""/>
Recommended prophylaxis of contacts	<input type="text" value=""/>
Recommended vaccination of contacts	<input type="text" value=""/>
Go to the Contacts question package to enter information about each contact	
* Indicates required field	

All non-Perinatal HBV Cases

Public Health Actions

Evaluated contacts

- Were any contacts of the case interviewed?
- If yes, go to the [Contacts](#) question package to enter information about each contact.

Acute HBV cases

Acute - Public Health Issues

Employed as a health care worker

- If yes, this will trigger additional questions under the **Public Health Actions** section.

Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptoms onset

- If yes, specify whether blood products, organs, or tissue (including ova or semen) was donated.
- Specifying what type of donation will trigger additional questions with free text space to indicate the date, agency name, and location of the donation.

Acute - Public Health Actions

If case is health care worker performing invasive procedures, advise strict adherence to recommended infection control practices

- This field will be available only if “Employed as a health care worker” is indicated as “Yes” under **Public Health Issues** section.
- Invasive procedures include anything that could facilitate blood borne transmission.

Other

- If other public health actions were taken, then specify (free text).

Chronic HBV cases

Chronic - Public Health Issues	
Patient aware of hepatitis support agencies (e.g. Hepatitis Education Project)	Yes <input type="checkbox"/>
Recent blood products, organs or tissue (including ova or semen) donation	Yes <input type="checkbox"/>
Chronic - Public Health Actions	
Counseled on importance of regular healthcare to monitor liver health	Yes <input type="checkbox"/>
Counseled on avoidance of liver toxins (e.g. alcohol)	Yes <input type="checkbox"/>
Recommend hepatitis A vaccination	Yes <input type="checkbox"/>
Counseled on measure to avoid transmission	Yes <input type="checkbox"/>
Counseled to not donate blood products, organs or tissues	Yes <input type="checkbox"/>
Notified blood or tissue bank (if recent donation)	Yes <input type="checkbox"/>
Counseled about transmission risk to baby if pregnant	Yes <input type="checkbox"/>
Referred to Perinatal Hepatitis B Prevention Program (PHBPP)	Yes <input type="checkbox"/>
Reinforced use of universal precautions, if HCW	Yes <input type="checkbox"/>
Counseled on harm reduction and places to access clean syringes, if current IDU	Yes <input type="checkbox"/>
Provided contact information for hepatitis support agencies	Yes <input type="checkbox"/>
Provided patient education materials about HBV	Yes <input type="checkbox"/>
Provided options for access to health care	Yes <input type="checkbox"/>
Provided information on alcohol/substance abuse treatment	Yes <input type="checkbox"/>

Chronic - Public Health Actions

Referred to Perinatal Hepatitis B Prevention Program (PHBPP)

- This question appears only for women aged 11 to 50. This question will not appear if date of birth is not entered.

Perinatal HBV cases

Perinatal - Public Health Actions	
Failure of vaccine or postexposure prophylaxis	Yes <input type="checkbox"/>
Counseled parents about importance of Hep A and Hep B vaccines	Yes <input type="checkbox"/>
Counseled parents on importance of regular healthcare to monitor liver health	Yes <input type="checkbox"/>

Perinatal - Public Health Actions

Failure of vaccine or post exposure prophylaxis can be indicated here.

Hepatitis C

Acute HCV cases

Acute - Public Health Issues

Referred to Perinatal Hepatitis B Prevention Program (PHBPP)	<input type="checkbox"/>
Acute Public Health Issues	
Employed as a health care worker	<input type="checkbox"/>
Patient in a dialysis or kidney transplant unit	<input type="checkbox"/>
Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset	<input type="checkbox"/>

Employed as a health care worker

- If yes, this will trigger additional questions to appear under the **Public Health Actions** section.

Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptoms onset

- If yes, this will trigger a question to specify whether blood products, organs, or tissue (including ova or semen) was donated.

- Specifying what type of donation will trigger additional questions with free text space to indicate the date, agency name, and location of the donation.

Acute - Public Health Actions

Acute - Public Health Actions	
Notified blood or tissue bank (if recent donation)	<input type="checkbox"/> ▼
Counseled on measure to avoid transmission	<input type="checkbox"/> ▼
Recommended hepatitis A vaccination if at risk and susceptible	<input type="checkbox"/> ▼
Recommended hepatitis B vaccination if at risk and susceptible	<input type="checkbox"/> ▼
Notified healthcare facility if case may have transmitted to others at facility	<input type="checkbox"/> ▼
Notified healthcare facility if case had suspected exposure at facility	<input type="checkbox"/> ▼
If case is health care worker performing invasive procedures, advise strict adherence to recommended infection control practices	<input type="checkbox"/> ▼
Counseled patient regarding retesting in 3-6 months	<input type="checkbox"/> ▼
Woman counseled about pregnancy risks	<input type="checkbox"/> ▼
Counseled about transmission risk to baby if pregnant	<input type="checkbox"/> ▼
Other	<input type="text"/>
* Evaluated contacts	Yes ▼
Go to the Contacts question package to enter information about each contact	
* Indicates required field	

If case is health care worker performing invasive procedures, advise strict adherence to recommended infection control practices

- This field will be available only if “Employed as a health care worker” is indicated as “Yes” under **Acute Public Health Issues** section.
- Invasive procedures include anything that could facilitate blood borne transmission.

Other

- If other public health actions were taken, then specify (free text).

Evaluated contacts

- Were any contacts of the case interviewed?
- If yes, go to the [Contacts](#) question package to enter information about each contact.

*Chronic HCV cases***Chronic - Public Health Issues**

Chronic - Public Health Issues	
Patient aware of hepatitis support agencies (e.g. Hepatitis Education Project)	<input type="checkbox"/>
Recent blood products, organs or tissue (including ova or semen) donation	<input type="checkbox"/>

Recent blood products, organs or tissue (including ova or semen) donation

- Did the case recently donate any blood products, organs or tissue, including ova or semen?

Chronic - Public Health Actions

Chronic - Public Health Actions	
Recommended confirmatory testing	<input type="checkbox"/>
Counseled on importance of regular healthcare to monitor liver health	<input type="checkbox"/>
Counseled on avoidance of liver toxins (e.g. alcohol)	<input type="checkbox"/>
Recommend hepatitis A vaccination	<input type="checkbox"/>
Recommend hepatitis B vaccination	<input type="checkbox"/>
Counseled on measure to avoid transmission	<input type="checkbox"/>
Counseled to not donate blood products, organs or tissues	<input type="checkbox"/>
Notified blood or tissue bank (if recent donation)	<input type="checkbox"/>
Counseled about transmission risk to baby if pregnant	<input type="checkbox"/>
Referred to Perinatal Hepatitis B Prevention Program (PHBPP)	<input type="checkbox"/>
Reinforced use of universal precautions, if HCW	<input type="checkbox"/>
Counseled on harm reduction and places to access clean syringes, if current IDU	<input type="checkbox"/>
Provided contact information for hepatitis support agencies	<input type="checkbox"/>
Provided patient education materials about HCV	<input type="checkbox"/>
Provided options for access to health care	<input type="checkbox"/>
Provided information on alcohol/substance abuse treatment	<input type="checkbox"/>
Other public health action	<input type="checkbox"/>
Evaluated contacts	Yes <input type="checkbox"/>
Go to the Contacts question package to enter information about each contact	

Other public health action

- If yes, then specify (free text).

Evaluated contacts

- Were any contacts of the case interviewed?
- If yes, go to the [Contacts](#) question package to enter information about each contact.

Perinatal HCV cases

Perinatal – Public Health Actions

Perinatal - Public Health Actions	
Counseled parents about importance of Hep A and Hep B vaccines	<input type="text" value="v"/>
Counseled parents on importance of regular healthcare to monitor liver health	<input type="text" value="v"/>

Command Buttons



Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Contacts Question Package



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

Use this section to record information about each contact that is evaluated for a case. This question package becomes available for a case if “Evaluated contacts” is marked as “Yes” in the [PH Issues & Actions](#) question package.



If your case is linked to a contact that becomes a new or is an existing WDRS case, the contact will have a question package available named “**Link to Original Patient.**” The information in this question package **is for reference only.**

Hepatitis B & C

Contacts Information

Contacts Information	
Would you like to add a new contact? ☰	Yes Add New
Date contact identified	MM/DD/YYYY
Search for existing event ⓘ	Not answered ⓘ
Search for existing person ⓘ	Not answered ⓘ
Existing person not found - add new	
Date of birth (hidden)	
Contact's age at time of identification	
Contact's age (DOB unknown)	
Gender	
Contact's telephone number	
Contact type	
Method of contact	
User	
OK to talk with this contact	
Interview category	
Contact interview date	MM/DD/YYYY
Referred to PCP for evaluation	
Note	
Create/Edit Contact	
Are you ready to save and copy this information to the other event?	
To edit fields, clear the copy question above. When ready to commit changes, set copy question above to 'Yes' and save.	

Would you like to add a new contact? (◆)

- Selecting “Yes” to this question will trigger additional questions to appear.

Search for existing event

- Select the **search icon** to search for whether there is already an existing
 - 1) person **and** 2) Hepatitis B or C event in WDRS for this contact.
 - If you are unsure of spelling, you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).
 - 2) Select the appropriate event, if there is already both an existing 1) person and 2) Hepatitis B or C event in WDRS for the contact.



Search for existing person


- Select the **search icon** to search for whether there is already an existing person in WDRS, **if you are certain that the person has not already been reported as having Hepatitis B or C in WDRS.**
 - If you are unsure of spelling, you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).
- Select the appropriate person, if there is already an existing person record in WDRS for the contact.



Existing person not found – add new

- If you are sure that there is not an existing person/event record in WDRS for the contact:
 - For **known** Hepatitis B or C cases (e.g. contacts who have Hepatitis B or C laboratory results)
 - Select **“Add new person and event.”** This will trigger additional questions to appear.
 - For contacts that are **not known** to be Hepatitis B or C cases (e.g. contacts who were exposed to the original case, but not tested)
 - Select **“Not enough info to merit PH action.”** This will trigger additional questions to appear.

User

- Use this field to record who evaluated the contact or is entering the data associated with the contact in this section.
- Select the **search icon** to search for and select your WDRS username. 

OK to talk with this contact

- Indicate if it is okay to reach out to this contact.
- If **“Later”** is selected, you can indicate the **Date patient can be contacted.**

Interview category

- If the contact is interviewed, you can indicate what reporting form was used.

Contact interview date

- If you can interview the contact, please indicate the date the interview occurred.

Referred to PCP for evaluation

- Was the contact referred to a Primary Care Physician (PCP) for evaluation?

Create/Edit Contact

Are you ready to save and copy this information to the other event?

- Once you have completed the **Contacts Information** section:
 - If the contact becomes a new WDRS case or is already an existing WDRS case, select **“Yes.”** Information on this screen will be copied to a question package named **Link to Original Patient in the contact’s** case record.
 - If the contact is not known to be a Hepatitis B or C case, leave this field blank.
- Multiple contacts can be recorded by selecting the **“Add New”** button that appears next to the selection box



Command Buttons

Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

External Data Question Package



Please leave fields blank if the question was not asked or is not applicable.

Overview

Use this section to record data from Department of Corrections and Vital Statistics as well as an LHJ specific case ID number.

Hepatitis B & C

Department of Corrections	
Department of corrections number	<input type="text"/>
DOC alias	<input type="text"/>
DOC alternate date of birth	<input type="text" value="MM/DD/YYYY"/>
DOC alternate SSN	<input type="text"/>
Vital Statistics	
Death certificate number	<input type="text"/>
Birth certificate number	<input type="text"/>
Child's birth certificate number	<input type="text"/>
LHJ-specific	
LHJ case ID	<input type="text"/>

Department of Corrections

- Department of corrections number
- DOC alias (◆)
- DOC alternate date of birth (◆)
- DOC alternate SSN (◆)

Vital Statistics

- Death certificate number
- Birth certificate number
 - This field is for the case’s birth certificate number.
- Child’s birth certificate number

- This is a repeatable field for the child/children’s birth certificate number if the case is the gestational parent.

LHJ-specific

- **LHJ case ID (◆)**
 - This is a repeatable field for tracking LHJ-specific case identifiers.
 - If populated, additional fields for county/jurisdiction associated with the ID and subtype (if applicable) will appear.



Command Buttons

Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Workflow-Specific Question Package



Please leave fields blank if the question was not asked or is not applicable.

Overview

This question package was created for fields that are used solely for workflows. For example, users may use this question package to trigger an event to flow into a workflow after a certain date, to set reminders for follow up (see Case management section below).

Hepatitis B & C

Case management

Case management	
Case follow-up needed	
Date for follow-up	01/01/2022 ⊞ Add New
Reason for follow-up	<input type="radio"/> Determine whether additional lab testing was performed <input type="radio"/> Other
Subtype/disease status associated with follow-up	<input type="text"/>
Assigned investigator	<input type="text"/> ⊞ 🗑️
Assigned county	<input type="text"/>
Notes	<input type="text"/>
Follow-up completed or no longer needed	<input type="checkbox"/> Yes

Save Cancel Help

Case follow-up needed

Users may use these fields to trigger an event to flow into the [HEP – HCV events that need case follow-up](#) or [HEP – HBV events that need case follow-up](#) workflows after a certain date (**Date for follow-up**). This will allow investigators to set reminders for themselves to follow up with a case for any reason (e.g. additional lab testing). Selecting the **Follow-up completed or no longer needed** box will cause events in the workflow to exit.

Date for follow-up (◆)

- This is a repeatable field to indicate the date that you would like to be notified that follow-up on this case is needed.

Reason for follow-up

- Indicate whether you are following up to determine whether additional lab testing was performed or specify other reason for follow-up.

Subtype/disease status associated with follow-up

- Select from acute, chronic, or perinatal.

Assigned investigator

- Select the search icon to search for and select the WDRS username for the assigned investigator.



Assigned county

- Select the assigned county from the drop-down list.

Notes

- Use this space to record notes related to the follow-up (e.g. “Check on RNA”).

Follow-up completed or no longer needed

- Check this box to indicate that the follow-up has been completed or is no longer needed.

Command Buttons



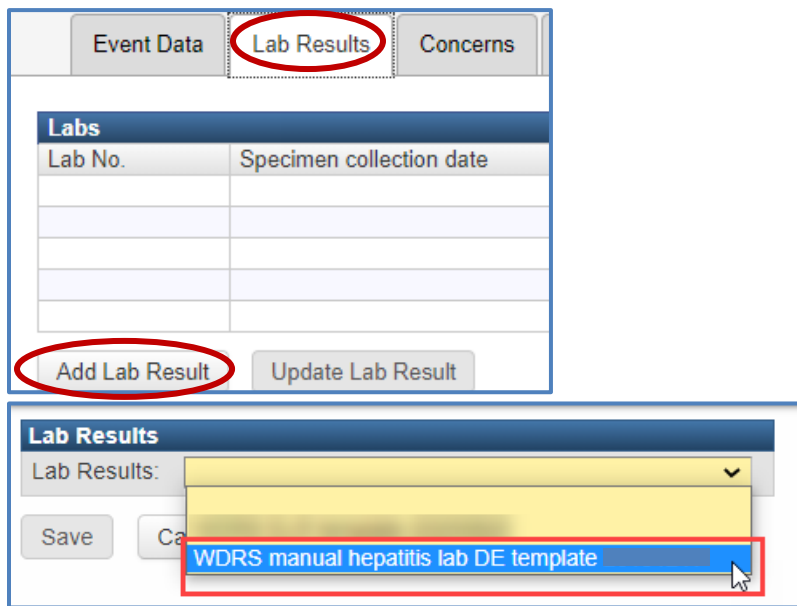
Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Appendix A. Required Lab Tests & Results

Overview

Use this appendix as a guide to determine which laboratory tests and results are required to be entered. Enter all laboratory results in the **Lab Results** tab by selecting “Add Lab Result” (see below). Please refer to the cross-domain [WDRS Lab Results Instruction Manual](#) for specific instructions on how to enter laboratory results.

Race or ethnicity data within a lab report should be entered in the **Patient race** and **Patient ethnicity** sections in the Lab Results tab. This will allow data submitted by laboratories to be distinguishable from race/ethnicity information collected via case investigation (e.g. patient interview) that are entered in a Wizard or the Demographics question package.



Hepatitis B & C

Brief overview of required tests to enter (if available):

Hepatitis B	Hepatitis C
Alanine aminotransferase (ALT)	Alanine aminotransferase (ALT)
Hepatitis A IgM ^a	Bilirubin (total)
Hepatitis B core antigen IgM (anti-HBc IgM)	HCV RNA (qual. and quant.)
Hepatitis B e antigen (HBeAg)	Hepatitis A IgM ^a
Hepatitis B genotype	Hepatitis B core antigen IgM (anti-HBc IgM)

Hepatitis B surface antigen (HBsAg)	Hepatitis C antibody
Hepatitis B virus DNA (qual. and quant.)	Hepatitis C antibody signal-to-cut-off ratio
Hepatitis Delta (D) RNA	Hepatitis C antigen ^b
Hepatitis Delta (D) antibody (anti-HDV)	Hepatitis C genotype
Hepatitis Delta (D) antigen	

^a Result used to aid with differential diagnosis

^b When an FDA-approved test is available

Brief overview of required fields to enter:

- **County assigned to patient in lab report** and **Type of address used for assignment**
- **Performing lab for entire report** or **WDRS performing organization** (Test laboratory).
 - If not available, then **WDRS ordering provider**.
 - If **WDRS ordering provider** is not available, then **WDRS ordering facility**.
- **Specimen identifier/accession number** (not required, but highly recommended)
- **Specimen collection date**
- **WDRS test performed** (Test type)
- **WDRS test result, coded** if you are inputting non-numeric results (i.e. genotype)
- If a numeric result is given, enter:
 - **WDRS result, comparator, if present** (e.g. less than symbol)
 - **WDRS result, numeric only** (actual numeric result)
 - **WDRS units of measure, if present** (e.g. IU/mL)
 - **WDRS result summary**, but not needed for ALT or other similar liver function values (e.g. positive, negative)

Required tests and fields for manual Hepatitis B lab entry in WDRS

Test	Alanine aminotransferase (ALT)	Hepatitis A IgM	Hepatitis B core antigen IgM (anti-HBc IgM)	Hepatitis B e antigen (HBeAg)	Hepatitis B genotype	Hepatitis B surface antigen (HBsAg)	Hepatitis B virus DNA, Qualitative	Hepatitis B virus DNA, Quantitative	Hepatitis Delta (D) RNA	Hepatitis Delta (D) antibody (anti-HDV)	Hepatitis Delta (D) antigen
Lab report information											
✓, "County assigned to patient in lab report" and "Type of address used for assignment." These fields will ensure that manually entered labs can always be associated with the correct jurisdiction (e.g. if case deduplication were to occur and accountable county is modified).											
✓, "Performing lab for entire report" or "WDRS performing organization" (<i>Test laboratory</i>). <ul style="list-style-type: none"> If not available, then "WDRS ordering provider". If "WDRS ordering provider" is not available, then "WDRS ordering facility". 											
<i>Tips for searching for lab/facility name: leverage wildcard asterisks (*) (e.g. *quest*), or search by zip code of the facility address</i>											
Specimen											
Specimen identifier/accession number	Not required, but highly recommended in case further follow-up is needed										
Specimen collection date	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Test performed and result											
WDRS test performed (<i>Test type</i>)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WDRS test result, coded (<i>i.e. non-numeric results like genotype</i>)					✓						
WDRS test result, comparator (<i>e.g. < symbol</i>)	✓, if present							✓, if present	✓, if present		
WDRS result, numeric only (<i>Actual numeric result</i>)	✓							✓	✓		
WDRS units of measure (<i>e.g. IU/mL</i>)								✓	✓		
WDRS result summary (<i>e.g. positive or negative</i>)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Race or ethnicity data within a lab report should be entered in the Patient race and Patient ethnicity sections in the Lab Results tab. This will allow data submitted by laboratories to be distinguishable from race/ethnicity information collected via case investigation (e.g. patient interview) that are entered in a Wizard or the Demographics question package.

Required tests and fields for manual Hepatitis C lab entry in WDRS

Test	Alanine aminotransferase (ALT) or Bilirubin	HCV RNA (NAT) qualitative	HCV RNA (NAT) quantitative	Hepatitis A IgM	Hepatitis B core antigen IgM (anti-HBc IgM)	Hepatitis C antibody	Hepatitis C antibody signal-to-cut-off (s/co) ratio	Hepatitis C antigen (when test available)	Hepatitis C genotype
Lab report information									
✓, "County assigned to patient in lab report" and "Type of address used for assignment." These fields will ensure that manually entered labs can always be associated with the correct jurisdiction (e.g. if case deduplication were to occur and accountable county is modified).									
✓, "Performing lab for entire report" or "WDRS performing organization" (<i>Test laboratory</i>). <ul style="list-style-type: none"> • If not available, then "WDRS ordering provider". • If "WDRS ordering provider" is not available, then "WDRS ordering facility". 									
<i>Tips for searching for lab/facility name: leverage wildcard asterisks (*) (e.g. *quest*), or search by zip code of the facility address</i>									
Specimen									
Specimen identifier/accession number	Not required, but highly recommended in case further follow-up is needed								
Specimen collection date	✓	✓	✓	✓	✓	✓	✓	✓	✓
Test performed and result									
WDRS test performed (<i>Test type</i>)	✓	✓	✓	✓	✓	✓	✓	✓	✓
WDRS test result, coded (<i>i.e. non-numeric results like genotype</i>)									✓
WDRS test result, comparator (<i>e.g. < symbol</i>)	✓, if present		✓, if present				✓, if present		
WDRS result, numeric only (<i>Actual numeric result</i>)	✓		✓				✓		
WDRS units of measure (<i>e.g. IU/mL</i>)			✓						
WDRS result summary (<i>e.g. positive or negative</i>)		✓	✓	✓	✓	✓	✓	✓	✓

Race or ethnicity data within a lab report should be entered in the Patient race and Patient ethnicity sections in the Lab Results tab. This will allow data submitted by laboratories to be distinguishable from race/ethnicity information collected via case investigation (e.g. patient interview) that are entered in a Wizard or the Demographics question package.

