

PERINATAL HEP-B WEB APPLICATION USER GUIDE

Version 2.12.11



Scientific Technologies Corporation





Scientific Technologies Corporation
4400 E. Broadway Boulevard, Ste 705
Tucson, AZ 85711

Revisions: 1.2.0 (08/20/03), 2.0.0 (06/17/04), 2.2 (09/23/04), 2.2.3 (10/22/04), 2.3 (06/06/05), 2.4 (08/05/05), 2.4.0.2 (12/1/05); 2.4.1.3 (04/14/06); 2.4.2 (05/01/06); 2.4.3 (11/02/07 (Import)); 2.5 (08/01/08); 2.6 (09/22/08); 2.7 (02/26/10); 2.8 (02/14/11); 2.12.2 (02/29/12); 2.12.11.0 (11/28/2012)

Scientific Technologies Corporation (STC) provides this material “as is.” The programmatic and technical staff used their best efforts to prepare and test this material.

©2012 by Scientific Technologies Corporation (STC). All rights reserved. Other trademarks, service marks, products, logos, or services are trademarks of their respective holders. Trademarked names have been used throughout this manual. Rather than insert a trademark (™) symbol where required, we state that we are using the names only in an editorial fashion, with no intention of infringement.

Document Number: HEPB-UG-2.12.2-2.12.11.0



TABLE OF CONTENTS

1	Perinatal Web HepB Application Introduction	1-1
	System Requirements	1-2
2	About this Guide	2-1
	Documentation Standards and Conventions	2-1
	Printing this Guide	2-2
	Reporting Discrepancies in the Guide	2-2
3	About the Application	3-1
	Application Characteristics	3-1
	Entering Data into the Fields	3-2
	Using the Keyboard and Mouse	3-3
4	Getting Started: The Home Menu	4-1
	Access Authorization & Privileges	4-1
	Confidentiality	4-1
	Starting the Browser / Accessing the Home Menu	4-2
	User Task Map – Where to Start (At-A-Glance)	4-5
	Logging Out	4-6
5	System Administration Menu	5-1
	Change Password	5-1
	CDC Annual Report	5-3
	County Reports – County Labels	5-6
	Annual Assessment	5-7
	Case changes reports	5-11
	Facilities	5-13
	Add New Facility	5-14
	Edit a Facility	5-18
	Providers	5-20
	Add New Provider	5-20
	Edit a Provider	5-23
	Users	5-24
	Add New User	5-25
	Display User Details	5-28
	Edit a User	5-29
	Delete a User	5-30
	App Properties	5-32
	CDC Annual Report Defaults	5-33
	Reminder Recall Defaults	5-34
6	Favorite Lists Menu	6-1
	Accessing Place of Birth	6-1
	Removing a Country from the Favorites List	6-2
7	Search Menu	7-1
	Case (Mother) Search	7-1
	Displaying Case Details	7-6
	Adding a New Case or New Mother	7-9
	Editing a Case or Mother	7-18
	Deleting a Case	7-22
	HBsAg Infants	7-23



8	Vaccination Import (via HL7)	8-1
9	Hep B Case Menu	9-1
	New Case.....	9-1
	Mother’s Info (Displaying Case Details)	9-1
	Infant Info (Displaying Case Details)	9-3
	Adding a New Infant	9-4
	Editing Infant Info.....	9-13
	Contact Info (Displaying Case Details).....	9-15
	Adding a New Contact.....	9-17
	Editing Contact Info	9-22
	Notes.....	9-24
	Viewing and Adding Notes.....	9-24
10	Reports Menu	10-1
	Case Action.....	10-1
	EDC Action.....	10-3
	Project Summary.....	10-5
	Infant Case Status	10-7
	Infant Racial Breakdown.....	10-8
	Infant Statistics	10-10
	Reporting Sources.....	10-12
	Contact Status Data	10-12
	Diagnosis Statistics	10-14
	Birthing Facilities	10-14
	Hospital Policies	10-15
	Race/Ethnicity Export.....	10-16
11	Reminder Recall	11-1
	Mail Merge	11-1
	Step 1: Generating & Downloading the Source Data.....	11-3
	Step 2: Merging the Data to the Source	11-6
	PDF County Letters.....	11-9
	Patient Letters	11-12
12	Appendices	12-1
	Appendix A: Identifying Duplicates.....	12-1
	Appendix B: Importing Providers & Facilities.....	12-1