Appendix B: Wizards

Wizards are a way to make data entry or data viewing easier. They take relevant questions from the different question packages to create one page for data entry. Wizards are the recommended method of data entry.



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

The following wizards are available for Hepatitis B and C cases:

Hepatitis B	Hepatitis C
<ul style="list-style-type: none"> • Acute Hepatitis B Wizard • Chronic Hepatitis B Surveillance Wizard • Chronic Hepatitis B Interview Wizard • Perinatal Hepatitis B Wizard 	<ul style="list-style-type: none"> • Acute Hepatitis C Wizard • Chronic Hepatitis C Long Form Wizard • Chronic Hepatitis C Short Form Wizard • Chronic Hepatitis C Minimum Required Fields Wizard • Chronic Hepatitis C Lab Surveillance Wizard • Perinatal Hepatitis C Wizard

The following sections are consistent across most wizards (exact details of screenshots may differ slightly):

Administrative

ADMINISTRATIVE	
Select 'Yes' to enter data for an ACUTE hepatitis B case	Yes ▾
Confirm acute case By: Izumi Chihara Date and time: 04/28/2018 08:08 AM	<input checked="" type="checkbox"/> Yes
Unlock	<input type="checkbox"/> Yes
Hepatitis D co-infected	Yes ▾
Confirm hepatitis D co-infected case By: Izumi Chihara Date and time: 04/28/2018	<input checked="" type="checkbox"/> Yes
Unlock	<input type="checkbox"/> Yes

Confirm subtype

- Select “Yes” to confirm subtype (acute, chronic, or perinatal) as soon as possible. Additional question packages will become available after subtype is confirmed.

- If hepatitis D co-infected, select “Yes” to “Hepatitis D co-infected” (applies to Hepatitis B events only).
- **After confirming subtype: removing the subtype in the Administrative question package, after data has been entered, will result in data loss.**
- **If you believe there is a need to change an event from acute/perinatal to chronic, or vice versa, first reach out to Hepatitis@doh.wa.gov to verify that data loss will not occur.** Events may be reportable as acute or perinatal in one year, but chronic in a later year; in this scenario, both acute or perinatal and chronic subtypes should remain selected.



Event Administration

Acute Event Administration	
Acute Case ID	A-101557060
Select the reporting address to assign the county of diagnosis.	
Street address	1610 NE 150th St
Street address 2	
City	Shoreline
State	WA ▾
Zip code	98155
County	King County
Country	USA
Address type	Home ▾
Address within city limits	▾
Washington state resident	Yes ▾
* Accountable county, acute i	King County ▾
Accountable county override, acute	▾
Record creation date	04/22/2022
* LHJ notification date	09/01/2022
* Investigator	
Investigation start date	09/02/2022
* Investigation status	Complete ▾
LHJ investigation complete date	09/21/2022
LHJ case classification	Confirmed ▾
* LHJ record complete date i	
LHJ record complete date will remain locked until all of the following fields have been answered: 1 - Accountable county, 2 - LHJ notification date, 3 - Investigator, and 4 - Investigation Status	

Address Information

- Select the address at the time of reporting in Washington State. The [county of diagnosis](#) (accountable county) will autofill based on address selected.

Choose Associated Address

Available Contact Points						
Start Date	End Date	Address Type	Address	Residence Type	Address Status	Select
04/28/2018	01/01/2030	Home	1610 NE 150th St Shoreline, WA 98155 King County	Private Residence		Select as Official Address
01/01/1900	04/28/2018	Home	WA			Select as Official Address

Close Help

- To edit or add an address, navigate to the **Event Summary** screen, click on the **Persons** tab, and select “Edit Person.” You can also click on the hyper-linked name of the person in the **Basic Information** section and select “Edit Person” (see [Tips and Tricks](#)).
- If the record was created by an Electronic Laboratory Report (ELR) submission, the address on the lab report will be copied into the person record automatically. It can then be selected using the address selection link in the wizard.
- If a residential address is not available, the address of the provider or laboratory will be used to assign a record to an accountable county.
- To enter address information for a person experiencing homelessness, select “Other” for **Address Type**, then select “Homeless” for **Residence Type**.

LHJ notification date

- Enter the date that the Local Health Jurisdiction (LHJ) was notified of the event.
- The **LHJ notification date** can be different than the **Report date**. For example, if King County received a Pierce County lab result dated 2/1 and sent the lab to Pierce County on 2/5, the **Report date** would be 2/1 and the **LHJ notification date** would be 2/5.

Investigator

- Use this field to record the investigator responsible for this event.
- Select the **search icon** to search for and select your WDRS username (this is the same as your SAW user ID).



* Investigator 

Search User

<p>Search Criteria</p> <p>Username: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>First Name: <input type="text"/></p> <p>Status: <input type="text" value="Active"/></p> <p>Role: <input type="text"/></p> <p>Group: <input type="text"/></p> <p><input type="button" value="Search"/> <input type="button" value="Clear"/></p>	<p>Search Results</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th colspan="3">Search Results</th> </tr> <tr style="background-color: #D3D3D3;"> <th style="width: 33%;">Username</th> <th style="width: 33%;">Full Name</th> <th style="width: 33%;">Status</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;">No search done</td> </tr> </tbody> </table> <p style="text-align: center;">Showing 0 to 0 of 0 entries</p> <p style="text-align: center;">First Previous Next Last</p> <p style="text-align: center;"><input type="button" value="Select"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/></p>	Search Results			Username	Full Name	Status	No search done		
Search Results										
Username	Full Name	Status								
No search done										

Investigation start date

- The investigation start date is the date the investigator initiated action on the event.

Investigation status

- The investigation status must be marked as “Complete,” “Complete – not reportable to DOH,” or “Unable to complete” to enter a record complete date.

LHJ investigation complete date

- The investigation complete date is entered when an LHJ has completed their active investigation. This date is different than the record complete date.

LHJ record complete date

- The record complete date is entered when the LHJ is ready to complete the event.
- To complete an event, you must have the following fields answered:
 - County of diagnosis (accountable county).
 - LHJ notification date.
 - Investigator.
 - Investigation start date.
 - Investigation status.
 - Disease status. The hepatitis event must have a confirmed subtype (acute, chronic, or perinatal). An event cannot be closed with a pending subtype.
- For acute hepatitis events, entering a date in this field will lock the event information, so all data entry for these events must be complete before entering a record complete date. If you need to go back and edit data, click “unlock” under record complete date, make your changes, and click “unlock” again.**



Acute Hepatitis B Wizard



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

Wizards are a way to make data entry or data viewing easier. The Acute Hepatitis B Wizard (called “**Hepatitis B & D Acute**” in WDRS) matches the official DOH [“Hepatitis B – Acute” case reporting form](#). The Acute Hepatitis B Wizard should be used for patients who meet the [CDC/CSTE case definition](#) for acute hepatitis B.

For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, please see the introductory [Wizards](#) section of this guide.

Outbreak

Only used in the event of an Outbreak. Call or email WA DOH viral hepatitis epidemiology staff at hepatitis@doh.wa.gov in the event of an outbreak.

Report Source(s)

REPORT SOURCE(S)	
* Report source <input type="checkbox"/>	Healthcare provider <input type="text"/> <input type="button" value="Add New"/>
* Report date	09/12/2022 <input type="text"/>
Reporter	Not answered <input type="text"/>
Organization	Not answered <input type="text"/>
Telephone	<input type="text"/>
Diagnosis at a state correctional facility	<input type="text"/>

Report source (◆)

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form)

Report date










- Report date is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.

Diagnosis at a state correctional facility

- This field is for documenting whether the case was diagnosed at a state-run correctional facility. This should only be marked “Yes” for cases diagnosed in

Washington Department of Corrections facilities and should NOT be marked “Yes” for cases diagnosed at state hospitals, county jails, or federal detention centers.

Demographics

DEMOGRAPHICS	
* Date of birth 	01/01/1990
* Sex 	Female 
* Ethnicity	
Race	
Suggested open-ended language if interviewing patient: What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like.	
Indicate ALL race values reported under "Race" and "Additional race(s)" fields.	
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Patient declined to respond <input type="checkbox"/> Unknown <input type="checkbox"/> Other race
*Specify whether American Indian and/or Alaska Native (required if available)	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native
*Specify whether Native Hawaiian and/or other Pacific Islander (required if available)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander
* Additional race(s)	
Country of birth	
Primary/preferred language	  
Patient is employed and/or student (including daycare)	<input type="checkbox"/> Employed <input type="checkbox"/> Student (including daycare) <input type="checkbox"/> Unknown

Date of birth

- This field will autofill based on the birth date entered on the initial **Person** page when the contact was created. To edit birth date information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Sex

- This field will autofill based on the sex selected on the initial **Person** page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit sex information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Race

- Select the patient’s race
 - Specify whether American Indian and/or Alaska Native, if applicable.
 - Specify whether Native Hawaiian and/or other Pacific Islander, if applicable.

Additional Race(s) (◆)

- Select additional races for the patient as necessary. Multiple entries are possible by selecting the “Add New” link.

Primary/preferred language

- Indicate the language the patient prefers for communication by selecting the search icon and entering for the name of the language. If you are unsure of spelling you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).
- Once you have found the language desired, select from the list generated below by double clicking on the language or single click on the language and click the “Select” button. You can remove languages with the trash icon next to the window.






Primary/preferred language	Spanish	 
Translator needed	Yes	

Patient is employed and/or student (including daycare)

- Indicate whether the patient is employed and/or a student.
- Additional questions will appear once you select “Employed” or “Student (including daycare).”

Patient is employed and/or student (including daycare)	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Student (including daycare) <input type="checkbox"/> Unknown
School/child care	<input type="text"/>
Zip code (school)	<input type="text"/>

Communications

COMMUNICATIONS	
OK to talk with patient	Yes
Contact attempts: Please document all attempts to gather information, including patient interview, provider outreach, or medical record abstraction.	
Contact attempted	Yes
Date of contact attempt	09/08/2022  Add New
Contact attempt type	<input type="text"/>
Contact attempt outcome	<input type="text"/>
Other interviewer (if not a WDRS user)	<input type="text"/>
Interviewer	<input type="text"/>  
Interviewer's jurisdiction	<input type="text"/>
Was patient acute, chronic or perinatal at the time of contact attempt?	<input type="text"/>
Notes	<input type="text"/>

Contact attempted

- If yes, additional questions will appear:

- **Date of contact attempt (◆)** is required to be filled in.
- **Contact attempt type**
 - Indicate what method of contact was used.
- **Contact attempt outcome**
 - Indicate here what the outcome of the contact attempt was (left message, unable to contact).
- **Other interviewer**
 - If the interviewer is not a WDRS user, enter their name here (free text field).
- **Interviewer**
 - If the interviewer is a WDRS user, search for and select their name here.
- **Interviewer’s jurisdiction**
 - Select the interviewer’s county of jurisdiction.
- **Was patient acute, chronic or perinatal at the time of contact attempt?**
 - Select the patient’s subtype here or select unknown.
- **Notes**
 - Free text space for any additional notes about the contact and interview

Alternative Contact

Alternative Contact	
Type ▾	Spouse/partner ▾
Name	name of partner
Phone number	(000) 000-0000
Type ▾	Friend ▾ Add New
Name	name of friend
Phone number	(000) 000-0000

Alternative Contact Type (◆)

- Select friend, parent/guardian, spouse/partner, or other for contact type

Clinical Evaluation

CLINICAL EVALUATION	
Illness duration (days)	
* Symptom onset date	01/15/2018 <input type="text"/>
Derived onset date	No ▾
* Acute diagnosis date	04/01/2018 <input type="text"/>
Date of diagnosis accuracy	Exact ▾
Date of diagnosis inexact date	04/01/2018 <input type="text"/>
* Discrete onset of symptoms	Yes ▾
* Acute symptoms consistent with hepatitis (such as jaundice, vomiting, diarrhea, abdominal cramps, loss of appetite, fatigue, fever)	Yes ▾
If diarrhea, onset date	03/20/2018 <input type="text"/>
* Pale stool, dark urine (jaundice)	Yes ▾
If yes, onset date	03/20/2018 <input type="text"/>

Fields marked with asterisks (*) in this section are very important for classifying and reporting hepatitis events to CDC.

For **Symptom onset date** and **Acute diagnosis date**, see [Tips and Tricks](#) for guidance on [uncertain dates](#).

Vaccination History

Vaccination History	
Washington Immunization Information System (WA IIS) number	<input type="text"/>
Documented immunity to hepatitis A (due to either vaccination or previous infection)	<input type="text" value="v"/>
Number of doses of HAV vaccine in past	<input type="text" value="v"/>
Number of doses of HBV vaccine in past	<input type="text" value="v"/>

Documented immunity to hepatitis A

- Select “Yes” for this field only if documented doses with dates are available. When patient reports vaccination but no documentation of doses is available, select “Unknown” and make a note on the **Event Summary** dashboard.

Pregnancy

PREGNANCY	
Pregnant <input type="checkbox"/>	Yes <input type="text" value="v"/> Add New
Date that the individual was assessed for pregnancy	MM/DD/YYYY <input type="text"/>
Subtype at time of this pregnancy	<input type="text" value="v"/>
* Estimated delivery date	MM/DD/YYYY <input type="text"/>
OB name	Not answered <input type="text"/>
OB phone	<input type="text"/>
Complications during pregnancy	<input type="text" value="v"/>
Reported to Perinatal Hepatitis B Prevention Program (PHBPP)	<input type="text" value="v"/>
Perinatal Hepatitis B Prevention Program (PHBPP) Case ID	<input type="text"/>
Would you like to add a new infant?	<input type="text" value="v"/>

Pregnant (◆)

- Multiple instances of pregnancy assessment can be recorded by selecting the “Add New” button. Record whether pregnancy status was “Yes,” “No,” or “Unknown.”

Date that the individual was assessed for pregnancy

- Populate the date that assessment of pregnancy occurred.

Subtype at time of this pregnancy

- Different subtypes (acute or chronic) can be recorded for each instance of pregnancy assessment.

Estimated delivery date

- Estimated delivery date is a required field, if available. If delivery date is completely unknown, leave the field blank. If only the month and year are known, input the 1st for day.

OB Name

- Use the **search icon** to select the name of the OB/GYN. If you are unsure of spelling you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).



Reported to Perinatal Hepatitis B Prevention Program (PHBPP)



- “Reported to Perinatal Hepatitis B Prevention Program (PHBPP)” = “Yes” is required for any woman with acute or chronic hepatitis B that is noted as pregnant at the time of initial report, or at the time of any subsequent positive test report.

Would you like to add a new infant (♦)

- After delivery, it is possible to enter and track the information of infants in WDRS (optional). Multiple entries for multiple pregnancy (twins, triplets, etc.) are possible. However, if this is done, it is important that all HBIG, vaccine dose information, and post testing date and result must **also** be entered into the PHBPP case management module so that it is available to the DOH PHBPP Coordinator for program management and outcome tracking purposes.

Laboratory Diagnostics

LABORATORY DIAGNOSTICS	
Enter all laboratory results in the Investigation Template/Lab Tab.	
Negative HBsAg within the prior six months	Yes ▼
Hepatitis B surface antigen (HBsAg)	▼
Hepatitis B core antigen IgM (anti-HBc IgM)	▼
HBeAg	▼
HBV DNA qualitative	▼
HBV DNA quantitative	
HBV genotype	
Anti-HDV	▼
HDV RNA	▼
Lab test for acute HDV infection	▼
ALT (SGPT) collection date	




- Only “**Negative HBsAg within the prior six months**” can be entered here.

- You must use the **Lab Results** tab for manually entering lab results. Refer to the [WDRS Lab Results Instruction Manual](#) for specific instructions on how to enter laboratory results. See [Appendix A](#) for an overview of required fields and tests for both Hepatitis B and Hepatitis C.

Hospitalization

HOSPITALIZATION	
Hospitalized at least overnight for this illness ☐	Yes ▼ Add New
Hospital - facility name	Not answered 🔍
Hospital record number	
Admitted date	03/20/2018 📅
Discharged date	03/22/2018 📅
Length of stay (days)	2

Hospitalized at least overnight for this illness? (◆)

- If yes, additional questions will appear.
 - Hospital - facility name:** Use the **search icon** to select a hospital name. It is suggested that you use the [Wildcard Function](#) (see [Tips and Tricks](#)). 
 - If the facility name is not on the search results list, type “***not listed**” in name box and hit search. Select **health care facility not listed** in search results box and type out the facility name in the specify hospital field.

Death

DEATH	
If deceased, please change the vital status and update date of death on the Edit Person screen.	
Deceased	Alive ▼

- To enter death data, the vital status must be marked as dead in the **Persons** tab after the event has been created.
- To change vital status, you must select “Edit Person” in the **Persons** tab (see [Tips and Tricks](#)).
 - If the person died, information related to their death and the ability to input if the Cause of Death was hepatitis-related can be inputted after vital status was changed in the **Persons** tab.

DEATH	
If deceased, please change the vital status and update date of death on the Edit Person screen.	
Deceased	Dead ▼
Date of death	09/12/2022
Source used to verify vital status	▼
Death document ID	
Cause of death	▼

Exposure

EXPOSURE	
Exposure dates: 180 days before symptoms onset date to 45 days before symptoms onset date: 09/21/2017 to 02/03/2018	
Travel out of state, out of the country or outside of usual routine	Yes <input type="checkbox"/>
Traveled out of <input type="checkbox"/>	Country <input type="text"/> Add New
Country	<input type="text"/>
Destination	<input type="text"/>
Date left	MM/DD/YYYY <input type="text"/>
Date returned	MM/DD/YYYY <input type="text"/>
Case knows anyone with similar symptoms	Yes <input type="checkbox"/>
Contact with a confirmed or suspected hepatitis B case (acute or chronic)	Yes <input type="checkbox"/>
Type of contact <input type="checkbox"/>	Household <input type="text"/> Add New
Household or sexual contact from endemic country	Yes <input type="checkbox"/>
Specify endemic country	<input type="text"/>
Congregate living	
Congregate living	Yes <input type="checkbox"/>
Type of congregate living <input type="checkbox"/>	Long term care <input checked="" type="checkbox"/> Add New
Diabetic who lives in congregate living situation (school, assisted living facility, skilled nursing home, group home)	Yes <input type="checkbox"/>
Any suspect medical or dental exposure	Yes <input type="checkbox"/>
Describe	<input type="text"/>
Surgery (including outpatient), other medical procedures, hospitalized during exposure period	Yes <input type="checkbox"/>
Describe	<input type="text"/>
Surgery (including outpatient, other than oral surgery)	<input type="text"/>
Other medical procedures	<input type="text"/>
Hospitalized during exposure period	<input type="text"/>
Hemodialysis	Yes <input type="checkbox"/>
IV or injection as outpatient/IV infusion or injection in outpatient setting	Yes <input type="checkbox"/>
Transfusion, blood product or transplant	Yes <input type="checkbox"/>
Date of receipt	MM/DD/YYYY <input type="text"/>
Type of product	<input type="text"/>
Dental work or oral surgery	Yes <input type="checkbox"/>
Accidental stick or puncture with sharps contaminated with blood or body fluid	Yes <input type="checkbox"/>
Other exposure to someone else's blood (including first aid)	Yes <input type="checkbox"/>
Employed in job with potential for exposure to human blood or body fluids	Yes <input type="checkbox"/>
Job type	<input type="text"/>
Frequency of direct blood or body fluids	<input type="text"/>
Ear or body piercing	Yes <input type="checkbox"/>
Body site	<input type="text"/>
Received acupuncture	Yes <input type="checkbox"/>
Tattoo recipient	Yes <input type="checkbox"/>
Tattoo was performed at	<input type="text"/>
Body site of tattooing	<input type="text"/>
Shared razor, toothbrushes or nail care items	Yes <input type="checkbox"/>

Injected drugs not prescribed by doctor, even if only once or a few times	Yes ▾
Injection drug use type (check all that apply)	<input type="checkbox"/> Heroin (includes Diacetylmorphine) <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> MDMA <input type="checkbox"/> Ketamine <input type="checkbox"/> PCP <input type="checkbox"/> Anabolic steroids <input type="checkbox"/> Opioids (prescription or non-prescription) <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Shared needles	▾
Shared other injection equipment	▾
Ever used needle exchange services	▾
Non-injection street drug use/use street drugs	Yes ▾
Specify drug(s)	<input type="text"/>
Route of administration	▾
Used drugs not prescribed by a doctor and route of administration is unknown	Yes ▾
Type:	<input type="checkbox"/> Heroin (includes Diacetylmorphine) <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> MDMA <input type="checkbox"/> Ketamine <input type="checkbox"/> PCP <input type="checkbox"/> Opioids (prescription or non-prescription) <input type="checkbox"/> Anabolic steroids <input type="checkbox"/> Other <input type="checkbox"/> Unknown

Received treatment for an STD	Yes ▾
Year of most recent STD treatment	<input type="text"/>
Number of female sexual partners (during exposure period)	<input type="text"/>
Number of male sexual partners (during exposure period)	<input type="text"/>
Possible hepatitis B reactivation	Yes ▾
Suspected reactivation cause (check all that apply)	<input type="checkbox"/> Cancer chemotherapy <input type="checkbox"/> Immunosuppressive therapy (e.g., rituximab or other drugs which target B lymphocytes, high-dose steroids, anti-TNF agents) <input type="checkbox"/> Patient with HIV infection who has discontinued HBV active antiviral drugs <input type="checkbox"/> Undergoing solid organ or bone marrow transplantation <input type="checkbox"/> Undergoing or recently had HCV treatment <input type="checkbox"/> Other



Acute exposures are asking only about the exposure period, which is 180 days (6 months) before symptom onset to 45 days before symptom onset.

Exposure dates: 180 days before symptoms onset date to 45 days before symptoms onset date

- Exposure dates will auto-calculate based on the symptom onset date entered in the [Clinical Evaluation](#) question package.
- For a case classified as acute via anti-HCV or HCV RNA test conversion, in the absence of clinical criteria, 12 months to 14 days before onset date should be considered.

Travel out of state, out of the country or outside of usual routine (♦)

- If yes, select whether they traveled out of “Country,” “County,” “State,” or “Unknown” and populate the destination, date left, and date returned.

Contact with a confirmed or suspected hepatitis B case (♦)

- If yes, select type of contact.

Congregate living (♦)



- If yes, select type of congregate living.
- Use this field to indicate if incarceration in prison or jail was a potential exposure for the patient:

Congregate living	Yes	▼
Type of congregate living <input type="checkbox"/>	Corrections	▼ Add New
Type of corrections		▼
Incarcerated longer than 24 hours		▼

Any suspect medical or dental exposure

- If yes, describe exposure.
- A suspect medical or dental exposure includes any potential blood-borne exposure not listed.

Surgery (including outpatient), other medical procedures, hospitalized during exposure period

- If yes, describe exposure and indicate if hospitalized (full hospitalization information should be inputted in the **Clinical Evaluation** section).

Surgery (including outpatient), other medical procedures, hospitalized during exposure period	Yes	▼
Describe	<input type="text"/>	
Surgery (including outpatient, other than oral surgery)		▼
Other medical procedures		▼
Hospitalized during exposure period		▼

Employed in job with potential for exposure to human blood or body fluids

- If yes, additional follow up questions will appear:
 - Job type: Select Medical, Dental, Public Safety, Tattoo/Piercing, Other (specify in free text field).
 - Frequency of direct blood or body fluids: Select Frequent (several times a week), Infrequent, or Unknown.

Employed in job with potential for exposure to human blood or body fluids	Yes	▼
Job type	<input type="text"/>	
Frequency of direct blood or body fluids		▼

Ear or body piercing (♦)

- If yes, additional follow up questions will appear:

- Specify: specify the body site of the piercing.
- Address/name: specify the address and name of the shop that performed the piercing.
- Body piercing was performed at: select one of the following
 - Commercial parlor/shop.
 - Correctional facility.
 - Other.
 - If other, specify the location.

Tattoo recipient (◆)

- If yes, additional follow up questions will appear:
 - Tattoo was performed at: select one of the following
 - Commercial parlor/shop.
 - Correctional facility.
 - Other.
 - If other, specify the location.

Ever injected drugs not prescribed by doctor, even if only once or a few times

- If yes, additional follow up questions will appear:
 - Select injection drug use type.
 - **Make sure to check all that apply.**
 - Select “Yes” if shared needles
 - Select “Yes” if shared other injection equipment
 - Select “Yes” if ever used needle exchange services



Ever used non-injection street drug use/use street drugs

- Specify which drug(s) in free text box
- Specify route of administration

Used drugs not prescribed by a doctor and route of administration is unknown

- If yes, additional follow up questions will appear:
 - Select drug type.



- **Make sure to check all that apply.**

Received treatment for an STD

- If yes, additional follow up questions will appear:
 - Input year for most recent year of STD treatment.

Possible hepatitis B reactivation

- If yes, additional follow up questions will appear:
 - Input suspected reactivation cause.
 - **Make sure to check all that apply.**

Possible hepatitis B reactivation	Yes ▼
Suspected reactivation cause (check all that apply)	<input type="checkbox"/> Cancer chemotherapy <input type="checkbox"/> Immunosuppressive therapy (e.g., rituximab or other drugs which target B lymphocytes, high-dose steroids, anti-TNF agents) <input type="checkbox"/> Patient with HIV infection who has discontinued HBV active antiviral drugs <input type="checkbox"/> Undergoing solid organ or bone marrow transplantation <input type="checkbox"/> Undergoing or recently had HCV treatment <input type="checkbox"/> Other

Exposure Summary

Exposure Summary	
* Most likely exposure	Medical/dental procedure ▼
Where did exposure probably occur	In Washington ▼
County	▼
Exposure location name	
Exposure location address	
Exposure location details	
No risk factors or exposures could be identified	No ▼

Most likely exposure

- Most likely exposure is a required field.

Public Health Issues

PUBLIC HEALTH ISSUES AND ACTIONS	
Employed as a health care worker	Yes ▼
Patient in a dialysis or kidney transplant unit	Yes ▼
Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset	Yes ▼
Specify type of donation ☒	Blood products ▼ Add New
Date	MM/DD/YYYY
Agency name	
Location	

Employed as a health care worker

- If yes, this will trigger additional questions to appear under the **Public Health Actions** section.

Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptoms onset

- If yes, specify whether “Blood products,” “Organs,” or “Tissue (including ova or semen)” was donated.

Public Health Actions

Public Health Actions	
Notified blood or tissue bank (if recent donation)	Yes <input type="button" value="v"/>
Counseled on measure to avoid transmission	Yes <input type="button" value="v"/>
Recommended hepatitis A vaccination if at risk and susceptible	Yes <input type="button" value="v"/>
Notified healthcare facility if case had suspected exposure at facility	Yes <input type="button" value="v"/>
Notified healthcare facility if case may have transmitted to others at facility	Yes <input type="button" value="v"/>

If case is health care worker performing invasive procedures, advise strict adherence to recommended infection control practices	Yes <input type="button" value="v"/>
Counseled patient regarding retesting in 3-6 months	Yes <input type="button" value="v"/>
Counseled about transmission risk to baby if pregnant	Yes <input type="button" value="v"/>
Investigate vaccine or postexposure prophylaxis failure	Yes <input type="button" value="v"/>
Failure of vaccine or postexposure prophylaxis	Yes <input type="button" value="v"/>
Other	<input type="text"/>
* Evaluated contacts	Yes <input type="button" value="v"/>
Number of contacts evaluated	2 <input type="text"/>
Recommended prophylaxis of contacts	Yes <input type="button" value="v"/>
Number recommended prophylaxis	2 <input type="text"/>
Recommended vaccination of contacts	Yes <input type="button" value="v"/>
Number recommended vaccination	2 <input type="text"/>

Other

- If other public health actions were taken, then specify (free text).

Evaluated contacts

- Selecting “Yes” to this question will trigger the **Contacts** section in the wizard.
- You must hit “Save and Stay” after selecting “Yes” to this question for the **Contacts** section to allow you to enter information about each contact.
- If you wish to enter contact information for acute hepatitis B, exit the wizard (by saving) and go to the [Contacts question package](#) in the **Event Data** tab.
- The [Contacts question package](#) becomes available for an event if “Evaluated contacts” is marked as “Yes” in the **PH Actions** section.

Administrative

ADMINISTRATIVE	
* LHJ record complete date i	04/28/2018
Unlock acute fields	<input checked="" type="checkbox"/> Yes
LHJ record complete date will remain locked until all of the following fields have been answered: 1 - County of diagnosis (accountable county), 2 - LHJ notifications date, 3 - Investigator, 4 - Investigation Start Date, and 5 - Investigation Status	
DOH review status	<input type="text"/>
DOH case classification	Confirmed
* Indicates required field	

LHJ record complete date



- Entering a date for **LHJ record complete date** will lock the acute event information for editing. **Complete all data entry for acute hepatitis events before entering a record complete date.**



- **Do not change an existing acute event from acute to chronic.** Rather, add a chronic disease status in the [Administrative question package](#). When an acute event is marked as complete in the Administrative question package, all acute fields in the [Exposure question package](#) will be locked.

Command buttons



Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Chronic Hepatitis B Surveillance Wizard



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

Wizards are a way to make data entry or data viewing easier. The Chronic Hepatitis B Surveillance Wizard (called “**Chronic HBV Surveillance Form**” in WDRS) matches the official DOH [“Hepatitis B – Chronic, Surveillance” case reporting form](#). The Chronic Hepatitis B Surveillance Wizard should be used if you have received a report of a new chronic hepatitis B event but you are not able to conduct an interview with the patient. The [Chronic Hepatitis B Interview Wizard](#) should be used if you have received a report of a new chronic Hepatitis B event and plan on investigating and following up with the patient.

For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, please see the introductory [Wizards](#) section of this guide.

Outbreak

Only used in the event of an Outbreak. Call or email WA DOH viral hepatitis staff at hepatitis@doh.wa.gov in the event of an outbreak.

Report Source(s)

REPORT SOURCE(S)	
* Report source <input type="checkbox"/>	Healthcare provider <input type="button" value="Add New"/>
* Report date	MM/DD/YYYY <input type="button" value="Calendar"/>
Reporter	Not answered <input type="button" value="Add"/> <input type="button" value="Delete"/>
Organization	Not answered <input type="button" value="Add"/> <input type="button" value="Delete"/>
Telephone	<input type="text"/>
Diagnosis at a state correctional facility	<input type="button" value="Dropdown"/>

Report source (◆)

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form).




Report date

- **Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.

Diagnosis at a state correctional facility

- **Diagnosis at a state correctional facility** is to document whether or not the case was diagnosed at a state-run correctional facility. This should only be marked “Yes” for cases diagnosed in Washington Department of Corrections facilities and should NOT be marked “Yes” for cases diagnosed at state hospitals, county jails, or federal detention centers.









Communications

COMMUNICATIONS	
OK to talk with patient	Yes ▾
Contact attempts: Please document all attempts to gather information, including patient interview, provider outreach, or medical record abstraction.	
Contact attempted	Yes ▾
Date of contact attempt <input type="checkbox"/>	09/08/2022  Add New
Contact attempt type	<input type="text"/> ▾
Contact attempt outcome	<input type="text"/> ▾
Other interviewer (if not a WDRS user)	<input type="text"/>
Interviewer	<input type="text"/>  
Interviewer's jurisdiction	<input type="text"/> ▾
Was patient acute, chronic or perinatal at the time of contact attempt?	<input type="text"/> ▾
Notes	<input type="text"/>

Contact attempted

- If yes, additional questions will appear:
 - **Date of contact attempt (◆)** is required to be filled in.
 - **Contact attempt type**
 - Indicate what method of contact was used.
 - **Contact attempt outcome**
 - Indicate here what the outcome of the contact attempt was (left message, unable to contact).
 - **Other interviewer**
 - If the interviewer is not a WDRS user, enter their name here (free text field).
 - **Interviewer**
 - If the interviewer is a WDRS user, search for and select their name here.
 - **Interviewer's jurisdiction**
 - Select the interviewer's county of jurisdiction.
 - **Was patient acute, chronic or perinatal at the time of contact attempt?**
 - Select the patient's subtype here or select unknown.
 - **Notes**
 - Free text space for any additional notes about the contact and interview.

Demographics

DEMOGRAPHICS	
* Date of birth 	01/01/1990
* Sex 	Female 
* Ethnicity	
Race Suggested open-ended language if interviewing patient: What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like. Indicate ALL race values reported under "Race" and "Additional race(s)" fields.	
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Patient declined to respond <input type="checkbox"/> Unknown <input type="checkbox"/> Other race
*Specify whether American Indian and/or Alaska Native (required if available)	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native
*Specify whether Native Hawaiian and/or other Pacific Islander (required if available)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander
* Additional race(s)	
Country of birth	
Primary/preferred language	 
Patient is employed and/or student (including daycare)	<input type="checkbox"/> Employed <input type="checkbox"/> Student (including daycare) <input type="checkbox"/> Unknown

Sex, Ethnicity, Race, and Additional race(s) are required fields to populate, if data are available.

Date of birth

- This field will autofill based on the birth date entered on the initial **Person** page when the contact was created. To edit birth date information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Sex

- This field will autofill based on the sex selected on the initial **Person** page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit sex information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Race

- Select the patient’s race.
 - Specify whether American Indian and/or Alaska Native, if applicable.
 - Specify whether Native Hawaiian and/or other Pacific Islander, if applicable.

Additional Race(s) (◆)

- Select additional races for the patient as necessary. Multiple entries are possible by selecting the “Add New” link.



Country of birth

- Select the country the case patient was born in.

Primary/preferred language



- Indicate the language the patient prefers for communication by selecting the search icon and entering for the name of the language. If you are unsure of spelling you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).
- Once you have found the language desired, select from the list generated below by double clicking on the language or single click on the language and click the “Select” button. You can remove languages with the trash icon next to the window.

Primary/preferred language	Spanish	 
Translator needed	Yes	

Patient is employed and/or student (including daycare)

- Indicate whether the patient is employed and/or a student.
- Additional questions will appear once you select “Employed” or “Student (including daycare).”

Patient is employed and/or student (including daycare)	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Student (including daycare) <input type="checkbox"/> Unknown
School/child care	<input type="text"/>
Zip code (school)	<input type="text"/>

Clinical Evaluation

CLINICAL EVALUATION	
Chronic diagnosis date	<input type="text" value="MM/DD/YYYY"/> 
Age at diagnosis (patient reported)	<input type="text"/>

Reason(s) for Initial Screening (select all that apply)	
Prenatal screening	Yes ▼
Follow-up testing for previous marker of viral hepatitis	Yes ▼
Blood/organ donor screening	No ▼
Elevated liver enzymes	No ▼
Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever)	No ▼
Asymptomatic <u>with</u> risk factors	Yes ▼
Other reason for testing	Yes ▼
Specify other reason for testing	<input type="text"/>
Settings of initial screening	<input type="text"/>

Reason(s) for Initial Screening (select all that apply)

- Select yes, no, or unknown to each question on reason for initial screening.

Pregnancy

PREGNANCY	
Pregnant ▾	Yes ▼ Add New
Date that the individual was assessed for pregnancy	MM/DD/YYYY <input type="text"/>
Subtype at time of this pregnancy	▼
* Estimated delivery date	MM/DD/YYYY <input type="text"/>
OB name	Not answered <input type="text"/>
OB phone	<input type="text"/>
Complications during pregnancy	▼
Reported to Perinatal Hepatitis B Prevention Program (PHBPP)	▼
Perinatal Hepatitis B Prevention Program (PHBPP) Case ID	<input type="text"/>
Would you like to add a new infant?	▼

Pregnant (◆)

- Multiple instances of pregnancy assessment can be recorded by selecting the “Add New” button. Record whether pregnancy status was “Yes,” “No,” or “Unknown.”

Date that the individual was assessed for pregnancy

- Populate the date that assessment of pregnancy occurred.

Subtype at time of this pregnancy

- Different subtypes (acute or chronic) can be recorded for each instance of pregnancy assessment.

Estimated delivery date

- Estimated delivery date is a required field, if available. If delivery date is completely unknown, leave the field blank. If only the month and year are known, input the 1st for day.

OB Name

- Use the **search icon** to select the name of the OB/GYN. If you are unsure of spelling you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).



Reported to Perinatal Hepatitis B Prevention Program (PHBPP)



- “Reported to Perinatal Hepatitis B Prevention Program (PHBPP)” = “Yes” is required for any woman with acute or chronic hepatitis B that is noted as pregnant at the time of initial report, or at the time of any subsequent positive test report.

Would you like to add a new infant (♦)

- After delivery, it is possible to enter and track the information of infants in WDRS (optional). Multiple entries for multiple pregnancy (twins, triplets, etc.) are possible. However, if this is done, it is important that all HBIG, vaccine dose information, and post testing date and result must **also** be entered into the PHBPP case management module so that it is available to the DOH PHBPP Coordinator for program management and outcome tracking purposes.

Death

DEATH	
If deceased, please change the vital status and update date of death on the Edit Person screen.	
Deceased	Alive ▾

- To enter death data, the vital status must be marked as dead in the **Persons** tab after the event has been created.
- To change vital status, you must select “Edit Person” in the **Persons** tab (see [Tips and Tricks](#)).
 - If the person died, information related to their death and the ability to input if the Cause of Death was hepatitis-related can be inputted after vital status was changed in the **Persons** tab.

DEATH	
If deceased, please change the vital status and update date of death on the Edit Person screen.	
Deceased	Dead ▾
Date of death	09/12/2022
Source used to verify vital status	▾
Death document ID	
Cause of death	▾

Exposures

EXPOSURES (If not otherwise specified report exposure information over the lifetime)	
Long term hemodialysis	<input type="text"/>
Employed in job with potential for exposure to human blood or body fluids	<input type="text"/>
Born outside US	<input type="text"/>
Ever injected drugs not prescribed by doctor, even if only once or a few times	<input type="text"/>
Possible hepatitis B reactivation	Yes <input type="text"/>
Suspected reactivation cause (check all that apply)	
<input type="checkbox"/> Cancer chemotherapy <input type="checkbox"/> Immunosuppressive therapy (e.g., rituximab or other drugs which target B lymphocytes, high-dose steroids, anti-TNF agents) <input type="checkbox"/> Patient with HIV infection who has discontinued HBV active antiviral drugs <input type="checkbox"/> Undergoing solid organ or bone marrow transplantation <input type="checkbox"/> Undergoing or recently had HCV treatment <input type="checkbox"/> Other	

Born outside the US

- If yes, select the country and number of years in US.

Possible hepatitis B reactivation

- If yes, additional follow up questions will appear:
 - Input suspected reactivation cause.
 - **Make sure to check all that apply.**

Possible hepatitis B reactivation	Yes <input type="text"/>
Suspected reactivation cause (check all that apply)	
<input type="checkbox"/> Cancer chemotherapy <input type="checkbox"/> Immunosuppressive therapy (e.g., rituximab or other drugs which target B lymphocytes, high-dose steroids, anti-TNF agents) <input type="checkbox"/> Patient with HIV infection who has discontinued HBV active antiviral drugs <input type="checkbox"/> Undergoing solid organ or bone marrow transplantation <input type="checkbox"/> Undergoing or recently had HCV treatment <input type="checkbox"/> Other	

Laboratory Diagnostics

LABORATORY DIAGNOSTICS	
Enter all laboratory results in the Investigation Template/Lab Tab.	
Hepatitis B surface antigen (HBsAg) <input type="checkbox"/>	Positive <input type="text"/>
HBsAg collection date	04/01/2018
Hepatitis B core antigen IgM (anti-HBc IgM)	<input type="text"/>
HBeAg <input type="checkbox"/>	Positive <input type="text"/>
HBeAg collection date	04/01/2018

HBV DNA qualitative <input type="checkbox"/>	Positive <input type="text"/>
HBV DNA qualitative collection date	04/01/2018
HBV DNA quantitative	<input type="text"/>
HBV genotype	<input type="text"/>
ALT (SGPT) collection date <input type="checkbox"/>	04/01/2018
Actual value	150
Anti-HDV	<input type="text"/>
HDV RNA	<input type="text"/>
Lab test for acute HDV infection	<input type="text"/>



You must use the **Lab Results** tab for manually entering lab results. Refer to the [WDRS Lab Results Instruction Manual](#) for specific instructions on how to enter laboratory results. See [Appendix A](#) for an overview of required fields and tests for both Hepatitis B and Hepatitis C.

Administrative

ADMINISTRATIVE	
DOH case classification	Probable ▾
DOH case classification override	▾
* Indicates required field	
<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/>	

DOH case classification

- The event will auto-classify based on lab results or will reflect the final case classification after the DOH Hepatitis C team has completed review of the event.

Command buttons



Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Chronic Hepatitis B Interview Wizard



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

Wizards are a way to make data entry or data viewing easier. The Chronic Hepatitis B Interview Wizard (called “**Chronic HBV Interview Form**” in WDRS) matches the official DOH [“Hepatitis B – Chronic, Interview” case reporting form](#). The Chronic Hepatitis B Interview Wizard should be used if you have received a report of a new chronic hepatitis B event and plan on investigating and following up with the patient. [The Chronic Hepatitis B Surveillance Wizard](#) should be used if you have received a report of a new chronic Hepatitis B event but you are not able to conduct an interview with the patient.

For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, please see the introductory [Wizards](#) section of this guide.

Outbreak

Only used in the event of an Outbreak. Call or email WA DOH viral hepatitis staff at hepatitis@doh.wa.gov in the event of an outbreak.

Report Source(s)

REPORT SOURCE(S)	
* Report source	Healthcare provider ▼ Add New
* Report date	MM/DD/YYYY 📅
Reporter	Not answered 🔍 🗑️
Organization	Not answered 🔍 🗑️
Telephone	<input type="text"/>
Diagnosis at a state correctional facility	▼

Report source (◆)

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form).

Report date

- **Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.

Diagnosis at a state correctional facility

- **Diagnosis at a state correctional facility** is to document whether or not the case was diagnosed at a state-run correctional facility. This should only be marked “Yes” for cases diagnosed in Washington Department of Corrections facilities and should NOT be marked “Yes” for cases diagnosed at state hospitals, county jails, or federal detention centers.

Communications

COMMUNICATIONS	
OK to talk with patient	Yes ▼
Contact attempts: Please document all attempts to gather information, including patient interview, provider outreach, or medical record abstraction.	
Contact attempted	Yes ▼
Date of contact attempt	09/08/2022 📅 Add New
Contact attempt type	▼
Contact attempt outcome	▼
Other interviewer (if not a WDRS user)	<input type="text"/>
Interviewer	<input type="text"/> 🔍 🗑️
Interviewer's jurisdiction	▼
Was patient acute, chronic or perinatal at the time of contact attempt?	▼
Notes	<input type="text"/>

Contact attempted

- If yes, additional questions will appear:
 - **Date of contact attempt (◆)** is required to be filled in.
 - **Contact attempt type**
 - Indicate what method of contact was used.

- **Contact attempt outcome**
 - Indicate here what the outcome of the contact attempt was (left message, unable to contact).
- **Other interviewer**
 - If the interviewer is not a WDRS user, enter their name here (free text field).
- **Interviewer**
 - If the interviewer is a WDRS user, search for and select their name here.
- **Interviewer’s jurisdiction**
 - Select the interviewer’s county of jurisdiction.
- **Was patient acute, chronic or perinatal at the time of contact attempt?**
 - Select the patient’s subtype here or select unknown.
- **Notes**
 - Free text space for any additional notes about the contact and interview.