LIST OF FIGURES

Figure 4-1: Welcome to the PERINATAL HEPB Application	4-2
Figure 4-2: Home / Login.....	4-3
Figure 4-3: Login Successful	4-4
Figure 4-4: User Task Map.....	4-5
Figure 5-1: Change Password.....	5-3
Figure 5-2: CDC Annual Report Limitations/Selections	5-4
Figure 5-3: Sample CDC Annual Report	5-5
Figure 5-4: County Reports Menu	5-6
Figure 5-5: County Reports Labels.....	5-6
Figure 5-6: Annual Assessment of Progress Menu	5-8



Table of Contents

Figure 5-7: Sample - Annual Assessment Report – Infant.....	5-10
Figure 5-8: Sample – Annual Assessment Report – CDC Assessment.....	5-11
Figure 5-9: Facility List	5-14
Figure 5-10: Facility Add/Edit - ADD.....	5-15
Figure 5-11: Facility View	5-18
Figure 5-12: Facility Add/Edit - EDIT	5-19
Figure 5-13: Providers List.....	5-20
Figure 5-14: Provider Add/Edit	5-21
Figure 5-15: Provider Detail.....	5-23
Figure 5-16: Provider Add/Edit	5-24
Figure 5-17: User List.....	5-25
Figure 5-18: User Add	5-26
Figure 5-19: User Detail	5-29
Figure 5-20: User Edit	5-30
Figure 5-21: Delete User / Transfer Cases.....	5-31
Figure 5-22: Properties / CDC Annual Report Defaults	5-32
Figure 6-1: Countries – Place of Birth.....	6-1
Figure 7-1: Case Search	7-2
Figure 7-2: Search with Results.....	7-5
Figure 7-3: Using the Search Results to Display Case Details	7-6
Figure 7-4: Mother’s Case Detail.....	7-8
Figure 7-5: Mother’s Case Detail - Edit.....	7-10
Figure 7-6: Search Results with Result - EDIT	7-18
Figure 7-7: Mother’s Case Detail – VIEW Mode.....	7-18
Figure 7-8: Mother’s Case Detail – EDIT Mode.....	7-19
Figure 7-9: Case Detail with Warning about Deleting	7-22
Figure 7-10: HBsAg Infants	7-23
Figure 8-1: Vaccinations Import – Patient Search Results	8-1
Figure 8-2: Vaccination List for (Patient)	8-2
Figure 9-1: Mother’s Case Detail - View	9-2
Figure 9-2: Infant List.....	9-3
Figure 9-3: Infant Case Details - VIEW.....	9-3
Figure 9-4: Add New Infant Details - Add	9-6
Figure 9-5: Infant Details - Edit.....	9-14
Figure 9-6: Contact List	9-15
Figure 9-7: Contact Case Details – View.....	9-16
Figure 9-8: Add New Contact Detail	9-17
Figure 9-9: Contact’s Detail – Edit.....	9-24
Figure 9-10: Cast Detail – Case Notes - VIEW.....	9-25
Figure 9-11: Case Detail – Case Notes – ADD/EDIT	9-26
Figure 10-1: Case Action Report Limitations/Selections.....	10-1
Figure 10-2: Case Action Report.....	10-3
Figure 10-3: EDC Action Report Limitations/Selections	10-4
Figure 10-4: EDC Action Report.....	10-5
Figure 10-5: Project Summary Report Limitations/Selections.....	10-5
Figure 10-7: Project Summary Report – Infant Case Status.....	10-8
Figure 10-8: Project Summary Report – Infant Racial Breakdown	10-9
Figure 10-9: Project Summary Report – Infant Statistics Report	10-11
Figure 10-10: Project Summary Report – Infant Reporting Sources.....	10-12
Figure 10-11: Project Summary Report - Contact Status Data.....	10-13
Figure 10-12: Project Summary Report – Diagnosis Statistics	10-14
Figure 10-13: Project Summary Report – Birthing Facilities	10-15