Demographics

DEMOGRAPHICS	
* Date of birth	01/01/1990
* Sex	Female
* Ethnicity	
Race	
Suggested open-ended language if interviewing patient: What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like.	
Indicate ALL race values reported under "Race" and "Additional race(s)" fields.	
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Patient declined to respond <input type="checkbox"/> Unknown <input type="checkbox"/> Other race
*Specify whether American Indian and/or Alaska Native (required if available)	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native
*Specify whether Native Hawaiian and/or other Pacific Islander (required if available)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander
* Additional race(s)	
Country of birth	
Primary/preferred language	
Patient is employed and/or student (including daycare)	<input type="checkbox"/> Employed <input type="checkbox"/> Student (including daycare) <input type="checkbox"/> Unknown

Sex, Ethnicity, Race, and Additional race(s) are required fields to populate, if data are available.

Date of birth

- This field will autofill based on the birth date entered on the initial **Person** page when the contact was created. To edit birth date information, return to the **Event Summary**

page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Sex

- This field will autofill based on the sex selected on the initial **Person** page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit sex information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Race

- Select the patient’s race.
 - Specify whether American Indian and/or Alaska Native, if applicable.
 - Specify whether Native Hawaiian and/or other Pacific Islander, if applicable.

Additional Race(s) (◆)

- Select additional races for the patient as necessary. Multiple entries are possible by selecting the “Add New” link.

Country of birth

- Select the country the case patient was born in.

Primary/preferred language

- Indicate the language the patient prefers for communication by selecting the search icon and entering for the name of the language. If you are unsure of spelling you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).
- Once you have found the language desired, select from the list generated below by double clicking on the language or single click on the language and click the “Select” button. You can remove languages with the trash icon next to the window.



Primary/preferred language	Spanish	 
Translator needed	Yes	▼

Patient is employed and/or student (including daycare)

- Indicate whether the patient is employed and/or a student.
- Additional questions will appear once you select “Employed” or “Student (including daycare).”

Patient is employed and/or student (including daycare)	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Student (including daycare) <input type="checkbox"/> Unknown
School/child care	<input type="text"/>
Zip code (school)	<input type="text"/>

Alternative Contact

Alternative Contact	
Type ▾	Spouse/partner ▾ Add New
Name	name of partner
Phone number	(000) 000-0000

Alternative Contact Type (◆)

- Select friend, parent/guardian, spouse/partner, or other for contact type.

Communications (Optional LHJ use)

COMMUNICATIONS: OPTIONAL LHJ USE - DATA ENTRY IN WDRS IS OPTIONAL FOR THIS SECTION	
Information source ▾	Other local health jurisdiction ▾ Add New
Local health jurisdiction	<input type="text"/>
* Date	04/20/2018 <input type="text"/>
Time	<input type="text"/>
Notes	<input type="text"/>

- Data entry in WDRS is optional for this section.
- Multiple communications can be recorded by selecting the “Add New” button that appears next to the selection box.

Clinical Evaluation

CLINICAL EVALUATION	
Chronic diagnosis date	MM/DD/YYYY <input type="text"/>
Age at diagnosis (patient reported)	<input type="text"/>
Chronic - Reason(s) for Initial Screening (select all that apply)	
Prenatal screening	<input type="text"/>
Follow-up testing for previous marker of viral hepatitis	<input type="text"/>
Blood/organ donor screening	<input type="text"/>
Elevated liver enzymes	<input type="text"/>
Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever)	<input type="text"/>
Asymptomatic <u>with</u> risk factors	<input type="text"/>
Other reason for testing	Yes <input type="text"/>
Specify other reason for testing	<input type="text"/>
Settings of initial screening	<input type="text"/>

Chronic - Reason(s) for Initial Screening (select all that apply)

- Select yes, no, or unknown to each question on reason for initial screening.
- Selecting “Yes” for Other reason for testing will prompt free text field to appear.

Vaccination History

Vaccination History	
Washington Immunization Information System (WA IIS) number	<input type="text"/>
Documented immunity to hepatitis A (due to either vaccination or previous infection)	<input type="text" value="v"/>
Number of doses of HAV vaccine in past	<input type="text" value="v"/>

Documented immunity to hepatitis A

- Select “Yes” for this field only if documented doses with dates are available. When patient reports vaccination but no documentation of doses is available, select “Unknown” and make a note on the **Event Summary** dashboard.

Comorbidities











Comorbidities	
Diabetes	Yes <input type="text" value="v"/>
Diabetes diagnosis date	MM/DD/YYYY <input type="text"/>
Cirrhosis	Yes <input type="text" value="v"/>
Cirrhosis diagnosis date	MM/DD/YYYY <input type="text"/>
Ever diagnosed with liver cancer	Yes <input type="text" value="v"/>
Liver cancer diagnosis date	MM/DD/YYYY <input type="text"/>
Liver transplant	Yes <input type="text" value="v"/>
Liver transplant diagnosis date	MM/DD/YYYY <input type="text"/>
Renal dialysis	Yes <input type="text" value="v"/>
Renal dialysis diagnosis date	MM/DD/YYYY <input type="text"/>
Chronic kidney disease	Yes <input type="text" value="v"/>

Chronic kidney disease diagnosis date	MM/DD/YYYY <input type="text"/>
Patient ever tested for HCV	Yes <input type="text" value="v"/>
Date of last test	MM/DD/YYYY <input type="text"/>
Test result	Negative <input type="text" value="v"/>
Patient ever tested for HIV	Yes <input type="text" value="v"/>
Date of last test	MM/DD/YYYY <input type="text"/>
Test result	Negative <input type="text" value="v"/>

Select yes, no, or unknown to each question on comorbidities.

- If yes, additional questions will appear, such as diagnosis date.
 - For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

Pregnancy

PREGNANCY	
Pregnant 	Yes  Add New
Date that the individual was assessed for pregnancy	MM/DD/YYYY 
Subtype at time of this pregnancy	
* Estimated delivery date	MM/DD/YYYY 
OB name	Not answered  
OB phone	<input type="text"/>
Complications during pregnancy	
Reported to Perinatal Hepatitis B Prevention Program (PHBPP)	
Perinatal Hepatitis B Prevention Program (PHBPP) Case ID	<input type="text"/>
Would you like to add a new infant?	

Pregnant (◆)

- Multiple instances of pregnancy assessment can be recorded by selecting the “Add New” button. Record whether pregnancy status was “Yes,” “No,” or “Unknown.”

Date that the individual was assessed for pregnancy

- Populate the date that assessment of pregnancy occurred.

Subtype at time of this pregnancy

- Different subtypes (acute or chronic) can be recorded for each instance of pregnancy assessment.

Estimated delivery date

- Estimated delivery date is a required field, if available. If delivery date is completely unknown, leave the field blank. If only the month and year are known, input the 1st for day.

OB Name

- Use the **search icon** to select the name of the OB/GYN. If you are unsure of spelling you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).



Reported to Perinatal Hepatitis B Prevention Program (PHBPP)

- “Reported to Perinatal Hepatitis B Prevention Program (PHBPP)” = “Yes” is required for any woman with acute or chronic hepatitis B that is noted as pregnant at the time of initial report, or at the time of any subsequent positive test report.



Would you like to add a new infant (◆)

- After delivery, it is possible to enter and track the information of infants in WDRS (optional). Multiple entries for multiple pregnancy (twins, triplets, etc.) are possible.

However, if this is done, it is important that all HBIG, vaccine dose information, and post testing date and result must **also** be entered into the PHBPP case management module so that it is available to the DOH PHBPP Coordinator for program management and outcome tracking purposes.




Laboratory Diagnostics

LABORATORY DIAGNOSTICS	
Enter all laboratory results in the Investigation Template/Lab Tab.	
Hepatitis B surface antigen (HBsAg) ☐	Positive ▼
HBsAg collection date	04/01/2018
Hepatitis B core antigen IgM (anti-HBc IgM)	▼
HBeAg ☐	Positive ▼
HBeAg collection date	04/01/2018
HBV DNA qualitative ☐	Positive ▼
HBV DNA qualitative collection date	04/01/2018
HBV DNA quantitative	
HBV genotype	
ALT (SGPT) collection date ☐	04/01/2018
Actual value	150
Anti-HDV	▼
HDV RNA	▼
Lab test for acute HDV infection	▼




- You must use the **Lab Results** tab for manually entering lab results. For more information on entering lab results see the [Lab Results Instruction Manual](#).

Hospitalization

HOSPITALIZATION	
Hospitalized at least overnight for this illness ☐	Yes ▼ Add New
Hospital - facility name	Not answered 
Admitted date	MM/DD/YYYY 
Discharged date	MM/DD/YYYY 
Length of stay (days)	

Hospitalized at least overnight for this illness? (◆)

- If yes, additional questions will appear.
 - Hospital - facility name:** Use the **search icon** to select a hospital name. It is suggested that you use the [Wildcard Function](#) (see [Tips and Tricks](#)). 
 - If the facility name is not on the search results list, type “*not listed” in name box and hit search. Select **health care facility not listed** in search results box and type out the facility name in the specify hospital field.

Death

DEATH	
If deceased, please change the vital status and update date of death on the Edit Person screen.	
Deceased	Alive ▾

- To enter death data, the vital status must be marked as dead in the **Persons** tab after the event has been created.
- To change vital status, you must select “Edit Person” in the **Persons** tab (see [Tips and Tricks](#)).
 - If the person died, information related to their death and the ability to input if the Cause of Death was hepatitis-related can be inputted after vital status was changed in the **Persons** tab.

DEATH	
If deceased, please change the vital status and update date of death on the Edit Person screen.	
Deceased	Dead ▾
Date of death	09/12/2022
Source used to verify vital status	▾
Death document ID	
Cause of death	▾

Exposure

EXPOSURES (If not otherwise specified report exposure information over the lifetime)	
Received clotting factor concentrates	No ▾
Received blood products	No ▾
Received solid organ transplant	No ▾
Other organ or tissue transplant recipient	No ▾
Long term hemodialysis	Yes ▾
Employed in job with potential for exposure to human blood or body fluids	Yes ▾
Job type	<input type="radio"/> Medical <input type="radio"/> Dental <input type="radio"/> Public safety (e.g. law enforcement/firefighter) <input type="radio"/> Tattoo/piercing <input type="radio"/> Other
Accidental stick or puncture with sharps contaminated with blood or body fluid	No ▾
History of occupational needle stick or splash	No ▾
Ever had a finger stick/prick blood sugar test	No ▾
Ear or body piercing	No ▾
Tattoo recipient	No ▾
Ever received acupuncture	No ▾
History of incarceration	No ▾
Birth mother has history of hepatitis B infection	Yes ▾
Born outside US	Yes ▾
Country	▾
Number of years in US	
Contact with confirmed or suspect hepatitis B case (acute or chronic)	Yes ▾
Type of contact	Injection drug user ▾

Approximate number of lifetime sex partners	<input type="text"/>
Received treatment for an STD	<input type="text"/>
Ever injected drugs not prescribed by doctor, even if only once or a few times	Yes <input type="text"/>
Injection drug use type (check all that apply)	<input type="checkbox"/> Heroin (includes Diacetylmorphine) <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> MDMA <input type="checkbox"/> Ketamine <input type="checkbox"/> PCP <input type="checkbox"/> Opioids (prescription or non-prescription) <input type="checkbox"/> Anabolic steroids <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Ever shared needles	<input type="text"/>
Ever shared other injection equipment	<input type="text"/>
Ever used needle exchange services	<input type="text"/>
Non-injection street drug use/use street drugs	Yes <input type="text"/>
Specify drug(s)	<input type="text"/>
Route of administration	<input type="text"/>
Used drugs not prescribed by a doctor and route of administration is unknown	Yes <input type="text"/>
Type:	<input type="checkbox"/> Heroin (includes Diacetylmorphine) <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> MDMA <input type="checkbox"/> Ketamine <input type="checkbox"/> PCP <input type="checkbox"/> Opioids (prescription or non-prescription) <input type="checkbox"/> Anabolic steroids <input type="checkbox"/> Other <input type="checkbox"/> Unknown

Patient used injection drugs in the past 3 months	<input type="text"/>
Possible hepatitis B reactivation	Yes <input type="text"/>
Suspected reactivation cause (check all that apply)	<input type="checkbox"/> Cancer chemotherapy <input type="checkbox"/> Immunosuppressive therapy (e.g., rituximab or other drugs which target B lymphocytes, high-dose steroids, anti-TNF agents) <input type="checkbox"/> Patient with HIV infection who has discontinued HBV active antiviral drugs <input type="checkbox"/> Undergoing solid organ or bone marrow transplantation <input type="checkbox"/> Undergoing or recently had HCV treatment <input type="checkbox"/> Other

Employed in job with potential for exposure to human blood or body fluids

- If yes, select date.
- If yes, select the type of job.

Born outside the US

- If yes, select the country and number of years in US.

Contact with a confirmed or suspected hepatitis B case (♦)

- If yes, select type of contact.

Ever injected drugs not prescribed by doctor, even if only once or a few times

- If yes, additional follow up questions will appear:



- Select injection drug use type.
 - **Make sure to check all that apply.**

- Select “Yes” if shared needles
- Select “Yes” if shared other injection equipment
- Select “Yes” if ever used needle exchange services

Non-injection street drug use/use street drugs

- Specify which drug(s) in free text box
- Specify route of administration

Used drugs not prescribed by a doctor and route of administration is unknown

- If yes, additional follow up questions will appear:
 - Select drug type.



▪ **Make sure to check all that apply**

Possible hepatitis B reactivation

- If yes, additional follow up questions will appear:
 - Input suspected reactivation cause.
 - **Make sure to check all that apply.**

Possible hepatitis B reactivation	Yes ▼
Suspected reactivation cause (check all that apply)	<input type="checkbox"/> Cancer chemotherapy <input type="checkbox"/> Immunosuppressive therapy (e.g., rituximab or other drugs which target B lymphocytes, high-dose steroids, anti-TNF agents) <input type="checkbox"/> Patient with HIV infection who has discontinued HBV active antiviral drugs <input type="checkbox"/> Undergoing solid organ or bone marrow transplantation <input type="checkbox"/> Undergoing or recently had HCV treatment <input type="checkbox"/> Other

Exposure Summary

Exposure Summary	
* Most likely exposure	▼
Where did exposure probably occur	▼
Exposure location details	<div style="border: 1px solid #ccc; height: 40px;"></div>
No risk factors or exposures could be identified	Yes ▼

Most likely exposure

- Most likely exposure is a required field.

Public Health Issues and Actions

Public Health Issues	
Patient aware of hepatitis support agencies (e.g. Hepatitis Education Project)	Yes <input type="button" value="v"/>
Recent blood products, organs or tissue (including ova or semen) donation	Yes <input type="button" value="v"/>
Public Health Actions	
Counseled on importance of regular healthcare to monitor liver health	Yes <input type="button" value="v"/>
Counseled on avoidance of liver toxins (e.g. alcohol)	Yes <input type="button" value="v"/>
Recommend hepatitis A vaccination	Yes <input type="button" value="v"/>
Counseled on measure to avoid transmission	Yes <input type="button" value="v"/>
Counseled to not donate blood products, organs or tissues	Yes <input type="button" value="v"/>
Notified blood or tissue bank (if recent donation)	Yes <input type="button" value="v"/>
Counseled about transmission risk to baby if pregnant	Yes <input type="button" value="v"/>
Referred to Perinatal Hepatitis B Prevention Program (PHBPP)	Yes <input type="button" value="v"/>
Reinforced use of universal precautions, if HCW	Yes <input type="button" value="v"/>
Counseled on harm reduction and places to access clean syringes, if current IDU	Yes <input type="button" value="v"/>
Provided contact information for hepatitis support agencies	Yes <input type="button" value="v"/>
Provided patient education materials about HBV	Yes <input type="button" value="v"/>
Provided options for access to health care	Yes <input type="button" value="v"/>
Provided information on alcohol/substance abuse treatment	Yes <input type="button" value="v"/>
* Evaluated contacts	Yes <input type="button" value="v"/>
Number of contacts evaluated	<input type="text" value="1"/>
Recommended prophylaxis of contacts	Yes <input type="button" value="v"/>
Number recommended prophylaxis	<input type="text" value="1"/>
Recommended vaccination of contacts	Yes <input type="button" value="v"/>
Number recommended vaccination	<input type="text" value="1"/>

Evaluated contacts

- Selecting “Yes” to this question will trigger the **Contacts** section in the wizard.
- You must hit “Save and Stay” after selecting yes to this question for the **Contacts** section to allow you to enter information about each contact.
- If you wish to enter contact information for acute hepatitis B, exit the wizard (by saving) and go to [Contacts question package](#) in **Event Data** tab.
- The **Contacts** question package becomes available for an event if “Evaluated contacts” is marked as “Yes” in the **PH Actions** section.

Administrative

ADMINISTRATIVE	
DOH case classification	Probable <input type="button" value="v"/>
DOH case classification override	<input type="button" value="v"/>
* Indicates required field	
<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/>	

DOH case classification

- The event will auto-classify based on lab results or will reflect the final case classification after the DOH Hepatitis C team has completed review of the event.

Command buttons

Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Perinatal Hepatitis B Wizard



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

Wizards are a way to make data entry or data viewing easier. The Perinatal Hepatitis B Wizard (called “**Hepatitis B – Perinatal**” in WDRS) matches the official DOH [“Hepatitis B – Perinatal” case reporting form](#). The Perinatal Hepatitis B Wizard should be used only to enter children 24 months of age or under that were born in the United States and that have laboratory evidence of hepatitis B infection at least 3-6 months following the final dose of hepatitis B vaccine in the series (usually at ~9-12 months of age). To be a confirmed case, documentation that the birth mother was infected with hepatitis B must be available. Please verify that for each woman reported as pregnant and infected with hepatitis B, a chronic hepatitis B event has been created in WDRS.

For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, please see the introductory [Wizards](#) section of this guide.

Outbreak

Only used in the event of an Outbreak. Call or email WA DOH viral hepatitis staff at hepatitis@doh.wa.gov in the event of an outbreak.

Report Source(s)

REPORT SOURCE(S)	
* Report source	Laboratory Add New
* Report date	04/01/2018
Reporter	Not answered
Organization	Not answered
Telephone	(000) 000-0000









Report source (◆)

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form).

Report date

- **Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.

Demographics (Refers to Child <24 Months of Age)

DEMOGRAPHICS	
* Date of birth 	01/01/1990
* Sex 	Female 
* Ethnicity	
Race Suggested open-ended language if interviewing patient: What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like. Indicate ALL race values reported under "Race" and "Additional race(s)" fields.	
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Patient declined to respond <input type="checkbox"/> Unknown <input type="checkbox"/> Other race
*Specify whether American Indian and/or Alaska Native (required if available)	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native
*Specify whether Native Hawaiian and/or other Pacific Islander (required if available)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander
* Additional race(s)	
Country of birth	
Primary/preferred language	 
Patient is employed and/or student (including daycare)	<input type="checkbox"/> Employed <input type="checkbox"/> Student (including daycare) <input type="checkbox"/> Unknown

Sex, Ethnicity, Race, and Additional race(s) are required fields to populate, if data are available.

Date of birth

- This field will autofill based on the birth date entered on the initial **Person** page when the contact was created. To edit birth date information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Sex

- This field will autofill based on the sex selected on the initial **Person** page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit sex information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Race

- Select race as reported by the patient.
 - Specify whether American Indian and/or Alaska Native, if applicable.
 - Specify whether Native Hawaiian and/or other Pacific Islander, if applicable.


Additional Race(s) (♦)



- Select specific race as reported by the patient.

Country of birth




- Select the country the case patient was born in.

Primary/preferred language

- Indicate the language the patient prefers for communication by selecting the search icon and entering for the name of the language. If you are unsure of spelling you can use the [Wildcard Function](#) (see [Tips and Tricks](#)). 
- Once you have found the language desired, select from the list generated below by double clicking on the language or single click on the language and click the “Select” button. You can remove languages with the trash icon next to the window.

Primary/preferred language	Spanish	 
Translator needed	Yes	▼

Communications

COMMUNICATIONS	
OK to talk with patient	Yes ▼
Contact attempts: Please document all attempts to gather information, including patient interview, provider outreach, or medical record abstraction.	
Contact attempted	Yes ▼
Date of contact attempt ☞	09/08/2022  Add New
Contact attempt type	▼
Contact attempt outcome	▼
Other interviewer (if not a WDRS user)	
Interviewer	 
Interviewer's jurisdiction	▼
Was patient acute, chronic or perinatal at the time of contact attempt?	▼
Notes	

Contact attempted

- If yes, additional questions will appear:
 - **Date of contact attempt (♦)** is required to be filled in.
 - **Contact attempt type**

- Indicate what method of contact was used.
- **Contact attempt outcome**
 - Indicate here what the outcome of the contact attempt was (left message, unable to contact).
- **Other interviewer**
 - If the interviewer is not a WDRS user, enter their name here (free text field).
- **Interviewer**
 - If the interviewer is a WDRS user, search for and select their name here.
- **Interviewer’s jurisdiction**
 - Select the interviewer’s county of jurisdiction.
- **Was patient acute, chronic or perinatal at the time of contact attempt?**
 - Select the patient’s subtype here or select unknown.
- **Notes**
 - Free text space for any additional notes about the contact and interview.

Alternative Contact

Alternative Contact	
Type ▾	Spouse/partner ▾
Name	name of partner
Phone number	(000) 000-0000
Type ▾	Friend ▾ Add New
Name	name of friend
Phone number	(000) 000-0000

Alternative Contact Type (◆)

- Select friend, parent/guardian, spouse/partner, or other for contact type.

Clinical Evaluation – Maternal Information

CLINICAL EVALUATION - Maternal Information	
Birth mother confirmed HBsAg positive prior to or at time of delivery	Yes ▾
Birth mother confirmed HBsAg positive after delivery	▾
Birth mother confirmed Hepatitis B e antigen (HBeAg) positive	Yes ▾
Birth mother born outside of USA	Yes ▾
Country	▾
Birth mother race or ethnicity known	Yes ▾
* Ethnicity	▾
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other race

Birth mother born outside of USA

- If birth mother was born outside of USA, select appropriate country.

Birth mother race or ethnicity known

- If birth mother race or ethnicity is known, select appropriate race and ethnicity.

Onset and Diagnosis

Onset and Diagnosis	
Symptom onset date	<input type="text" value="MM/DD/YYYY"/>
Enter date of testing as onset date.	
Infant had symptoms of acute hepatitis	<input type="text" value="v"/>
Perinatal diagnosis date	<input type="text" value="MM/DD/YYYY"/>

Symptom onset date

- Enter the date of testing that led to the diagnosis of perinatal hepatitis B infection in this child (i.e., testing that was done after the vaccine series is completed, at 9 months or later).
- This date will be used to calculate CDC year (i.e., year the case is reported to CDC).

Infant Vaccination History

Infant Vaccination History	
Washington Immunization Information System (WA IIS) number	<input type="text"/>
Received HBIG	Yes <input type="text"/>
* Date received	02/05/2018
* Timing of HBIG	0-12 hours after birth <input type="text"/>
Received hepatitis B containing vaccine	Yes <input type="text"/>
Number of doses	2 <input type="text"/>
Date of vaccine administration <input type="text"/>	04/08/2018
Vaccine administered (type)	Single-antigen HBV <input type="text"/>
Vaccine brand name	Engerix-B <input type="text"/>
Vaccine lot number	<input type="text"/>
Vaccine manufacturer	<input type="text"/>
Administering provider	Not answered
Information source	WIIS <input type="text"/>
Date of vaccine administration <input type="text"/>	05/08/2018 Add New
Vaccine administered (type)	HBV combination <input type="text"/>
Vaccine brand name	Comvax <input type="text"/>

Washington Immunization Information System (WA IIS) number

- WA IIS number (if available) should be entered as free text.

Received HBIG

- If yes, additional questions will appear:
 - Date received is a required field.

- Select “Timing of HBIG” from the dropdown menu.

Received hepatitis B containing vaccine

- If yes, additional questions will appear:
 - Number of doses: enter the number of doses.
 - Date of vaccine administration:
 - After entering “Date of vaccine administration”, additional questions (e.g., vaccine type, brand name, lot number, manufacturer, etc.) will appear.

Insurance

Insurance	
Insurance status date <input type="text"/>	04/01/2018 <input type="button" value="Add New"/>
Patient has insurance	Yes ▼
Type of insurance (select all that apply)	
Medicare	<input type="checkbox"/> Yes
Medicaid	<input type="checkbox"/> Yes
VA/military	<input type="checkbox"/> Yes
Employer	<input type="checkbox"/> Yes
Individual	<input type="checkbox"/> Yes
Other	<input type="text"/>

Insurance status date (◆)

- Enter the “Insurance state date.” Additional questions will appear:
 - **Patient has insurance:** If yes, additional questions will appear:
 - For type of insurance, select all that apply.

Death

DEATH	
If deceased, please change the vital status and update date of death on the Edit Person screen.	
Deceased	Alive ▼

- To enter death data, the vital status must be marked as dead in the **Persons** tab after the event has been created.
- To change vital status, you must select “Edit Person” in the **Persons** tab (see [Tips and Tricks](#)).
 - If the person died, information related to their death and the ability to input if the Cause of Death was hepatitis-related can be inputted after vital status was changed in the **Persons** tab.

DEATH	
If deceased, please change the vital status and update date of death on the Edit Person screen.	
Deceased	Dead ▾
Date of death	09/12/2022
Source used to verify vital status	▾
Death document ID	
Cause of death	▾

Laboratory Diagnostics

LABORATORY DIAGNOSTICS	
Enter all laboratory results in the Investigation Template/Lab Tab.	
Hepatitis B surface antigen (HBsAg)	▾
HBeAg	▾
HBV DNA qualitative	▾
HBV DNA quantitative	
HBV genotype	
ALT (SGPT) collection date	



- You must use the **Lab Results** tab for manually entering lab results. For more information on entering lab results see the [Lab Results Instruction Manual](#).

Public Health Issues and Actions

PUBLIC HEALTH ISSUES AND ACTIONS	
Failure of vaccine or postexposure prophylaxis	▾
Counseled parents about importance of Hep A and Hep B vaccines	▾
Counseled parents on importance of regular healthcare to monitor liver health	▾

- Enter whether failure of vaccine or postexposure prophylaxis is indicated.
- Enter whether parents were counseled about the importance of vaccines and of regular healthcare (for HBV infected persons) to monitor liver health.

Administrative

ADMINISTRATIVE	
LHJ record complete date	
LHJ record complete date will remain locked until all of the following fields have been answered: 1 - County of diagnosis (accountable county), 2 - LHJ notifications date, 3 - Investigator, 4 - Investigation Start Date, and 5 - Investigation Status	
DOH review status	▾
DOH case classification	▾
* Indicates required field	

LHJ record complete date

- Entering a date for **LHJ record complete date** will lock the acute event information for editing. **Complete all data entry for acute hepatitis events before entering a record complete date.**



- **Do not change an existing perinatal event from perinatal to chronic.** Rather, add a chronic disease status in the [Administrative question package](#). When an acute hepatitis event is marked as complete in the Administrative question package, all acute fields in the Exposure question package will be locked.

Command buttons

Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Acute Hepatitis C Wizard



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

Wizards are a way to make data entry or data viewing easier. The Acute Hepatitis C Wizard (called “**Acute HCV**” in WDRS) matches the official DOH [“Hepatitis C – Acute” case reporting form](#). The Acute Hepatitis C Wizard should be used for patients who meet the [CDC/CSTE case definition](#) for acute hepatitis C.

For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, please see the introductory [Wizards](#) section of this guide.

Outbreak

Only used in the event of an Outbreak. Call or e-mail WA DOH viral hepatitis staff (Hepatitis@doh.wa.gov) in the event of an outbreak.

Report Source(s)

REPORT SOURCE(S)	
* Report source	Laboratory Add New
* Report date	09/08/2022
* Report subtype	Acute
Reporter	Not answered
Organization	Not answered
Telephone	
Diagnosis at a state correctional facility	

Report source (◆)

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form)
- **Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.
- **Report subtype** indicates for which disease subtype (acute, chronic or perinatal) the report was made. This is an important field to complete in order to distinguish report sources for a case that may have multiple disease subtypes (i.e. an acute case that becomes chronic).

Diagnosis at a state correctional facility

- This field is for documenting whether the case was diagnosed at a state-run correctional facility. This should only be marked “Yes” for cases diagnosed in Washington Department of Corrections facilities and should NOT be marked “Yes” for cases diagnosed at state hospitals, county jails, or federal detention centers.

Communications

COMMUNICATIONS	
OK to talk with patient	Yes
Contact attempts: Please document all attempts to gather information, including patient interview, provider outreach, or medical record abstraction.	
Contact attempted	Yes
Date of contact attempt	09/08/2022 Add New
Contact attempt type	
Contact attempt outcome	
Other interviewer (if not a WDRS user)	
Interviewer	
Interviewer's jurisdiction	
Was patient acute, chronic or perinatal at the time of contact attempt?	
Notes	

Contact attempted

- If yes, additional questions will appear:
 - **Date of contact attempt (◆)** is required to be filled in.
 - **Contact attempt type**
 - Indicate what method of contact was used.
 - **Contact attempt outcome**
 - Indicate here what the outcome of the contact attempt was (left message, unable to contact).
 - **Other interviewer**
 - If the interviewer is not a WDRS user, enter their name here (free text field).
 - **Interviewer**
 - If the interviewer is a WDRS user, search for and select their name here.
 - **Interviewer’s jurisdiction**
 - Select the interviewer’s county of jurisdiction.
 - **Was patient acute, chronic or perinatal at the time of contact attempt?**
 - Select the patient’s subtype here or select unknown.
 - **Notes**
 - Free text space for any additional notes about the contact and interview.









Alternative Contact

Alternative Contact	
Type ▾	Friend <input type="button" value="Add New"/>
Name	<input type="text"/>
Phone number	<input type="text"/>
Email address	<input type="text"/>

Alternative Contact Type (◆)

- Select “Friend,” “Parent/guardian,” “Spouse/partner,” or “Other” for contact type.

Demographics

DEMOGRAPHICS	
* Date of birth 	01/01/1990
* Sex 	Female 
* Ethnicity	
Race Suggested open-ended language if interviewing patient: What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like. Indicate ALL race values reported under "Race" and "Additional race(s)" fields.	
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Patient declined to respond <input type="checkbox"/> Unknown <input type="checkbox"/> Other race
*Specify whether American Indian and/or Alaska Native (required if available)	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native
*Specify whether Native Hawaiian and/or other Pacific Islander (required if available)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander
* Additional race(s)	
Country of birth	
Primary/preferred language	 
Patient is employed and/or student (including daycare)	<input type="checkbox"/> Employed <input type="checkbox"/> Student (including daycare) <input type="checkbox"/> Unknown

Sex, Ethnicity, Race, and Additional race(s) are required fields to populate, if data are available.

Date of birth

- This field will autofill based on the birth date entered on the initial **Person** page when the contact was created. To edit birth date information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Sex

- This field will autofill based on the sex selected on the initial **Person** page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit sex information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Race

- Select the patient’s race
 - Specify whether American Indian and/or Alaska Native, if applicable.
 - Specify whether Native Hawaiian and/or other Pacific Islander, if applicable.

Additional Race(s) (◆)

- Select additional races for the patient as necessary. Multiple entries are possible by selecting the “Add New” link.

Primary/preferred language

- Indicate the language the patient prefers for communication by selecting the search icon and entering for the name of the language. If you are unsure of spelling you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).
- Once you have found the language desired, select from the list generated below by double clicking on the language or single click on the language and click the “Select” button. You can remove languages with the trash icon next to the window.





Primary/preferred language	Spanish	 
Translator needed	Yes	

Patient is employed and/or student (including daycare)

- Indicate whether the patient is employed and/or a student.
- Additional questions will appear once you select “Employed” or “Student (including daycare).”

Patient is employed and/or student (including daycare)	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Student (including daycare) <input type="checkbox"/> Unknown
School/child care	<input type="text"/>
Zip code (school)	<input type="text"/>

Clinical Evaluation

CLINICAL EVALUATION	
Illness duration (days)	<input type="text"/>
* Symptom onset date	MM/DD/YYYY 
Derived onset date	<input type="text"/>
* Acute diagnosis date	MM/DD/YYYY 
* Discrete onset of symptoms	<input type="text"/>
* Acute symptoms consistent with hepatitis (such as jaundice, vomiting, diarrhea, abdominal cramps, loss of appetite, fatigue, fever)	<input type="text"/>
* Pale stool, dark urine (jaundice)	<input type="text"/>
Washington Immunization Information System (WA IIS) number	<input type="text"/>
Documented immunity to hepatitis A (due to either vaccination or previous infection)	<input type="text"/>
Number of doses of HAV vaccine in past	<input type="text"/>
Documented immunity to hepatitis B (due to either vaccination or previous infection)	<input type="text"/>
Number of doses of HBV vaccine in past	<input type="text"/>

Fields marked with asterisks (*) in this section are very important for classifying and reporting cases to CDC.

Derived onset date

- Indicate whether symptom onset date is estimated/inexact (“Yes”) or exact (“No”).
- See [Tips and Tricks](#) for guidance on [uncertain dates](#).

Pregnancy

PREGNANCY	
Pregnant <input type="checkbox"/>	Yes <input type="button" value="Add New"/>
Date that the individual was assessed for pregnancy	MM/DD/YYYY <input type="button" value="Calendar"/>
Subtype at time of this pregnancy	<input type="button" value="Dropdown"/>
* Estimated delivery date	MM/DD/YYYY <input type="button" value="Calendar"/>

Pregnant (◆)

- Multiple instances of pregnancy assessment can be recorded by selecting the “Add New” button. Record whether pregnancy status was “Yes,” “No,” or “Unknown.”

Date that the individual was assessed for pregnancy

- Populate the date that assessment of pregnancy occurred.

Subtype at time of this pregnancy

- Different subtypes (acute or chronic) can be recorded for each instance of pregnancy assessment.

Estimated delivery date

- Estimated delivery date is a required field, if available. If delivery date is completely unknown, leave the field blank. If only the month and year are known, input the 1st for day.

Diagnostics

DIAGNOSTICS	
Enter all laboratory results in the Investigation Template/Lab Tab.	
Antibody to hepatitis C virus (anti-HCV)	<input type="button" value="Dropdown"/>
* Hepatitis C antibody negative result followed by Hepatitis C antibody positive result collected within 12 months (test conversion)	<input type="button" value="Dropdown"/>
HCV RNA quantitative test result, qualitative interpretation	<input type="button" value="Dropdown"/>
HCV RNA qualitative	<input type="button" value="Dropdown"/>
HCV genotype test result, qualitative interpretation	<input type="button" value="Dropdown"/>
ALT (SGPT) collection date	<input type="text"/>







Refer to the [WDRS Lab Results Instruction Manual](#) for specific instructions on how to enter laboratory results. See [Appendix A](#) for an overview of required fields and tests for both Hepatitis B and Hepatitis C.


Hepatitis C antibody negative result followed by Hepatitis C antibody positive result collected within 12 months (test conversion)

- Select “Yes” if the patient had a documented negative **antibody** result followed by a positive **antibody** result in the last 12 months. Enter the negative antibody result by navigating to the **Lab Results** tab on the **Event Summary** screen.

Clinical Evaluation - Hospitalization

CLINICAL EVALUATION - HOSPITALIZATION	
Hospitalized at least overnight for this illness <input type="checkbox"/>	Yes <input type="button" value="Add New"/>
Hospital - facility name	Not answered  
Hospital record number	<input type="text"/>
Admitted date	MM/DD/YYYY 
Discharged date	MM/DD/YYYY 
Length of stay (days)	<input type="text"/>

Hospitalized at least overnight for this illness? (◆)

- If yes, additional questions will appear.
 - **Hospital - facility name:** Use the **search icon** to select a hospital name. It is suggested that you use the [Wildcard Function](#) (see [Tips and Tricks](#)). 
 - If the facility name is not on the search results list, type “*not listed” in name box and hit search. Select **health care facility not listed** in search results box and type out the facility name in the specify hospital field.

Death

DEATH	
If deceased, please change the vital status and update date of death on the Edit Person screen.	
Deceased <input type="checkbox"/>	Alive <input type="checkbox"/>

- To enter death data, the vital status must be marked as dead in the **Persons** tab after the event has been created.
- To change vital status, you must select “Edit Person” in the **Persons** tab (see [Tips and Tricks](#)).

Exposure

EXPOSURE	
Exposure dates: 180 days before symptoms onset date to 14 days before symptoms onset date: 02/02/2022 to 07/18/2022	
Travel out of state, out of the country or outside of usual routine	<input type="checkbox"/>
Case knows anyone with similar symptoms	<input type="checkbox"/>
Contact with a confirmed or suspected hepatitis C case (acute or chronic)	<input type="checkbox"/>
Congregate living	<input type="checkbox"/>
Any suspect medical or dental exposure	<input type="checkbox"/>
Surgery (including outpatient), other medical procedures, hospitalized during exposure period	<input type="checkbox"/>
Hemodialysis	<input type="checkbox"/>
IV or injection as outpatient/IV infusion or injection in outpatient setting	<input type="checkbox"/>
Transfusion, blood product or transplant	<input type="checkbox"/>
Dental work or oral surgery	<input type="checkbox"/>
Employed in job with potential for exposure to human blood or body fluids	<input type="checkbox"/>
Other exposure to someone else's blood (including first aid)	<input type="checkbox"/>
Accidental stick or puncture with sharps contaminated with blood or body fluid	<input type="checkbox"/>
Ear or body piercing	<input type="checkbox"/>
Received acupuncture	<input type="checkbox"/>
Tattoo recipient	<input type="checkbox"/>
Shared razor, toothbrushes or nail care items	<input type="checkbox"/>
Injected drugs not prescribed by doctor, even if only once or a few times	<input type="checkbox"/>
Non-injection street drug use/use street drugs	<input type="checkbox"/>
Used drugs not prescribed by a doctor and route of administration is unknown	<input type="checkbox"/>
Number of female sexual partners (during exposure period)	<input type="text"/>
Number of male sexual partners (during exposure period)	<input type="text"/>
Received treatment for an STD	<input type="checkbox"/>



Acute exposures are asking only about the exposure period, which is 180 days (6 months) before symptom onset to 14 days before symptom onset. For a case classified as acute via anti-HCV or HCV RNA test conversion, in the absence of clinical criteria, 12 months to 14 days before onset date should be considered.

Exposure dates: 180 days before symptoms onset date to 14 days before symptoms onset date

- Exposure dates will auto-calculate based on the symptom onset date entered in the [Clinical Evaluation](#) question package.
- For a case classified as acute via anti-HCV or HCV RNA test conversion, in the absence of clinical criteria, 12 months to 14 days before onset date should be considered.

Travel out of state, out of the country or outside of usual routine (◆)

- If yes, select whether they traveled out of “Country,” “County,” “State,” or “Unknown” and populate the destination, date left, and date returned.

Contact with a confirmed or suspected hepatitis C case (◆)

If yes, select type of contact.

Congregate living (◆)

- If yes, select type of congregate living.
- Use this field to indicate if incarceration in prison or jail was a potential exposure for the patient:

Congregate living	Yes	
Type of congregate living <input type="text"/>	Corrections	Add New
Type of corrections		
Incarcerated longer than 24 hours		

Any suspect medical or dental exposure

- If yes, describe exposure.
- A suspect medical or dental exposure includes any potential blood-borne exposure not listed.

Ear or body piercing (◆)

- If yes, additional follow up questions will appear:
 - Specify: specify the body site of the piercing.
 - Address/name: specify the address and name of the shop that performed the piercing.
 - Body piercing was performed at: select one of the following
 - Commercial parlor/shop.
 - Correctional facility.
 - Other.
 - If other, specify the location.

Tattoo recipient (◆)

- If yes, additional follow up questions will appear:
 - Tattoo was performed at: select one of the following
 - Commercial parlor/shop.
 - Correctional facility.
 - Other.
 - If other, specify the location.

Ever injected drugs not prescribed by doctor, even if only once or a few times

- If yes, additional follow up questions will appear:
 - Select injection drug use type.
 - **Make sure to check all that apply.**



Acute Exposure Summary

Acute Exposure Summary	
* Most likely exposure	<input type="text"/>
Where did exposure probably occur	<input type="text"/>
Exposure location name	<input type="text"/>
Exposure location address	<input type="text"/>
Exposure location details	<input type="text"/>
No risk factors or exposures could be identified	Yes <input type="text"/>

Most likely exposure

- Most likely exposure is a required field.

Public Health Issues

PUBLIC HEALTH ISSUES	
Employed as a health care worker	<input type="text"/>
Patient in a dialysis or kidney transplant unit	<input type="text"/>
Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset	<input type="text"/>

Employed as a health care worker

- If yes, this will trigger additional questions to appear under the **Public Health Actions** section.

Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptoms onset

- If yes, specify whether “Blood products,” “Organs,” or “Tissue (including ova or semen)” was donated.

Public Health Actions

PUBLIC HEALTH ACTIONS	
Notified blood or tissue bank (if recent donation)	<input type="text"/>
Counseled on measure to avoid transmission	<input type="text"/>
Recommended hepatitis A vaccination if at risk and susceptible	<input type="text"/>
Recommended hepatitis B vaccination if at risk and susceptible	<input type="text"/>
Notified healthcare facility if case may have transmitted to others at facility	<input type="text"/>
Notified healthcare facility if case had suspected exposure at facility	<input type="text"/>
Counseled patient regarding retesting in 3-6 months	<input type="text"/>
Woman counseled about pregnancy risks	<input type="text"/>
Counseled about transmission risk to baby if pregnant	<input type="text"/>
Other	<input type="text"/>
* Evaluated contacts	Yes <input type="text"/>

Other

- If other public health actions were taken, then specify (free text).

Evaluated contacts

- Selecting “Yes” to this question will trigger the **Contact** section in the wizard.
- You must hit “Save and Stay” after selecting “Yes” to this question for the **Contacts** section to allow you to enter information about each contact.

Contacts

CONTACTS	
Would you like to add a new contact? ☒	Yes ▾ Add New
Date contact identified	MM/DD/YYYY 📅
Search for existing event ⓘ	Not answered 🔍 🗑️
Search for existing person ⓘ	Not answered 🔍 🗑️
Existing person not found - add new	<input type="text"/>
Date of birth (hidden)	<input type="text"/>
Contact's age at time of identification	<input type="text"/>
Contact's age (DOB unknown)	<input type="text"/>
Gender	<input type="text"/>
Contact's telephone number	<input type="text"/>
Contact type	<input type="text"/>
Method of contact	<input type="text"/>
User	<input type="text"/> 🔍 🗑️
OK to talk with this contact	<input type="text"/>
Interview category	<input type="text"/>
Contact interview date	MM/DD/YYYY 📅
Referred to PCP for evaluation	<input type="text"/>
Note	<input type="text"/>

Create/Edit Contact	
Are you ready to save and copy this information to the other event?	<input type="text"/>
<p>To edit fields, clear the copy question above.</p> <p>When ready to commit changes, set copy question above to 'Yes' and save.</p>	

Use this section to record information about each contact that is evaluated for an event. This question package becomes available for an event if **Evaluated contacts** is marked as “Yes” in the **Public Health Actions** section.




If your case is linked to a contact that becomes a new or is an existing WDRS case, **the contact** will have a question package available named “**Link to Original Patient.**” The information in this question package **is for reference only.**


Would you like to add a new contact? (♦)

- Selecting “Yes” to this question will trigger additional questions to appear.

Search for existing event

- Select the **search icon** to search for whether there is already an existing 1) person  **and 2) Hepatitis C event in WDRS for this contact.**
 - If you are unsure of spelling, you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).
- Select the appropriate event, if there is already both an existing 1) person and 2) Hepatitis C event in WDRS for the contact.