Figure 10-14: Project Summary Report – Hospital Policies	10-16
Figure 10-15: Race/Ethnicity Export Report Parameters	10-17
Figure 10-16: Sample: Race/Ethnicity Export Report	10-19
Figure 11-1: Mail Merge Reminder Recall Selections	11-3
Figure 11-2: File Download Dialog	11-5
Figure 11-3: Save As Dialog	11-5
Figure 11-4: Download Complete Dialog	11-6
Figure 11-5: MS Word Find Source Dialog	11-6
Figure 11-6: Open Data Source Dialog	11-7
Figure 11-7: Form Letter displayed in MS Word	11-8
Figure 11-8: Merge Dialog	11-8
Figure 11-9: Sample Merged Document – Infant Vaccination Reminder	11-9
Figure 11-10: PDF Reminder Recall Selection	11-10
Figure 11-11: PDF County Letter – Page 1	11-12
Figure 11-12: PDF County Letter – Page 2	11-12
Figure 11-13: Reminder Recall – Patient Letters	11-13
Figure 11-14: Reminder Recall – Patient Letters – Mailing Labels	11-15
Figure 11-15: Reminder Recall – Patient Letters – Patient Letters	11-15

LIST OF TABLES

Table 3-1: Application Characteristics	3-1
Table 3-2: Entering Data into Fields	3-2
Table 3-3: Using the Keyboard and Moue	3-3
Table 5-1: Annual Assessment of Progress Field Descriptions	5-8
Table 5-2: Facility Add/Edit Fields	5-15
Table 5-3: Provider Add/Edit Field Descriptions	5-21
Table 5-4: User Add/Edit Fields	5-26
Table 5-5: Properties / CDC Annual Report Default Settings Fields	5-33
Table 7-1: Search Field Descriptions	7-2
Table 7-2: Search Results Field Descriptions	7-6
Table 7-3: Mother’s Case Detail Fields	7-12
Table 7-4: HBsAg Infants Search Results Fields	7-23
Table 8-1: Vaccinations List Fields	8-2
Table 9-1: Add/Edit Infant Detail Field Descriptions	9-8
Table 9-2: Add/Edit Contact Detail Field Descriptions	9-19
Table 10-1: Case Action Report Limitations/Selections Fields	10-2
Table 10-2: EDC Action Report Limitations/Selections Fields	10-4
Table 10-3: Project Summary Report Limitations/Selections Fields	10-6
Table 10-4: Race/Ethnicity Export Report Field Descriptions	10-17
Table 11-1: Reminder Recall Reports & Descriptions	11-2
Table 11-2: Reminder Recall Limitations/Selections Fields	11-4
Table 11-3: PDF Reminder Recall Field Descriptions	11-10



1 PERINATAL WEB HEPB APPLICATION INTRODUCTION

The **Perinatal Web HEP-B (HEPB)** application is a software application that runs on an Internet Explorer browser for tracking and surveillance of **perinatal Hepatitis B**.

All pregnant women should be tested for the Hepatitis B Virus (HBV) early in their pregnancy. If the blood test is positive, the baby should receive vaccine along with another shot, hepatitis B immune globulin (called HBIG), at birth. The second dose of vaccine should be given at 1-2 months of age, and the third dose at 6 months of age.

Depending on your user access authorization and your specific state's use, the following can be performed:

- Create **NEW CASES**.
- Enter **MOTHER** and **INFANT INFORMATION**.
- Enter **CONTACT INFORMATION**.
- Enter miscellaneous **NOTES**.
- Run **REPORTS**.
- Enter **SYSTEM ADMINISTRATIVE** information such as **FACILITY** and **PROVIDER** information, manage user accounts, set system properties, and run the annual CDC reports.
- Create **USER** Access usernames and passwords.

SYSTEM REQUIREMENTS

The Web-HepB application requires Internet Explorer version 6.0 or later and an internet connection.

2 ABOUT THIS GUIDE

The **HEPB User Guide** was prepared for you to use as a reference book. It includes step-by-step instructions with illustrations that show you “how” to use the application.

The application includes the following menu options; however, your user access level and state’s use determines whether you will use of all of them:

- Home (Login/Logout)
- Search/Update
- HepB Case (New Cases)
- Reports
- Reminder Recall
- Sys(tem) Admin (Admin only)
- Favorites Lists (Admin only)

DOCUMENTATION STANDARDS AND CONVENTIONS

- Menu names, options, and actions are printed in bold type and capitalized. For example: Point and click the **FILE** menu, and then select **SAVE**.
- Dialog boxes and application windows are enclosed in quotes with the first letter capitalized. For example: The “Patient Add” window appears.
- Important notes are indicated with the word note and printed in bold italics. For example:

Note: If you do not see **ACCESS GRANTED**, you will need to re-enter an accurate

USERNAME and **PASSWORD** in order to continue.

- Field names and descriptions are listed in formatted tables.
- Footers contain section and page number.
- Alternating headers contain Title of the Guide, Section Name, and associated graphics.
- Text that is typed by an end-user appears in Courier font. For example:

```
Lincoln Medical Center
```

- Every guide includes a Table of Contents, an illustration of every application window, an explanation of the window's purpose, and steps to navigate the window.
- Every guide includes tips on using the application, such as entering data into fields, keyboard and editing keys, and application characteristics (such as drop-down menus, radio buttons, checkboxes, etc.) Refer to the next chapter titled, "About the Application."

PRINTING THIS GUIDE

The "Page Setup" for this guide uses a duplex template for double-sided printing.

REPORTING DISCREPANCIES IN THE GUIDE

If you should happen to find a discrepancy in the guide, a typographical error, or the information is not clear, please contact your state's Help Desk and request a Job Ticket for a correction.

3 ABOUT THE APPLICATION

This section describes the application characteristics that are used on all the windows and includes tips for entering text and using the keyboard and mouse.

APPLICATION CHARACTERISTICS

The commonalities of the application windows are listed in the table:

Table 3-1: Application Characteristics

APPLICATION CHARACTERISTICS	
<p>MENUS & MENU OPTIONS</p> <ul style="list-style-type: none"> ▶ Home <ul style="list-style-type: none"> Logout ▶ Search <ul style="list-style-type: none"> Case Search HBsAg Infants ▶ Hep B Case <ul style="list-style-type: none"> <u>New Case</u> Mother Info Infant Info Contact Info Notes ▶ Reports <ul style="list-style-type: none"> Case Action EDC Action Project Summary ▶ Reminder Recall <ul style="list-style-type: none"> Mail Merge PDF County Letters ▶ Sys Admin <ul style="list-style-type: none"> CDC Annual Report County Reports Annual Assesment Facilities Providers Users App. Properties ▶ Favorite Lists <ul style="list-style-type: none"> Place of Birth 	<p>The MENUS and MENU OPTIONS are listed on the left side of the application window.</p> <p> When the mouse pointer (arrow) hovers over a menu or menu option, the mouse pointer becomes a pointing hand and the Menu/Menu option will display in red with an underline underneath it. This is known as a hyperlink.</p> <p>Once the hyperlink is clicked, it will activate and display the corresponding window.</p> <p>The illustration shows the <u>New Case</u> hyperlink.</p>

APPLICATION CHARACTERISTICS	
DROP-DOWN MENUS 	Drop-down menus are displayed when the drop-down arrow is clicked. A list of valid entries will appear in alphabetical order, or the most frequently used order. While the drop-down menu is displayed, you may type the first letter of the word and the highlighter will position on the first occurrence. To locate the next occurrence, type the letter again.
MANDATORY FIELD ENTRIES	RED field labels indicate an entry is required before proceeding.
CHECK BOXES 	Press the TAB key to move through the checkboxes. Press the keyboard SPACEBAR to select the item next to the checkbox, or press it again to deselect the item.
RADIO BUTTONS 	Press the TAB key to move to the desired set of radio buttons. Press the directional keyboard ARROW to select (highlight) the desired radio button.
SEARCHES & SELECTIONS	Search results appear in alphabetical order by “mother’s last name. To make a selection from the list, point and click the name to display it.
RECORD LOCKS	While editing a patient’s record, it will be locked from any other user attempting to access it. Remember to save when finished editing.

ENTERING DATA INTO THE FIELDS

When entering data into the fields, the following information describes recommended methods.