Search for existing person

- Select the **search icon** to search for whether there is already an existing person in WDRS, **if you are certain that the person has not already been reported as having Hepatitis C in WDRS.** 
 - If you are unsure of spelling, you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).
- Select the appropriate person, if there is already an existing person record in WDRS for the contact.

Existing person not found – add new

- If you are sure that there is not an existing person/event record in WDRS for the contact:
 - For **known** Hepatitis B- or C-infected cases (e.g. contacts who have Hepatitis B or C laboratory results).
 - Select **“Add new person and event.”** This will trigger additional questions to appear.
 - For contacts that are **not known** to be Hepatitis B- or C-infected cases (e.g. contacts who were exposed to the original case, but not tested).
 - Select **“Not enough info to merit PH action.”** This will trigger additional questions to appear.

User

- Use this field to record who evaluated the contact or is entering the data associated with the contact in this section.
- Select the **search icon** to search for and select your WDRS username. 

OK to talk with this contact

- Is it okay to reach out to this contact?
- If “Later” is selected, you can indicate the **Date patient can be contacted**.

Interview category

- If the contact is interviewed, you can indicate what reporting form was used.

Contact interview date

- If you are able to interview the contact, please indicate the date the interview occurred.

Referred to PCP for evaluation

- Was the contact referred to a Primary Care Physician (PCP) for evaluation?

Create/Edit Contact

Are you ready to save and copy this information to the other event?

- Once you have completed the **Contacts Information** section:
 - If the contact becomes a new WDRS case or is already an existing WDRS case, select “Yes.” Information on this screen will be copied to a question package named **Link to Original Patient** in the contact’s case record.
 - If the contact is not known to be a Hepatitis C-infected case, leave this field blank.

Insurance and Linkage to Care

INSURANCE AND LINKAGE TO CARE	
Insurance status date	09/08/2022 Add New
Patient has insurance	Yes
Type of insurance (select all that apply)	
Medicare	<input type="checkbox"/> Yes
Medicaid	<input type="checkbox"/> Yes
VA/military	<input type="checkbox"/> Yes
Employer	<input type="checkbox"/> Yes
Individual	<input type="checkbox"/> Yes
Other	<input type="text"/>
* Patient has provider of care for hepatitis?	
Did the patient receive medication for the type of hepatitis being reported?	
* Spontaneous viral clearance	

Insurance status date (◆)

- Entering a date here will trigger more questions related to insurance status and type.

Patient has insurance

- Selecting “Yes” will trigger additional questions regarding the type of insurance.

Type of insurance

- Selecting “Yes” next to an insurance type will trigger a field to enter the Plan ID.

Patient has provider of care for hepatitis?

- Select yes, no, or unknown.


Did the patient receive medication for the type of hepatitis being reported?

- Select yes, no, or unknown.
- Selecting “Yes” will trigger follow up questions about medication and treatment plan.

Spontaneous viral clearance

- Select yes, no, or unknown.

Administrative

ADMINISTRATIVE	
DOH case classification	Confirmed ▾
* LHJ record complete date ⓘ	MM/DD/YYYY 
* Indicates required field	

LHJ record complete date

- Entering a date for LHJ record complete date will lock the acute event information for editing. **Complete all data entry for acute hepatitis events before entering a record complete date.**



- **Do not change an existing acute hepatitis event from acute to chronic.** Rather, add a chronic disease status in the [Administrative question package](#). When an acute event is marked as complete in the Administrative question package, all acute fields in the Exposure question package will be locked.

Command buttons

Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel” and “Help” buttons are also available options.

Chronic Hepatitis C Long Form Wizard



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

Wizards are a way to make data entry or data viewing easier. The Chronic Hepatitis C Long Form Wizard (called “**Chronic HCV case – long form**” in WDRS) matches the official DOH [“Hepatitis C – Chronic, long” case reporting form](#). The Chronic Hepatitis C Long Form Wizard should be used if you have received a report of a new chronic hepatitis C case and plan on investigating/following up with the patient, their medical provider, or another source.



For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, please see the introductory [Wizards](#) section of this guide.

Demographics

DEMOGRAPHICS	
* Date of birth	01/01/1990
* Sex	Female
Current gender	
Transgender	
* Ethnicity	
Race	
Suggested open-ended language if interviewing patient: What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like.	
Indicate ALL race values reported under "Race" and "Additional race(s)" fields.	
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Patient declined to respond <input type="checkbox"/> Unknown <input type="checkbox"/> Other race
*Specify whether American Indian and/or Alaska Native (required if available)	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native
*Specify whether Native Hawaiian and/or other Pacific Islander (required if available)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander
* Additional race(s)	
Country of birth	
Other country of birth (if not listed above)	
Primary/preferred language	
Patient is employed and/or student (including daycare)	<input type="checkbox"/> Employed <input type="checkbox"/> Student (including daycare) <input type="checkbox"/> Unknown

Sex, Ethnicity, Race, and Additional race(s) are required fields to populate, if data are available.

Date of birth

- This field will autofill based on the birth date entered on the initial **Person** page when the contact was created. To edit birth date information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Sex

- This field will autofill based on the sex selected on the initial **Person** page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit sex information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).


Race

- Select the patient’s race
 - Specify whether American Indian and/or Alaska Native, if applicable.
 - Specify whether Native Hawaiian and/or other Pacific Islander, if applicable.

Additional Race(s) (♦)

- Select additional races for the patient as necessary. Multiple entries are possible by selecting the “Add New” link.

Primary/preferred language

- Indicate the language the patient prefers for communication by selecting the search icon and entering for the name of the language. If you are unsure of spelling you can use the [Wildcard Function](#) (see [Tips and Tricks](#)). 
- Once you have found the language desired, select from the list generated below by double clicking on the language or single click on the language and click the “Select” button. You can remove languages with the trash icon next to the window.

Primary/preferred language	Spanish	 
Translator needed	Yes	

Patient is employed and/or student (including daycare)

- Indicate whether the patient is employed and/or a student.
- Additional questions will appear once you select “Employed” or “Student (including daycare).”

Patient is employed and/or student (including daycare)	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Student (including daycare) <input type="checkbox"/> Unknown
School/child care	<input type="text"/>
Zip code (school)	<input type="text"/>

Report Source(s)

REPORT SOURCE(S)	
* Report source	Laboratory Add New
* Report date	01/20/2021
* Report subtype	Chronic
Reporter	Not answered
Organization	Not answered
Telephone	<input type="text"/>
Diagnosis at a state correctional facility	



Report source (◆)

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form)
- **Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.
- **Report subtype** indicates for which disease subtype (acute, chronic or perinatal) the report was made. This is an important field to complete in order to distinguish report sources for a case that may have multiple disease subtypes (i.e. an acute case that becomes chronic).

Diagnosis at a state correctional facility

- This field is for documenting whether the case was diagnosed at a state-run correctional facility. This should only be marked “Yes” for cases diagnosed in Washington Department of Corrections facilities and should NOT be marked “Yes” for cases diagnosed at state hospitals, county jails, or federal detention centers.

Communications

COMMUNICATIONS	
Contact attempts: Please document all attempts to gather information, including patient interview, provider outreach, or medical record abstraction.	
Contact attempted	Yes ▾
Date of contact attempt ☹	08/01/2022 Add New
Contact attempt type	▾
Contact attempt outcome	▾
Other interviewer (if not a WDRS user)	
Interviewer	<input type="text"/>  
Interviewer's jurisdiction	▾
Was patient acute, chronic or perinatal at the time of contact attempt?	▾
Notes	<input type="text"/>

Contact attempted

- If yes, additional questions will appear:
 - **Date of contact attempt (◆)** is required to be filled in.
 - **Contact attempt type**
 - Indicate what method of contact was used.
 - **Contact attempt outcome**
 - Indicate here what the outcome of the contact attempt was (left message, unable to contact).
 - **Other interviewer**
 - If the interviewer is not a WDRS user, enter their name here (free text field).
 - **Interviewer**
 - If the interviewer is a WDRS user, search for and select their name here.
 - **Interviewer's jurisdiction**
 - Select the interviewer's county of jurisdiction.
 - **Was patient acute, chronic or perinatal at the time of contact attempt?**
 - Select the patient's subtype here or select unknown.
 - **Notes**
 - Free text space for any additional notes about the contact and interview.

Alternative Information Source

ALTERNATIVE INFORMATION SOURCE	
Type ☹	Friend ▾ Add New
Name	<input type="text"/>
Phone number	<input type="text"/>
Email address	<input type="text"/>

Alternative Information Source Type (◆)

- Select friend, parent/guardian, spouse/partner, or other for contact type.

Clinical Evaluation

CLINICAL EVALUATION	
Chronic diagnosis date	MM/DD/YYYY
Chronic - Reason(s) for Initial Screening (select all that apply)	
Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever)	<input type="checkbox"/>
Asymptomatic <u>with</u> risk factors	<input type="checkbox"/>
Asymptomatic <u>without</u> risk factors	<input type="checkbox"/>
Prenatal screening	<input type="checkbox"/>
Follow-up testing for previous marker of viral hepatitis	<input type="checkbox"/>
Blood/organ donor screening	<input type="checkbox"/>
Elevated liver enzymes	<input type="checkbox"/>
High risk exposure	<input type="checkbox"/>
Other reason for testing	<input type="checkbox"/>
Settings of initial screening	<input type="checkbox"/>

- **Chronic diagnosis date** is a required field, if available.
- Select yes, no, or unknown to each reason for initial screening.

Insurance and Linkage to Care

INSURANCE AND LINKAGE TO CARE	
Insurance status date	09/14/2022 Add New
Patient has insurance	Yes <input type="checkbox"/>
Type of insurance (select all that apply)	
Medicare	<input type="checkbox"/> Yes
Medicaid	<input type="checkbox"/> Yes
VA/military	<input type="checkbox"/> Yes
Employer	<input type="checkbox"/> Yes
Individual	<input type="checkbox"/> Yes
Other	<input type="text"/>
Was patient referred for care?	<input type="checkbox"/>
Did the patient receive medication for the type of hepatitis being reported?	<input type="checkbox"/>
Achieved sustained virological response (SVR)	<input type="checkbox"/>

Insurance status date (◆)

- Entering a date here will trigger more questions related to insurance status and type.

Patient has insurance

- Selecting “Yes” will trigger additional questions regarding the type of insurance.

Type of insurance

- Selecting “Yes” next to an insurance type will trigger a field to enter the Plan ID.

Was patient referred for care?

- Select yes, no, or unknown.
- Selecting “Yes” will trigger follow up questions about medical management of HCV.
- Selecting “No” will trigger a follow up question to indicate the reason that the patient was not referred for care.

Did the patient receive medication for the type of hepatitis being reported?

- Select yes, no, or unknown.
- Selecting “Yes” will trigger follow up questions about medication and treatment plan.
- Selecting “No” will trigger a follow up question regarding whether treatment was recommended but not started.

Achieved sustained virological response (SVR)

- Select yes, no, or unknown.
- Selecting “Yes” will trigger a follow up question to indicate the SVR post-treatment time point (12 weeks, 24 weeks, or other).
- Selecting “No” will trigger a follow up question to indicate the reason that the case did not achieve SVR.

Vaccination History

VACCINATION HISTORY	
Washington Immunization Information System (WA IIS) number	<input type="text"/>
Documented immunity to hepatitis A (due to either vaccination or previous infection)	<input type="text" value=""/>
Number of doses of HAV vaccine in past	<input type="text" value=""/>
Documented immunity to hepatitis B (due to either vaccination or previous infection)	<input type="text" value=""/>
Number of doses of HBV vaccine in past	<input type="text" value=""/>

Washington Immunization Information System (WA IIS) number

- WA IIS number (if available) should be entered as free text.

Documented immunity to hepatitis A (due to either vaccination or previous infection)

- Indicate source of immunity, if known. If not immune, select “No.” If immune status unknown, select “Unknown.”

Number of doses of HAV vaccine in past

- Select number of doses the person has received in the past, or if unknown, select “Unknown.” Select “0” if the person has been verified to have been unvaccinated.

Documented immunity to hepatitis B (due to either vaccination or previous infection)

- Indicate source of immunity, if known. If not immune, select “No.” If immune status unknown, select “Unknown.”

Number of doses of HBV vaccine in past





- Select number of doses the person has received in the past, or if unknown, select “Unknown.” Select “0” if the person has been verified to have been unvaccinated.

Comorbidities and Screening

COMORBIDITIES AND SCREENING	
Patient ever tested for HBV	▼
Patient ever tested for HIV	▼
Diabetes	▼
Cirrhosis	▼
Decompensated cirrhosis	▼
Ever diagnosed with liver cancer	▼
Liver transplant	▼
Renal dialysis	▼
Chronic kidney disease	▼

- Select yes, no, or unknown for each comorbidity. Selecting “Yes” will trigger additional fields to enter date of test, test result, or diagnosis date.

Liver Staging

LIVER STAGING	
Patient ever staged	Yes ▼
Staging method description 	FibroSURE ▼ Add New
Date procedure was completed	MM/DD/YYYY 
Location (i.e. name of facility where procedure was performed)	Not answered  
Fibrosis stage	▼
Result/notes	

Patient ever staged (◆)

- Select yes, no, or unknown. Selecting “Yes” will trigger additional questions.

Pregnancy

PREGNANCY	
Pregnant <input type="checkbox"/>	Yes <input type="button" value="Add New"/>
Date that the individual was assessed for pregnancy	MM/DD/YYYY <input type="button" value="Calendar"/>
Subtype at time of this pregnancy	<input type="button" value="Dropdown"/>
* Estimated delivery date	MM/DD/YYYY <input type="button" value="Calendar"/>

Pregnant (◆)

- Multiple instances of pregnancy assessment can be recorded by selecting the “Add New” button. Record whether pregnancy status was “Yes,” “No,” or “Unknown.”

Date that the individual was assessed for pregnancy

- Populate the date that assessment of pregnancy occurred.

Subtype at time of this pregnancy

- Different subtypes (acute or chronic) can be recorded for each instance of pregnancy assessment.

Estimated delivery date

- Estimated delivery date is a required field, if available. If delivery date is completely unknown, leave the field blank. If only the month and year are known, input the 1st for day.





Laboratory Diagnostics

LABORATORY DIAGNOSTICS	
Enter all laboratory results in the Investigation Template/Lab Tab.	
Antibody to hepatitis C virus (anti-HCV) <input type="checkbox"/>	Positive <input type="button" value="Dropdown"/>
Antibody collection date	01/20/2021 <input type="button" value="Calendar"/>
Signal to cut-off ratio	<input type="text"/>
HCV RNA quantitative test result, qualitative interpretation	<input type="button" value="Dropdown"/>
HCV RNA qualitative	<input type="button" value="Dropdown"/>
HCV genotype test result, qualitative interpretation	<input type="button" value="Dropdown"/>
ALT (SGPT) collection date	<input type="text"/>
AST (SGOT) collection date	<input type="text"/>




Refer to the [WDRS Lab Results Instruction Manual](#) for specific instructions on how to enter laboratory results. See [Appendix A](#) for an overview of required fields and tests for both Hepatitis B and Hepatitis C.

Hospitalization and Death

HOSPITALIZATION AND DEATH	
Hospitalized at least overnight for this illness <input type="checkbox"/>	Yes <input type="button" value="Add New"/>
Hospital - facility name	Not answered  
Admitted date	MM/DD/YYYY 
Discharged date	MM/DD/YYYY 
Length of stay (days)	<input type="text"/>
Hospital record number	<input type="text"/>
If deceased, please change the vital status and update date of death on the Edit Person screen.	
Deceased <input type="checkbox"/>	Alive <input type="button" value="v"/>

Hospitalized at least overnight for this illness? (◆)

- If yes, additional questions will appear.
 - **Hospital – facility name:** Use the **search icon** to select a hospital name. It is suggested that you use the **Wildcard Function** (see [Tips and Tricks](#)). 
 - If the facility name is not on the search results list, type “*not listed” in name box and hit search. Select **health care facility not listed** in search results box and type out the facility name in the specify hospital field.

Death

- To enter death data, the vital status must be marked as dead in the **Persons** tab after the event has been created.
- To change vital status, you must select “Edit Person” in the **Persons** tab (see [Tips and Tricks](#)).

Chronic Exposures

CHRONIC EXPOSURES (if not otherwise specified report exposure information over the lifetime) - leave fields BLANK if answers are unknown	
Received clotting factor concentrates	<input type="button" value="v"/>
Received blood products	<input type="button" value="v"/>
Received solid organ transplant	<input type="button" value="v"/>
Other organ or tissue transplant recipient	<input type="button" value="v"/>
Long term hemodialysis	<input type="button" value="v"/>
Employed in job with potential for exposure to human blood or body fluids	<input type="button" value="v"/>
Accidental stick or puncture with sharps contaminated with blood or body fluid	<input type="button" value="v"/>
History of occupational needle stick or splash	<input type="button" value="v"/>
Ever had a finger stick/prick blood sugar test	<input type="button" value="v"/>
Ear or body piercing	<input type="button" value="v"/>
Tattoo recipient	<input type="button" value="v"/>
Ever received acupuncture	<input type="button" value="v"/>
History of incarceration	<input type="button" value="v"/>
Birth mother has history of hepatitis C infection	<input type="button" value="v"/>
Born outside US	<input type="button" value="v"/>
Contact with confirmed or suspected hepatitis C case (acute or chronic)	<input type="button" value="v"/>
Approximate number of lifetime sex partners	<input type="button" value="v"/>
Received treatment for an STD	<input type="button" value="v"/>
Ever injected drugs not prescribed by doctor, even if only once or a few times	<input type="button" value="v"/>
Non-injection street drug use/use street drugs	<input type="button" value="v"/>
Used drugs not prescribed by a doctor and route of administration is unknown	<input type="button" value="v"/>

- Select yes, no, or unknown for each exposure.
- Selecting “Yes” will trigger follow up questions for some of the exposures.

Exposure Summary

EXPOSURE SUMMARY - populate Most likely exposure even if unknown	
* Most likely exposure	<input type="text" value=""/>
Where did exposure probably occur	<input type="text" value=""/>
Exposure location name	<input type="text" value=""/>
Exposure location address	<input type="text" value=""/>
Exposure location details	<input type="text" value=""/>
No risk factors or exposures could be identified	<input type="text" value="Yes"/>

Most likely exposure

- Most likely exposure is a required field.

Public Health Issues

PUBLIC HEALTH ISSUES	
Patient aware of hepatitis support agencies (e.g. Hepatitis Education Project)	<input type="text" value=""/>
Recent blood products, organs or tissue (including ova or semen) donation	<input type="text" value=""/>

- Select yes, no, or unknown for each public health issue.

Public Health Actions

PUBLIC HEALTH ACTIONS	
Recommended confirmatory testing	<input type="text" value=""/>
Counseled on importance of regular healthcare to monitor liver health	<input type="text" value=""/>
Counseled on avoidance of liver toxins (e.g. alcohol)	<input type="text" value=""/>
Recommend hepatitis A vaccination	<input type="text" value=""/>
Recommend hepatitis B vaccination	<input type="text" value=""/>
Counseled on measure to avoid transmission	<input type="text" value=""/>
Counseled to not donate blood products, organs or tissues	<input type="text" value=""/>
Notified blood or tissue bank (if recent donation)	<input type="text" value=""/>
Counseled about transmission risk to baby if pregnant	<input type="text" value=""/>
Reinforced use of universal precautions, if HCW	<input type="text" value=""/>
Counseled on harm reduction and places to access clean syringes, if current IDU	<input type="text" value=""/>
Provided contact information for hepatitis support agencies	<input type="text" value=""/>
Provided patient education materials about HCV	<input type="text" value=""/>
Provided options for access to health care	<input type="text" value=""/>
Provided information on alcohol/substance abuse treatment	<input type="text" value=""/>
Other public health action	<input type="text" value=""/>

- Select yes, no, or unknown for each public health action.

Other

- If other public health actions were taken, then specify (free text).

Contacts

CONTACTS - after selecting Evaluated contacts = Yes, click Save and Stay to unhide contact questions	
Evaluated contacts	Yes <input type="button" value="v"/>
Would you like to add a new contact? <input type="checkbox"/>	Yes <input type="button" value="v"/> Add New
Date contact identified	MM/DD/YYYY <input type="button" value="calendar"/>
Search for existing event <input type="button" value="i"/>	Not answered <input type="button" value="refresh"/> <input type="button" value="trash"/>
Search for existing person <input type="button" value="i"/>	Not answered <input type="button" value="refresh"/> <input type="button" value="trash"/>
Existing person not found - add new	<input type="button" value="v"/>
Contact's age at time of identification	<input type="text"/>
Contact's age (DOB unknown)	<input type="text"/>
Gender	<input type="button" value="v"/>
Contact's telephone number	<input type="text"/>
Contact type	<input type="button" value="v"/>
OK to talk with this contact	<input type="button" value="v"/>
Method of contact	<input type="button" value="v"/>
User	<input type="text"/> <input type="button" value="refresh"/> <input type="button" value="trash"/>
Contact interview date	MM/DD/YYYY <input type="button" value="calendar"/>
Referred to PCP for evaluation	<input type="button" value="v"/>
Note	<input type="text"/>

Use this section to record information about each contact that is evaluated for an event.



If your case is linked to a contact that becomes a new or is an existing WDRS case, **the contact** will have a question package available named **“Link to Original Patient.”** The information in this question package **is for reference only.**

Evaluated Contacts

- Select yes, no, or unknown to indicate if contacts have been evaluated.
- If yes, click “Save and Stay” to unhide additional contact questions.

Would you like to add a new contact? (◆)

- Selecting “Yes” to this question will trigger additional questions to appear.


Search for existing event

- Select the **search icon** to search for whether there is already an existing 1) person **and 2)** Hepatitis C event in WDRS for this contact.



- If you are unsure of spelling, you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).
- Select the appropriate event, if there is already both an existing 1) person and 2) Hepatitis C event in WDRS for the contact.