Table 3-2: Entering Data into Fields

ENTERING DATA INTO THE FIELDS	
DATA STORAGE (UPPERCASE)	Entering data into the application’s data fields is not case-sensitive. The data is stored (in the database) in capital (uppercase) letters.
DATES	The application pads the date fields with a forward slash (/) between month, day, and year. Dates are

ENTERING DATA INTO THE FIELDS	
	<p>entered in the following formats:</p> <ul style="list-style-type: none"> • mm/dd/yyyy • mm/dd/yy • mmdyyy • mmdyy
SOCIAL SECURITY NUMBER	<p>The application pads the social security number with the dash (-) in the appropriate places. You may enter the numbers with or without dashes; i.e.,</p> <ul style="list-style-type: none"> • 123456789 or 123-45-6789
PHONE AND FAX NUMBERS	<p>The application pads the phone and fax numbers with parenthesis () for the area code and a dash (-) between the three digit prefix and four digit suffix. You may enter phone and fax numbers using the dash, or without; i.e.,</p> <ul style="list-style-type: none"> • (###) ###-#### or #####.
ZIP CODES	<p>The application pads the zip code fields with a dash (-) if the entire 9-digit number is entered. Zip codes can be entered as 5-digits or 9-digits with or without the dash.</p>
ERROR MESSAGES	<p>If the wrong type of data is entered in a field, an error message appears usually at the top of the window.</p>

USING THE KEYBOARD AND MOUSE

When using the keyboard and mouse, the following information describes recommended methods.

Table 3-3: Using the Keyboard and Mouse

KEYBOARD, EDITING KEYS, AND MOUSE	
TAB	<p>All the fields have a “TAB” order. This means when the cursor is in a field and the TAB key is pressed, it will move the cursor to the next field.</p>
SHIFT TAB	<p>By pressing the “SHIFT with TAB,” the cursor will move backward to the previous field.</p>

KEYBOARD, EDITING KEYS, AND MOUSE	
ENTER	<p>Pressing the “ENTER” key on most windows, executes the function to process the active page. For example, while on the Patient Search window, the ENTER key will execute the Search function.</p> <p>An exception to this rule is when the TAB key is pressed that highlights a button, the ENTER key executes the button that is highlighted.</p>
<p>Note: The Cut, Copy, and Paste functions may work differently on some windows and/or computers. Try using different combinations to get the desired result.</p>	
CUT	<p>Highlight the data to be cut, then perform one of the following:</p> <ul style="list-style-type: none"> • CTRL + X • Right-click the mouse and select Cut from the menu • Select Edit from the toolbar and then select Cut • Shift + Delete
COPY	<p>Highlight the data to copy, then perform one of the following:</p> <ul style="list-style-type: none"> • CTRL + C • Right-click the mouse and select Copy from the menu • Select Edit from the toolbar and then select Copy • CTRL + Insert
PASTE	<p>Left-click the mouse where you want to place the data and perform one of the following:</p> <ul style="list-style-type: none"> • CTRL + V • Right-click the mouse and select Paste from the menu • Select Edit from the toolbar and then select Paste • Shift + Insert
SCROLL MOUSE	<p>The scrolling mouse wheel can be used to scroll through selected drop-down menus and current web page, if the mouse is programmed correctly.</p>





[This page left blank intentionally.]

4 GETTING STARTED: THE HOME MENU

This section discusses the access authorization and privileges that are necessary in order to use the HepB Application.

ACCESS AUTHORIZATION & PRIVILEGES

There are two levels of user access that are setup by a system administrator.

The two levels of users are:

- **Administrator** – is able to access add and edit all parts of the system including the System Administrative functions of adding Facilities, Providers, and Users.
- **Investigator** – is able to add and edit most parts of the application excluding System Administrative functions (cannot Add Facilities, Providers, or Users).

Examples of application users are—caseworkers, program managers, or coordinators that are responsible for tracking HepB data.

CONFIDENTIALITY

Most of us would agree that while modern methods of communication have made our lives easier, they also pose a threat to the privacy and security of personal information.

The application seeks to safe guard the privacy and security of health information by:

- Governing the privacy of individually identifiable health information.

- Restricting uses and disclosures of protected health information (PHI).
- Protecting against unauthorized and unnecessary access to protected health information.

All HepB application users have a responsibility to maintain the confidentiality of the data stored within this system.

STARTING THE BROWSER / ACCESSING THE HOME MENU

These instructions assume you have a user-id to access the HepB application.

1. Open **Internet Explorer (IE)** and enter the web address for your state's HepB web site. For example,

<https://www.webhepb.com>

The “**Welcome to the PERINATAL HEPB Application**” window appears along with the Home Menu.

Figure 4-1: Welcome to the PERINATAL HEPB Application



2. From the **HOME** menu, point and click on the **LOGIN** option. The “Login” window appears with your mouse pointer positioned in the username field.

Figure 4-2: Home / Login



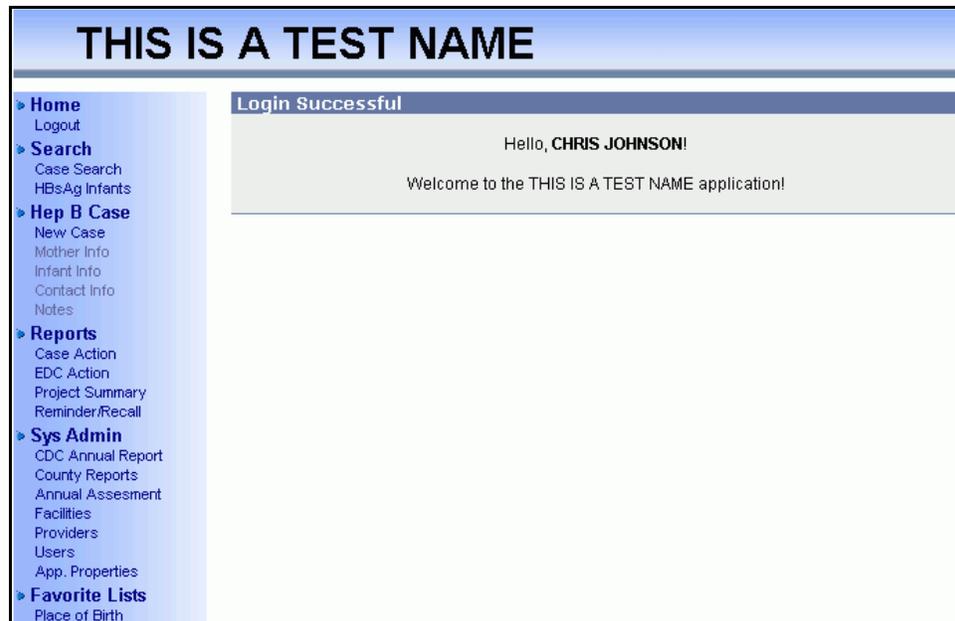
The screenshot shows a web browser window titled "HepB-Web". On the left is a blue sidebar menu with "Home" and "Login" options. The main content area has a "Login" header and contains two input fields: "Username:" and "Password:". Below the fields are "Clear" and "Login" buttons.

Note: Login information is confidential and should have been provided to you previously. Usernames and passwords are “not” case-sensitive.

3. Type your **USERNAME**, press the **TAB** key, type your **PASSWORD**, and either press the **ENTER** key or click the **LOGIN** button.

Note: Observe the **LOGOUT** option replaces the **LOGIN** option. An active user session begins and the user’s access level is stored in memory for the duration of the session.

Figure 4-3: Login Successful



Note: If you do not see **LOGIN SUCCESSFUL**, you will need to re-enter an accurate **USERNAME** and **PASSWORD** in order to continue.

4. Depending on your access authorization, different menus and/or different options may be available. Available options display in bold lettering, unavailable options display in gray.

Note: After successfully logging in, a new menu option of **LOGOUT** appears. For more information, continue to the section titled, “Logging Out.”