Search for existing person

- Select the **search icon** to search for whether there is already an existing person in WDRS, **if you are certain that the person has not already been reported as having Hepatitis C in WDRS.** 
 - If you are unsure of spelling, you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).
- Select the appropriate person, if there is already an existing person record in WDRS for the contact.


Existing person not found – add new

- If you are sure that there is not an existing person/event record in WDRS for the contact:
 - For **known** Hepatitis B- or C-infected cases (e.g. contacts who have Hepatitis B or C laboratory results).
 - Select **“Add new person and event.”** This will trigger additional questions to appear.
 - For contacts that are **not known** to be Hepatitis B- or C-infected cases (e.g. contacts who were exposed to the original case, but not tested).
 - Select **“Not enough info to merit PH action.”** This will trigger additional questions to appear.

OK to talk with this contact

- Is it okay to reach out to this contact?
- If **“Later”** is selected, you can indicate the **Date patient can be contacted.**

User

- Use this field to record who evaluated the contact or is entering the data associated with the contact in this section.
- Select the **search icon** to search for and select your WDRS username. 

(Not Required) HCV Continuum of Care

(NOT REQUIRED) HCV CONTINUUM OF CARE	
Stage on the HCV continuum <input type="checkbox"/>	HCV antibody positive <input type="button" value="Add New"/>
Antibody date	MM/DD/YYYY <input type="button" value="Calendar"/>

Stage on the HCV continuum (◆)

- Select from HCV antibody positive, Not an HCV case (RNA negative), HCV confirmed (RNA positive), Linked to HCV care, HCV treatment, or Cured/SVR.
- Selecting an answer here will trigger a follow up question to indicate the date.

DOH Case Classification

- The event will auto-classify based on lab results or will reflect the final case classification after the DOH Hepatitis C team has completed review of the event.

Command buttons



Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Chronic Hepatitis C Short Form Wizard



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

Wizards are a way to make data entry or data viewing easier. The Chronic Hepatitis C Short Form Wizard (called “**Chronic HCV case – short form**” in WDRS) matches the official DOH [“Hepatitis C – Chronic, short” case reporting form](#). The Chronic Hepatitis C Short Form Wizard should be used if you have received a report of a new chronic hepatitis C case and plan on investigating/following up with the patient, their medical provider, or another source.



For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, please see the introductory [Wizards](#) section of this guide.

Administrative

ADMINISTRATIVE	
Select 'Yes' to enter data for a CHRONIC hepatitis C case	Yes ▾
Confirm chronic case By: Hanna Carroll-Day Date: 09/07/2022	<input checked="" type="checkbox"/> Yes
* Report source	Laboratory ✓ Add New
* Report date	09/01/2022
* Report subtype	
Reporter	Not answered
Organization	Not answered
Telephone	<input type="text"/>

Confirm subtype

- Select “Yes” to confirm subtype (acute, chronic, or perinatal) as soon as possible. Additional question packages will become available after subtype is confirmed.
- **After confirming subtype: removing the subtype in the Administrative question package, after data has been entered, will result in data loss.**
- **If you believe there is a need to change an event from acute/perinatal to chronic, or vice versa, first reach out to Hepatitis@doh.wa.gov to verify that data loss will not occur.** Events may be reportable as acute or perinatal in one year, but chronic in a later year; in this scenario, both acute or perinatal and chronic subtypes should remain selected.

Report source (◆)

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form)
- **Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.
- **Report subtype** indicates for which disease subtype (acute, chronic or perinatal) the report was made. This is an important field to complete in order to distinguish report sources for a case that may have multiple disease subtypes (i.e. an acute case that becomes chronic).

Report Source(s)





REPORT SOURCE(S)	
Diagnosis at a state correctional facility	

Diagnosis at a state correctional facility

- This field is for documenting whether the case was diagnosed at a state-run correctional facility. This should only be marked “Yes” for cases diagnosed in Washington

Department of Corrections facilities and should NOT be marked “Yes” for cases diagnosed at state hospitals, county jails, or federal detention centers.







Communications

COMMUNICATION	
Contact attempts: Please document all attempts to gather information, including patient interview, provider outreach, or medical record abstraction.	
Contact attempted	Yes ▾
Date of contact attempt 	08/01/2022  Add New
Contact attempt type	<input type="text"/> ▾
Contact attempt outcome	<input type="text"/> ▾
Other interviewer (if not a WDRS user)	<input type="text"/>
Interviewer	<input type="text"/>  
Interviewer's jurisdiction	<input type="text"/> ▾
Was patient acute, chronic or perinatal at the time of contact attempt?	<input type="text"/> ▾
Notes	<input type="text"/>

Contact attempted








- If yes, additional questions will appear:
 - **Date of contact attempt (◆)** is required to be filled in.
 - **Contact attempt type**
 - Indicate what method of contact was used.
 - **Contact attempt outcome**
 - Indicate here what the outcome of the contact attempt was (left message, unable to contact).
 - **Other interviewer**
 - If the interviewer is not a WDRS user, enter their name here (free text field).
 - **Interviewer**
 - If the interviewer is a WDRS user, search for and select their name here.
 - **Interviewer's jurisdiction**
 - Select the interviewer's county of jurisdiction.
 - **Was patient acute, chronic or perinatal at the time of contact attempt?**
 - Select the patient's subtype here or select unknown.
 - **Notes**
 - Free text space for any additional notes about the contact and interview.

Chronic Event Administration

CHRONIC EVENT ADMINISTRATION	
* LHJ notification date	MM/DD/YYYY 
* Investigator	<input type="text"/>  
Investigation start date	MM/DD/YYYY 
Select the reporting address to assign the county of diagnosis.	
Street address	1234 Main Street
Street address 2	<input type="text"/>
City	Olympia
State	WA
Zip code	98501
County	Thurston County
* Accountable county, chronic 	Thurston County 

See [Event Administration](#) for detailed information on this section.

Demographics

DEMOGRAPHICS	
* Date of birth 	01/01/1990
* Sex 	Female 
* Ethnicity	<input type="text"/> 
<p>Race</p> <p>Suggested open-ended language if interviewing patient: What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like.</p> <p>Indicate ALL race values reported under "Race" and "Additional race(s)" fields.</p>	
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Patient declined to respond <input type="checkbox"/> Unknown <input type="checkbox"/> Other race
*Specify whether American Indian and/or Alaska Native (required if available)	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native
*Specify whether Native Hawaiian and/or other Pacific Islander (required if available)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander
* Additional race(s)	<input type="text"/> 
Primary/preferred language	<input type="text"/>  

Sex, Ethnicity, Race, and Additional race(s) are required fields to populate, if data are available.

Date of birth

- This field will autofill based on the birth date entered on the initial **Person** page when the contact was created. To edit birth date information, return to the **Event Summary**

page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Sex

- This field will autofill based on the sex selected on the initial **Person** page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit sex information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Race

- Select the patient’s race
 - Specify whether American Indian and/or Alaska Native, if applicable.
 - Specify whether Native Hawaiian and/or other Pacific Islander, if applicable.


Additional Race(s) (♦)

- Select additional races for the patient as necessary. Multiple entries are possible by selecting the “Add New” link.

Primary/preferred language

- Indicate the language the patient prefers for communication by selecting the search icon and entering for the name of the language. If you are unsure of spelling you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).
- Once you have found the language desired, select from the list generated below by double clicking on the language or single click on the language and click the “Select” button. You can remove languages with the trash icon next to the window.



Primary/preferred language	Spanish	 
Translator needed	Yes	

Clinical Evaluation

CLINICAL EVALUATION	
Chronic diagnosis date	MM/DD/YYYY
Chronic - Reason(s) for Initial Screening (select all that apply)	
Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever)	<input type="checkbox"/>
Asymptomatic <u>with</u> risk factors	<input type="checkbox"/>
Asymptomatic <u>without</u> risk factors	<input type="checkbox"/>
Prenatal screening	<input type="checkbox"/>
Follow-up testing for previous marker of viral hepatitis	<input type="checkbox"/>
Blood/organ donor screening	<input type="checkbox"/>
Elevated liver enzymes	<input type="checkbox"/>
High risk exposure	<input type="checkbox"/>
Other reason for testing	<input type="checkbox"/>
Settings of initial screening	<input type="checkbox"/>

- **Chronic diagnosis date** is a required field, if available.
- Select yes, no, or unknown to each question on reason for initial screening.

Pregnancy

PREGNANCY	
Pregnant	Yes <input type="checkbox"/> Add New
Date that the individual was assessed for pregnancy	MM/DD/YYYY
Subtype at time of this pregnancy	<input type="checkbox"/>
* Estimated delivery date	MM/DD/YYYY

Pregnant (◆)

- Multiple instances of pregnancy assessment can be recorded by selecting the “Add New” button. Record whether pregnancy status was “Yes,” “No,” or “Unknown.”

Date that the individual was assessed for pregnancy

- Populate the date that assessment of pregnancy occurred.

Subtype at time of this pregnancy

- Different subtypes (acute or chronic) can be recorded for each instance of pregnancy assessment.

Estimated delivery date

- Estimated delivery date is a required field, if available. If delivery date is completely unknown, leave the field blank. If only the month and year are known, input the 1st for day.

Laboratory Diagnostics

LABORATORY DIAGNOSTICS	
Enter all laboratory results in the Investigation Template/Lab Tab.	
Antibody to hepatitis C virus (anti-HCV) ☒	Positive ▾
Antibody collection date	01/20/2021
Signal to cut-off ratio	
HCV RNA quantitative test result, qualitative interpretation	▾
HCV RNA qualitative	▾
HCV genotype test result, qualitative interpretation	▾
ALT (SGPT) collection date	
AST (SGOT) collection date	



Refer to the [WDRS Lab Results Instruction Manual](#) for specific instructions on how to enter laboratory results. See [Appendix A](#) for an overview of required fields and tests for both Hepatitis B and Hepatitis C.

Exposure

EXPOSURE	
Received clotting factor concentrates	▾
Received blood products	▾
Received solid organ transplant	▾
Other organ or tissue transplant recipient	▾
Long term hemodialysis	▾
Birth mother has history of hepatitis C infection	▾
Employed in job with potential for exposure to human blood or body fluids	▾
Accidental stick or puncture with sharps contaminated with blood or body fluid	▾
History of occupational needle stick or splash	▾
Ever had a finger stick/prick blood sugar test	▾
Ear or body piercing	▾
Ever received acupuncture	▾
Tattoo recipient	▾
History of incarceration	▾
Born outside US	▾
Contact with confirmed or suspected hepatitis C case (acute or chronic)	▾
Approximate number of lifetime sex partners	▾
Received treatment for an STD	▾
Ever injected drugs not prescribed by doctor, even if only once or a few times	▾
Non-injection street drug use/use street drugs	▾
Used drugs not prescribed by a doctor and route of administration is unknown	▾
* Most likely exposure	▾

Other organ or tissue transplant recipient

- Select yes, no, or unknown.
 - If yes, select date.
 - For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

Employed in job with potential for exposure to human blood or body fluids

- If yes, additional follow up questions will appear:
 - Job type: Select Medical, Dental, Public Safety, Tattoo/Piercing, Other (specify in free text field).
 - Frequency of direct blood or body fluids: Select Frequent (several times a week), Infrequent, or Unknown.

Employed in job with potential for exposure to human blood or body fluids	Yes ▾
Job type	<input type="radio"/> Medical <input type="radio"/> Dental <input type="radio"/> Public safety (e.g. law enforcement/firefighter) <input type="radio"/> Tattoo/piercing <input type="radio"/> Other
Frequency of direct blood or body fluids	<input type="radio"/> Frequent (several times a week) <input type="radio"/> Infrequent <input type="radio"/> Unknown

Ear or body piercing (◆)

- If yes, additional follow up questions will appear:
 - Specify: specify the body site of the piercing.
 - Address/name: specify the address and name of the shop that performed the piercing.
 - Body piercing was performed at: select one of the following
 - Commercial parlor/shop.
 - Correctional facility.
 - Other.
 - If other, specify the location.

Tattoo recipient (◆)

- If yes, additional follow up questions will appear:
 - Tattoo was performed at: select one of the following.
 - Commercial parlor/shop.
 - Correctional facility.
 - Other.
 - If other, specify the location.

Contact with a confirmed or suspected hepatitis C case (◆)

- If yes, select type of contact.

Ever injected drugs not prescribed by doctor, even if only once or a few times

- If yes, additional follow up questions will appear:
 - Select injection drug use type.



▪ **Make sure to check all that apply.**

Non-injection street drug use/use street drugs

- Specify which drug(s) in free text box
- Specify route of administration

Used drugs not prescribed by a doctor and route of administration is unknown

- If yes, additional follow up questions will appear:
 - Select drug type.



- **Make sure to check all that apply**

Most likely exposure

- Most likely exposure is a required field.

Death

DEATH	
If deceased, please change the vital status and update date of death on the Edit Person screen.	
Deceased	Alive ▼

- To enter death data, the vital status must be marked as dead in the **Persons** tab after the event has been created.
- To change vital status, you must select “Edit Person” in the **Persons** tab (see [Tips and Tricks](#)).

Administrative

ADMINISTRATIVE	
LHJ case classification	▼
* Investigation status	▼
LHJ investigation complete date	MM/DD/YYYY
LHJ record complete date	

Investigation status

- The investigation status must be marked as “Complete,” “Complete – not reportable to DOH,” or “Unable to complete” to enter a record complete date.

LHJ investigation complete date

- The investigation complete date is entered when an LHJ has completed their active investigation. This date is different than the record complete date.

LHJ record complete date

- The record complete date is entered when the LHJ is ready to complete the event.

- To complete an event, you must answer all required fields.

Case Classification

- The event will auto-classify based on lab results or will reflect the final case classification after the DOH Hepatitis C team has completed review of the event.

Command buttons



Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Chronic Hepatitis C Minimum Required Fields Wizard



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

Wizards are a way to make data entry or data viewing easier. The Chronic Hepatitis C Minimum Required Fields Wizard (called “**Chronic HCV case – minimum required fields**” in WDRS) matches the official DOH [“Hepatitis C – Chronic, min required fields” case reporting form](#). The Chronic Hepatitis C Minimum Required Fields Wizard should be used if you have received a report of a new chronic hepatitis C case and plan on conducting any investigation/follow-up with the patient, their medical provider, or another source.



The fields present in the Chronic Hepatitis C Minimum Required Fields Wizard are used in metrics to track the progress of case completeness, in the context of Foundational Public Health Services state funding. Reach out to the DOH Hepatitis C team (Hepatitis@doh.wa.gov) for additional information.

For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, see the introductory [Wizards](#) section of this guide.

Report Source(s)

REPORT SOURCE(S)	
* Report source	Laboratory Add New
* Report date	01/20/2021
* Report subtype	Chronic
Diagnosis at a state correctional facility	

Report source (◆)

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form)
- Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.
- Report subtype** indicates for which disease subtype (acute, chronic or perinatal) the report was made. This is an important field to complete in order to distinguish report sources for a case that may have multiple disease subtypes (i.e. an acute case that becomes chronic).

Diagnosis at a state correctional facility

- This field is for documenting whether the case was diagnosed at a state-run correctional facility. This should only be marked “Yes” for cases diagnosed in Washington Department of Corrections facilities and should NOT be marked “Yes” for cases diagnosed at state hospitals, county jails, or federal detention centers.

Communications







COMMUNICATION	
Contact attempts: Please document all attempts to gather information, including patient interview, provider outreach, or medical record abstraction.	
Contact attempted	Yes Add New
Date of contact attempt	08/01/2022
Contact attempt type	
Contact attempt outcome	
Other interviewer (if not a WDRS user)	
Interviewer	
Interviewer's jurisdiction	
Was patient acute, chronic or perinatal at the time of contact attempt?	
Notes	

Contact attempted

- If yes, additional questions will appear:
 - Date of contact attempt (◆)** is required to be filled in.
 - Contact attempt type**
 - Indicate what method of contact was used.








- **Contact attempt outcome**
 - Indicate here what the outcome of the contact attempt was (left message, unable to contact).
- **Other interviewer**
 - If the interviewer is not a WDRS user, enter their name here (free text field).
- **Interviewer**
 - If the interviewer is a WDRS user, search for and select their name here.
- **Interviewer’s jurisdiction**
 - Select the interviewer’s county of jurisdiction.
- **Was patient acute, chronic or perinatal at the time of contact attempt?**
 - Select the patient’s subtype here or select unknown.
- **Notes**
 - Free text space for any additional notes about the contact and interview.

Chronic Event Administration

CHRONIC EVENT ADMINISTRATION	
* LHJ notification date	MM/DD/YYYY 
* Investigator	<input type="text"/>  
Investigation start date	MM/DD/YYYY 
Select the reporting address to assign the county of diagnosis.	
Street address	<input type="text" value="1234 Main Street"/>
Street address 2	<input type="text"/>
City	<input type="text" value="Olympia"/>
State	<input type="text" value="WA"/>
Zip code	<input type="text" value="98501"/>
County	<input type="text" value="Thurston County"/>
* Accountable county, chronic 	<input type="text" value="Thurston County"/> 

See [Event Administration](#) for detailed information on this section.

Demographics

DEMOGRAPHICS	
* Date of birth 	01/01/1990
* Sex 	Female 
* Ethnicity	
Race	
<p>Suggested open-ended language if interviewing patient: What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like.</p> <p>Indicate ALL race values reported under "Race" and "Additional race(s)" fields.</p>	
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Patient declined to respond <input type="checkbox"/> Unknown <input type="checkbox"/> Other race
*Specify whether American Indian and/or Alaska Native (required if available)	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native
*Specify whether Native Hawaiian and/or other Pacific Islander (required if available)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander
* Additional race(s)	
Primary/preferred language	 

Sex, Ethnicity, Race, and Additional race(s) are required fields to populate, if data are available.

Date of birth

- This field will autofill based on the birth date entered on the initial **Person** page when the contact was created. To edit birth date information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Sex

- This field will autofill based on the sex selected on the initial **Person** page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit sex information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Race

- Select the patient’s race
 - Specify whether American Indian and/or Alaska Native, if applicable.
 - Specify whether Native Hawaiian and/or other Pacific Islander, if applicable.


Additional Race(s) (♦)

- Select additional races for the patient as necessary. Multiple entries are possible by selecting the “Add New” link.

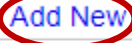


Primary/preferred language

- Indicate the language the patient prefers for communication by selecting the search icon and entering for the name of the language. If you are unsure of spelling you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).
- Once you have found the language desired, select from the list generated below by double clicking on the language or single click on the language and click the “Select” button. You can remove languages with the trash icon next to the window.



Primary/preferred language	Spanish	 
Translator needed	Yes	

Pregnancy

PREGNANCY		
Pregnant <input type="checkbox"/>	Yes	
Date that the individual was assessed for pregnancy	MM/DD/YYYY	
Subtype at time of this pregnancy		
* Estimated delivery date	MM/DD/YYYY	

Pregnant (◆)

- Multiple instances of pregnancy assessment can be recorded by selecting the “Add New” button. Record whether pregnancy status was “Yes,” “No,” or “Unknown.”

Date that the individual was assessed for pregnancy

- Populate the date that assessment of pregnancy occurred.

Subtype at time of this pregnancy

- Different subtypes (acute or chronic) can be recorded for each instance of pregnancy assessment.

Estimated delivery date

- Estimated delivery date is a required field, if available. If delivery date is completely unknown, leave the field blank. If only the month and year are known, input the 1st for day.

Laboratory Diagnostics

LABORATORY DIAGNOSTICS	
Enter all laboratory results in the Investigation Template/Lab Tab.	
Antibody to hepatitis C virus (anti-HCV) ☒	Positive ▾
Antibody collection date	01/20/2021
Signal to cut-off ratio	
HCV RNA quantitative test result, qualitative interpretation	▾
HCV RNA qualitative	▾
HCV genotype test result, qualitative interpretation	▾
ALT (SGPT) collection date	
AST (SGOT) collection date	



Refer to the [WDRS Lab Results Instruction Manual](#) for specific instructions on how to enter laboratory results. See [Appendix A](#) for an overview of required fields and tests for both Hepatitis B and Hepatitis C.

Potential Exposures

POTENTIAL EXPOSURES - leave fields BLANK if answers are unknown	
Received clotting factor concentrates	▾
Received blood products	▾
Received solid organ transplant	▾
Other organ or tissue transplant recipient	▾
Long term hemodialysis	▾
Birth mother has history of hepatitis C infection	▾
Employed in job with potential for exposure to human blood or body fluids	▾
Accidental stick or puncture with sharps contaminated with blood or body fluid	▾
History of occupational needle stick or splash	▾
Ever had a finger stick/prick blood sugar test	▾
Ear or body piercing	▾
Ever received acupuncture	▾
Tattoo recipient	▾
History of incarceration	▾
Born outside US	▾
Contact with confirmed or suspected hepatitis C case (acute or chronic)	▾
Approximate number of lifetime sex partners	▾
Received treatment for an STD	▾
Ever injected drugs not prescribed by doctor, even if only once or a few times	▾
Non-injection street drug use/use street drugs	▾
Used drugs not prescribed by a doctor and route of administration is unknown	▾

- Select yes, no, or unknown for each exposure.
- Selecting “Yes” will trigger follow up questions for some of the exposures.

Most Likely Exposure

MOST LIKELY EXPOSURE - populate field even if unknown	
* Most likely exposure	<input type="text" value=""/>

- Most likely exposure is a required field.

Administrative

ADMINISTRATIVE	
* Investigation status	<input type="text" value=""/>
* LHJ record complete date	<input type="text" value=""/>
<p>LHJ record complete date will remain locked until all of the following fields have been answered: 1 - Accountable county, 2 - LHJ notification date, 3 - Investigator, and 4 - Investigation Status</p>	

See [Event Administration](#) for detailed information on this section.

(Not Required) HCV Continuum of Care

(NOT REQUIRED) HCV CONTINUUM OF CARE	
Stage on the HCV continuum <input type="checkbox"/>	HCV antibody positive <input type="text" value=""/> Add New
Antibody date	MM/DD/YYYY <input type="text" value=""/>

Stage on the HCV continuum (♦)

- Select from HCV antibody positive, Not an HCV case (RNA negative), HCV confirmed (RNA positive), Linked to HCV care, HCV treatment, or Cured/SVR.
- Selecting an answer here will trigger a follow up question to indicate the date.