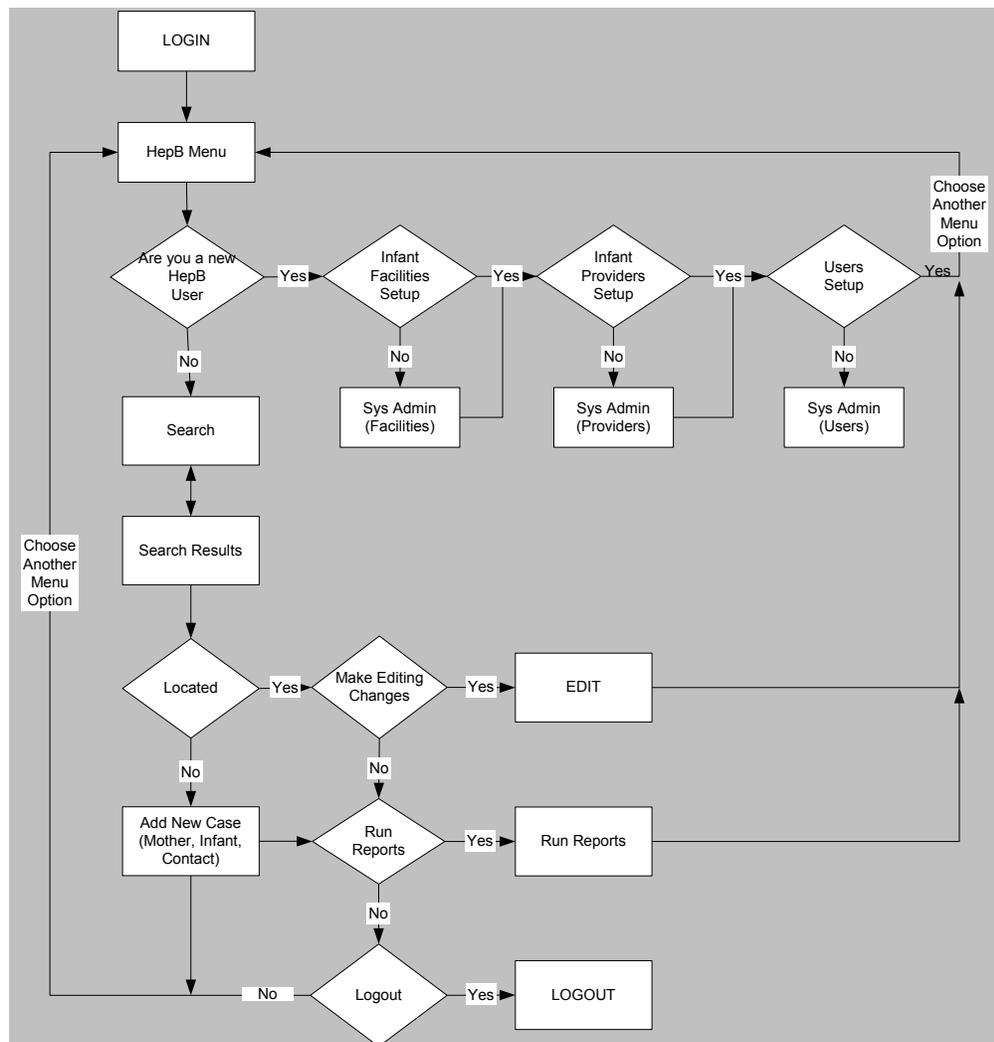
5. Continue to the next section titled “**About the Application**” for tips on entering data and navigating within the application.

USER TASK MAP – WHERE TO START (AT-A-GLANCE)

This map is a flow of actions that should occur. It is assumed that you know your user access level, and have an understanding about the functionalities of the application.

Please contact your local area Help Desk if you are unsure what type of access you have, or if you believe you require a different level of access.

Figure 4-4: User Task Map



LOGGING OUT

After you are finished using the application, you should logout and close the browser window. To log out of the application, click the **LOGOUT** option. The “Home/Login” window reappears. Refer to Figure 4-2 for an illustration.

Close the Internet Browser by clicking the **X** (located in a box) in the upper right hand corner.



5 SYSTEM ADMINISTRATION MENU

The **System Administration** menu is accessible and used by those that are authorized to do the following:

- Change Password (All users)
- Run the CDC Annual Report
- County Reports
- Annual Assessment
- Case Changes Report
- Edit Facilities
- Edit Providers
- Edit Users
- Adjust Application Properties
- Set Favorites Lists

When the user's mouse pointer hovers on top of the option, it will turn red and appear underlined. This is referred to as a hyperlink.

Note: These menu options will only appear for users with "admin" authorization.

CHANGE PASSWORD

This option allows users to change their own password. To change your password, perform the following:



1. From the **SYS ADMIN** menu, click the **CHANGE PASSWORD** option. The “Change Password” window appears.

Figure 5-1: Change Password

Change Password	
User: RC	Date: Sep 22, 2008
Current Password:	<input type="text"/>
New Password:	<input type="text"/>
Repeat New Password:	<input type="text"/>
<input type="button" value="Reset"/> <input type="button" value="Submit"/>	

2. Type your current password in the **CURRENT PASSWORD** field and press the **TAB** key to access the next field.
3. Type your new password in the **NEW PASSWORD** field and press the **TAB** key to access the next field.
4. Type the new password again in the **REPEAT NEW PASSWORD** field and click one of the following buttons:
 - **RESET** – to erase any newly entered text from the window and remain on the same window.
 - **SUBMIT** – to save the newly changed password information. A confirmation message appears, “Your password has been changed” at the top of the window.