(Not Required) Case Classification

(NOT REQUIRED) CASE CLASSIFICATION	
LHJ case classification	Probable <input type="text" value=""/>
Final case classification, chronic <input type="checkbox"/>	Probable <input type="text" value=""/>

LHJ case classification

- Select from confirmed, probable, suspect, not a case, state case, contact, control, exposure, or not classified.

Final case classification, chronic

- The event will auto-classify based on lab results or will reflect the final case classification after the DOH Hepatitis C team has completed review of the event.

Command buttons



Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Chronic Hepatitis C Lab Surveillance Wizard



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

Wizards are a way to make data entry or data viewing easier. The Chronic Hepatitis C Lab Surveillance Wizard (called “**Chronic HCV case – lab surveillance only**” in WDRS) matches the official DOH [“Hepatitis C – Chronic, lab only” case reporting form](#). The Chronic Hepatitis C Lab Surveillance Wizard should be used when no or minimal case investigation can be conducted after receiving a lab report for a new chronic hepatitis C case.

For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, see the introductory [Wizards](#) section of this guide.

Administrative

ADMINISTRATIVE	
Select 'Yes' to enter data for a CHRONIC hepatitis C case	Yes ▾
Confirm chronic case	<input checked="" type="checkbox"/> Yes
By: Jennifer Hubber	
Date: 05/08/2018	
* Report source <input type="text"/>	Laboratory ▾ Add New
* Report date	05/01/2018 <input type="text"/>
Report subtype	Chronic ▾
* LHJ notification date	05/02/2018 <input type="text"/>
* Investigator	<input type="text"/> <input type="button" value="🔍"/> <input type="button" value="🗑️"/>
* Investigation start date	05/02/2018 <input type="text"/>
Select the reporting address to assign the county of diagnosis.	
Street address	123 Pretend Street
Street address 2	<input type="text"/>
City	Seattle
State	WA
Zip code	<input type="text"/>
County	King County
* County of diagnosis (accountable county)	King County ▾

Confirm subtype

- Select “Yes” to confirm subtype (acute, chronic, or perinatal) as soon as possible. Additional question packages will become available after subtype is confirmed.



- **After confirming subtype: removing the subtype in the Administrative question package, after data has been entered, will result in data loss.**

If you believe there is a need to change an event from acute/perinatal to chronic, or vice versa, first reach out to Hepatitis@doh.wa.gov to verify that data loss will not occur. Events may be reportable as acute or perinatal in one year, but chronic in a later year; in this scenario, both acute or perinatal and chronic subtypes should remain selected.

**Report source (◆)**

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form)
- **Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.
- **Report subtype** indicates for which disease subtype (acute, chronic or perinatal) the report was made. This is an important field to complete in order to distinguish report sources for a case that may have multiple disease subtypes (i.e. an acute case that becomes chronic).

Diagnosis at a state correctional facility

- This field is for documenting whether the case was diagnosed at a state-run correctional facility. This should only be marked “Yes” for cases diagnosed in Washington Department of Corrections facilities and should NOT be marked “Yes” for cases diagnosed at state hospitals, county jails, or federal detention centers.

LHJ notification date

- Enter the date that the LHJ was notified of the event.
- The **LHJ notification date** can be different than the **Report date**. For example, if King County received a Pierce County lab result dated 2/1 and sent the lab to Pierce County on 2/5, the **Report date** would be 2/1 and the **LHJ notification date** would be 2/5.

Investigator

- Use this field to record the investigator responsible for this event.
- Select the **search icon** to search for and select your WDRS username (this is the same as your SAW user ID).



* Investigator

Search User

Search Criteria

Username:

Last Name:

First Name:

Status:

Role:

Group:

Investigation start date

- The investigation start date is the date the investigator initiated action on the event.

Address Information

- Select the address at the time of reporting in Washington State. The county of diagnosis (accountable county) will autofill based on address selected.

Select the reporting address to assign the county of diagnosis.

Street address	1234 10th ave
Street address 2	
City	Lacey
State	WA
Zip code	98513
County	Thurston County
* County of diagnosis (accountable county)	Thurston County





Choose Associated Address

Available Contact Points						
Start Date	End Date	Address Type	Address	Residence Type	Address Status	Select
04/05/2018	01/01/2030	Home	1234 10th Ave Olympia, WA 98501 Thurston County	Private Residence	Verified	Select as Official Address
01/01/1900	04/05/2018	Home	WA			Select as Official Address

- To edit or add an address, navigate to the **Event Summary** screen, click on the **Persons** tab, and select “Edit Person”. You can also click on the hyper-linked name of the person in the **Basic Information** section, and select “Edit Person” (see [Tips and Tricks](#)).

- If the record was created by an Electronic Laboratory Report (ELR) submission, the address on the lab report will be copied into the person record automatically. It can then be selected using the address selection link in the wizard.
- If a residential address is not available, the address of the provider or laboratory will be used to assign a record to an accountable county.





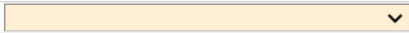


Communication

COMMUNICATION	
Contact attempts: Please document all attempts to gather information, including patient interview, provider outreach, or medical record abstraction.	
Contact attempted	Yes ▾
Date of contact attempt 	08/01/2022 
Contact attempt type	<input type="text"/> ▾
Contact attempt outcome	<input type="text"/> ▾
Other interviewer (if not a WDRS user)	<input type="text"/>
Interviewer	<input type="text"/>  
Interviewer's jurisdiction	<input type="text"/> ▾
Was patient acute, chronic or perinatal at the time of contact attempt?	<input type="text"/> ▾
Notes	<input type="text"/>

Contact attempted

- If yes, additional questions will appear:
 - **Date of contact attempt (◆)** is required to be filled in.
 - **Contact attempt type**
 - Indicate what method of contact was used.
 - **Contact attempt outcome**
 - Indicate here what the outcome of the contact attempt was (left message, unable to contact).
 - **Other interviewer**
 - If the interviewer is not a WDRS user, enter their name here (free text field).
 - **Interviewer**
 - If the interviewer is a WDRS user, search for and select their name here.
 - **Interviewer's jurisdiction**
 - Select the interviewer's county of jurisdiction.
 - **Was patient acute, chronic or perinatal at the time of contact attempt?**
 - Select the patient's subtype here or select unknown.
 - **Notes**
 - Free text space for any additional notes about the contact and interview.

Demographics

DEMOGRAPHICS	
* Date of birth 	01/01/1990
* Sex 	Female 
* Ethnicity	
Race	
Suggested open-ended language if interviewing patient: What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like.	
Indicate ALL race values reported under "Race" and "Additional race(s)" fields.	
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Patient declined to respond <input type="checkbox"/> Unknown <input type="checkbox"/> Other race
*Specify whether American Indian and/or Alaska Native (required if available)	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native
*Specify whether Native Hawaiian and/or other Pacific Islander (required if available)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander
* Additional race(s)	
Primary/preferred language	<input type="text"/>  

Sex, Ethnicity, Race, and Additional race(s) are required fields to populate, if data are available.

Date of birth

- This field will autofill based on the birth date entered on the initial **Person** page when the contact was created. To edit birth date information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Sex

- This field will autofill based on the sex selected on the initial **Person** page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit sex information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).


Race



- Select the patient’s race
 - Specify whether American Indian and/or Alaska Native, if applicable.
 - Specify whether Native Hawaiian and/or other Pacific Islander, if applicable.

Additional Race(s) (♦)



- Select additional races for the patient as necessary. Multiple entries are possible by selecting the “Add New” link.

Primary/preferred language

- Indicate the language the patient prefers for communication by selecting the search icon and entering for the name of the language. If you are unsure of spelling you can use the [Wildcard Function](#) (see [Tips and Tricks](#)). 
- Once you have found the language desired, select from the list generated below by double clicking on the language or single click on the language and click the “Select” button. You can remove languages with the trash icon next to the window.

Primary/preferred language	Spanish	 
Translator needed	Yes	

Pregnancy

PREGNANCY	
Pregnant <input type="checkbox"/>	Yes <input type="button" value="Add New"/>
Date that the individual was assessed for pregnancy	MM/DD/YYYY 
Subtype at time of this pregnancy	<input type="button" value="v"/>
* Estimated delivery date	MM/DD/YYYY 

Laboratory Diagnostics

LABORATORY DIAGNOSTICS	
Enter all laboratory results in the Investigation Template/Lab Tab.	
Antibody to hepatitis C virus (anti-HCV) <input type="checkbox"/>	Positive <input type="button" value="v"/>
Antibody collection date	01/20/2021
Signal to cut-off ratio	<input type="text"/>
HCV RNA quantitative test result, qualitative interpretation	<input type="button" value="v"/>
HCV RNA qualitative	<input type="button" value="v"/>
HCV genotype test result, qualitative interpretation	<input type="button" value="v"/>
ALT (SGPT) collection date	<input type="text"/>
AST (SGOT) collection date	<input type="text"/>



Refer to the [WDRS Lab Results Instruction Manual](#) for specific instructions on how to enter laboratory results. See [Appendix A](#) for an overview of required fields and tests for both Hepatitis B and Hepatitis C.

Administrative

ADMINISTRATIVE	
LHJ case classification	<input type="text"/>
* Investigation status	<input type="text"/>
LHJ investigation complete date	MM/DD/YYYY <input type="text"/>
LHJ record complete date	<input type="text"/>

Investigation status

- The investigation status must be marked as “Complete,” “Complete – not reportable to DOH,” or “Unable to complete” to enter a record complete date.

LHJ investigation complete date

- The investigation complete date is entered when an LHJ has completed their active investigation. This date is different than the record complete date.

LHJ record complete date

- The record complete date is entered when the LHJ is ready to complete the event.
- To complete an event, you must answer all required fields.

(Not Required) HCV Continuum of Care

(NOT REQUIRED) HCV CONTINUUM OF CARE	
Stage on the HCV continuum <input type="checkbox"/>	HCV antibody positive <input type="text"/> Add New
Antibody date	MM/DD/YYYY <input type="text"/>

Stage on the HCV continuum (◆)

- Select from HCV antibody positive, Not an HCV case (RNA negative), HCV confirmed (RNA positive), Linked to HCV care, HCV treatment, or Cured/SVR.
- Selecting an answer here will trigger a follow up question to indicate the date.

Case Classification

- The event will auto-classify based on lab results or will reflect the final case classification after the DOH Hepatitis C team has completed review of the event.

Command buttons



Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Perinatal Hepatitis C Wizard



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

Overview

Wizards are a way to make data entry or data viewing easier. The Perinatal Hepatitis C Wizard (called “Perinatal HCV” in WDRS) matches the official DOH [“Hepatitis C - Perinatal” case reporting form](#). The Perinatal Hepatitis C Wizard should be used for patients who meet the [CDC/CSTE case definition](#) for perinatal hepatitis C.

For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, please see the introductory [Wizards](#) section of this guide.

Report Source(s)

REPORT SOURCE(S)	
* Report source <input type="checkbox"/>	Laboratory <input type="checkbox"/> Add New
* Report date	08/01/2022 <input type="text"/>
* Report subtype	Perinatal <input type="text"/>
Reporter	Not answered <input type="text"/>
Organization	Not answered <input type="text"/>
Telephone	<input type="text"/>

Report source (◆)

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form)
- **Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.
- **Report subtype** indicates for which disease subtype (acute, chronic or perinatal) the report was made. This is an important field to complete in order to distinguish report sources for a case that may have multiple disease subtypes (i.e. an acute case that becomes chronic).

Communications

COMMUNICATIONS	
Contact attempts: Please document all attempts to gather information, including patient interview, provider outreach, or medical record abstraction.	
Contact attempted	Yes ▾
Date of contact attempt <input type="text"/>	08/01/2022 <input type="text"/> Add New
Contact attempt type	<input type="text"/>
Contact attempt outcome	<input type="text"/>
Other interviewer (if not a WDRS user)	<input type="text"/>
Interviewer	<input type="text"/> <input type="text"/>
Interviewer's jurisdiction	<input type="text"/>
Was patient acute, chronic or perinatal at the time of contact attempt?	<input type="text"/>
Notes	<input type="text"/>

Contact attempted

- If yes, additional questions will appear:
 - **Date of contact attempt (◆)** is required to be filled in.
 - **Contact attempt type**
 - Indicate what method of contact was used.
 - **Contact attempt outcome**
 - Indicate here what the outcome of the contact attempt was (left message, unable to contact).
 - **Other interviewer**
 - If the interviewer is not a WDRS user, enter their name here (free text field).
 - **Interviewer**
 - If the interviewer is a WDRS user, search for and select their name here.
 - **Interviewer's jurisdiction**
 - Select the interviewer's county of jurisdiction.
 - **Was patient acute, chronic or perinatal at the time of contact attempt?**
 - Select the patient's subtype here or select unknown.
 - **Notes**
 - Free text space for any additional notes about the contact and interview.

Perinatal Event Administration

PERINATAL EVENT ADMINISTRATION	
* LHJ notification date	MM/DD/YYYY
* Investigator	<input type="text"/>
Investigation start date	MM/DD/YYYY
Select the reporting address to assign the county of diagnosis.	
Street address	1234 Main Street
Street address 2	<input type="text"/>
City	Olympia
State	WA
Zip code	98501
County	Thurston County
* Accountable county, perinatal	Thurston County

See [Event Administration](#) for detailed information on this section.

Demographics

DEMOGRAPHICS	
* Date of birth	01/01/2021
* Sex	Female
* Ethnicity	<input type="text"/>
Race	
Suggested open-ended language if interviewing patient: What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like.	
Indicate ALL race values reported under "Race" and "Additional race(s)" fields.	
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Patient declined to respond <input type="checkbox"/> Unknown <input type="checkbox"/> Other race
*Specify whether American Indian and/or Alaska Native (required if available)	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native
*Specify whether Native Hawaiian and/or other Pacific Islander (required if available)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander
* Additional race(s)	<input type="text"/>
Primary/preferred language	<input type="text"/>

Sex, Ethnicity, Race, and Additional race(s) are required fields to populate, if data are available.

Date of birth

- This field will autofill based on the birth date entered on the initial **Person** page when the contact was created. To edit birth date information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Sex

- This field will autofill based on the sex selected on the initial **Person** page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit sex information, return to the **Event Summary** page and select the **Persons** tab. Click the “Edit Person” button to manage information about the patient (see [Tips and Tricks](#)).

Race

- Select the patient’s race
 - Specify whether American Indian and/or Alaska Native, if applicable.
 - Specify whether Native Hawaiian and/or other Pacific Islander, if applicable.


Additional Race(s) (♦)

- Select additional races for the patient as necessary. Multiple entries are possible by selecting the “Add New” link.



Primary/preferred language

Indicate the language the patient prefers for communication by selecting the search icon and entering for the name of the language. If you are unsure of spelling you can use the [Wildcard Function](#) (see [Tips and Tricks](#)).

- Once you have found the language desired, select from the list generated below by double clicking on the language or single click on the language and click the “Select” button. You can remove languages with the trash icon next to the window.

Primary/preferred language	Spanish	 
Translator needed	Yes	

Clinical Evaluation – Infant Information

CLINICAL EVALUATION - Infant information	
Infant had symptoms of acute hepatitis	Yes ▼
Describe infant's symptoms (check all that apply)	<input type="checkbox"/> Jaundice <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever <input type="checkbox"/> Fatigue <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Loss of appetite (anorexia)
Symptom onset date	MM/DD/YYYY 
Perinatal diagnosis date	MM/DD/YYYY 

Infant had symptoms of acute hepatitis

- Selecting “Yes” will trigger symptom options to appear.

Vaccination History

VACCINATION HISTORY	
Washington Immunization Information System (WA IIS) number	<input type="text"/>
Documented immunity to hepatitis A (due to either vaccination or previous infection)	▼
Number of doses of HAV vaccine in past	▼
Documented immunity to hepatitis B (due to either vaccination or previous infection)	▼
Number of doses of HBV vaccine in past	▼

Washington Immunization Information System (WA IIS) number

- WA IIS number (if available) should be entered as free text.

Documented immunity to hepatitis A (due to either vaccination or previous infection)

- Indicate source of immunity, if known. If not immune, select “No.” If immune status unknown, select “Unknown.”

Number of doses of HAV vaccine in past

- Select number of doses the person has received in the past, or if unknown, select “Unknown.” Select “0” if the person has been verified to have been unvaccinated.

Documented immunity to hepatitis B (due to either vaccination or previous infection)

- Indicate source of immunity, if known. If not immune, select “No.” If immune status unknown, select “Unknown.”

Number of doses of HBV vaccine in past

- Select number of doses the person has received in the past, or if unknown, select “Unknown.” Select “0” if the person has been verified to have been unvaccinated.

Clinical Evaluation – Maternal Information

CLINICAL EVALUATION - Maternal Information	
Birth mother race or ethnicity known	Yes <input type="button" value="v"/>
* Ethnicity	<input type="button" value="v"/>
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other race
Mother confirmed HCV RNA positive at or before time of delivery	Yes <input type="button" value="v"/>
Date mother confirmed HCV RNA positive <input type="button" value="i"/>	MM/DD/YYYY <input type="button" value="c"/>

Birth mother race or ethnicity known

- Selecting “Yes” will trigger race and ethnicity questions to appear.

Mother confirmed HCV RNA positive at or before time of delivery

- Selecting “Yes” will trigger date mother confirmed HCV RNA positive to appear.


Laboratory Diagnostics

LABORATORY DIAGNOSTICS	
Enter all laboratory results in the Investigation Template/Lab Tab.	
Antibody to hepatitis C virus (anti-HCV) <input type="button" value="i"/>	Positive <input type="button" value="v"/>
Antibody collection date	01/20/2021
Signal to cut-off ratio	<input type="text"/>
HCV RNA quantitative test result, qualitative interpretation	<input type="button" value="v"/>
HCV RNA qualitative	<input type="button" value="v"/>
HCV genotype test result, qualitative interpretation	<input type="button" value="v"/>
ALT (SGPT) collection date	<input type="text"/>
AST (SGOT) collection date	<input type="text"/>



Refer to the [WDRS Lab Results Instruction Manual](#) for specific instructions on how to enter laboratory results. See [Appendix A](#) for an overview of required fields and tests for both Hepatitis B and Hepatitis C.

Administrative

ADMINISTRATIVE	
LHJ case classification	<input type="text" value="v"/>
* Investigation status	<input type="text" value="v"/>
LHJ investigation complete date	<input type="text" value="MM/DD/YYYY"/> 
* LHJ record complete date	<input type="text"/>

Investigation status

- The investigation status must be marked as “Complete,” “Complete – not reportable to DOH,” or “Unable to complete” to enter a record complete date.

LHJ investigation complete date

- The investigation complete date is entered when an LHJ has completed their active investigation. This date is different than the record complete date.

LHJ record complete date

- The record complete date is entered when the LHJ is ready to complete the event.
- To complete an event, you must answer all required fields.

Public Health Actions

PUBLIC HEALTH ACTIONS	
Counseled parents about importance of Hep A and Hep B vaccines	<input type="text" value="v"/>
Counseled parents on importance of regular healthcare to monitor liver health	<input type="text" value="v"/>

- Select yes, no, or unknown for each public health action.

Case Classification

- The event will auto-classify based on lab results or will reflect the final case classification after the DOH Hepatitis C team has completed review of the event.

Command buttons



Click “Save” button to save your changes and return to the **Event Summary** screen. “Save & Stay,” “Cancel,” and “Help” buttons are also available options.

Glossary: Terms Used in WDRS

Dashboard: A central location from which the user can access the various areas and functionality of the system as well as see an overview of user specific workflows, tasks, assignments and recent events. Referred to in this manual as the “home page.”

Concern: A message meant to notify the user of an issue regarding the event.

County of diagnosis (accountable county): This represents the county of residence at diagnosis, not the county where the testing was done.

Event: An "event" in WDRS represents the occurrence of a real-world event of interest to public health. These real-world events include but are not limited to:

- an occurrence of a reportable condition
- an investigation of suspected infection
- a contact/partner investigation
- the occurrence of an outbreak
- intervention activities
- maintenance of a disease registry

Most often, a WDRS event contains information about the association of a person with a disease or other health condition, for example, hepatitis, influenza, or blood lead poisoning. One person can be associated with one or more real-world events, with each real-world event being represented by a separate event in WDRS.

Some kinds of events are time-limited (for example, influenza); more than one event of the same kind can exist for the same person. Other kinds of events persist for the lifetime of the person (for example, HIV); only one event of this kind can exist for the same person.

Sometimes referred to in this guide as a “case” or “record”.

Managing County: The managing county typically reflects the current county that a patient resides in if different from the original county of diagnosis/accountable county. You can add a new managing county to allow that jurisdiction to edit the event. Only the most recent managing county and the original county of diagnosis/accountable county will have the ability to edit the record.

Model: A collection of information related to one of five disease groupings in WDRS: General Communicable Disease (GCD), Hepatitis (except A and E, which are part of GCD), Blood Lead, Sexually Transmitted Diseases/HIV and Tuberculosis (TB).

Party: A party in WDRS is an entity that participates in one or more events. A party is most commonly a person, either the subject of an event (a “patient”), or a provider. A party can also be an organization, such as a health care facility or laboratory.

Question Packages: Sets of fields related to a specific topic for a disease or condition. Question packages allow users to enter information related to an event, including but not limited to: demographics, clinical information, epidemiological information and public health actions/interventions. Different users can access different question packages as determined by the model, the disease, and the user’s security settings.

Wild Card: An asterisk (*) or a question mark (?) that can be used during searches (see the [WDRS Reference Guide](#) for more details).

Workflow: A list of events that meet specific criteria. An example of a workflow is a worklist of events that need follow-up action in order to be complete. When an event in a workflow is edited and that event no longer meets the criteria of interest, the event is removed from the workflow.