CDC ANNUAL REPORT

The CDC Annual Report is used to assess progress towards goals to prevent perinatal HBV transmission. It generates the information required by the CDC and identifies the number of infants who were born to HBsAg positive mothers for the reporting year. It also tracks contacts related to HBsAg positive mothers.

Note: Verbiage changes on some of the questions and new questions were added for version 2.4 for the CDC report in January, 2005.

1. From the **SYS ADMIN** menu, click on the **CDC ANNUAL REPORT** hyperlink. The “CDC Annual Report Limitations/Selections” window appears.

Figure 5-2: CDC Annual Report Limitations/Selections

A screenshot of a web application interface titled "CDC Annual Report". It features a "Year:" label followed by a dropdown menu currently set to "2011". A "View Report" button is located in the bottom right corner of the form area.

CDC Annual Report	
Year:	2011 ▼
View Report	

2. A default year of **2011** will automatically appear as the default; however, you may change it by clicking on the drop-down menu arrow and clicking the desired year.
3. Click the **VIEW REPORT** button. The report displays in the browser window providing the option to print. The report may appear similar to the one shown (partial report shown below).



Figure 5-3: Sample CDC Annual Report

Centers for Disease Control and Prevention - National Center for Immunization and Respiratory Diseases
Program Annual Progress Assessments

Annual Assessment of Progress Toward Goals to Prevent Perinatal HBV Transmission

Final Data for CY 2009

Grantee: _____

Preparer information

Name: _____ Title: _____
Phone: _____ Ext: _____ Email: _____

1. What percentage of ALL pregnant women is currently screened for HBsAg in your state/project?
% of all pregnant women _____ Don't Know

2. What methods did you use to determine the percentage of women screened in question 1? (check all that apply)

a. Surveyed hospital birth records
If Yes, what year was record review conducted? _____

b. Surveyed provider practices
If Yes, what year was record review conducted? _____

c. Collected data from newborn metabolic screening cards

d. Collected data from laboratories

Reported prevalence to existing positive women (county) _____

3b. How many infants born in the 2009 calendar year to HBsAg-positive women who were residing in another jurisdiction at the time of delivery had their case management completed by your state/project?
UNKNOWN _____ Infants transferred into the program for case management (total)

3c. How many infants born in the 2009 calendar year to HBsAg-positive women residing in your jurisdiction were transferred to another jurisdiction for completion of case management (these infants should also be counted in question 3a)?
0 _____ Infants transferred out of the program for case management (total)

3d. How many infants born in the 2009 calendar year to HBsAg-positive women residing in your jurisdiction died shortly after birth (prior to receiving prophylaxis)?
0 _____ Infants that died shortly after birth.

3e. Total infants case managed by the program
1 _____ Total Infants (3a + 3b + 3c + 3d)

a. 0 _____ Hep B-1 and HBIG?

b. 0 _____ HBIG Only (did not get vaccine)?

c. 0 _____ Hep B-1 Only (did not get HBIG)?

d. 1 _____ Did not receive Hep B-1 or HBIG within 1 calendar date or Unknown

1 _____ 3a-d (Sum of questions 3a thru 3d should equal Question 3e total)

Case Management:

e. 0 _____ HBIG and a complete hepatitis B series by 8 months of age?

f. 0 _____ HBIG and a complete hepatitis B series by 12 months of age? (Include those reported in 4c)

5. Of the infants in Question 3e, how many received the Convax series? (This is an optional question)
UNKNOWN _____ Infants that received Convax series (total)

c. 0 _____ Were anti-HBs positive when tested?

7a. Of those HBsAg positive infants (6b), how many were reported to CDC as perinatal hepatitis B infections via NNDSS?
_____ HBsAg-positive infants reported to NNDSS

7b. Please provide the 6 digit NNDSS case ID's for the HBsAg-positive infants born in calendar year 2009, reported via NNDSS:
1. _____ 2. _____ 3. _____ 4. _____ 5. _____

8. Of the infants that transferred out of your program (Question 3c), please indicate how many received the following before transferring out of the program (OPTIONAL QUESTION):

4. Click on the **PRINTER** icon if you desire to print, or click the browser's **BACK** button to return to the application.

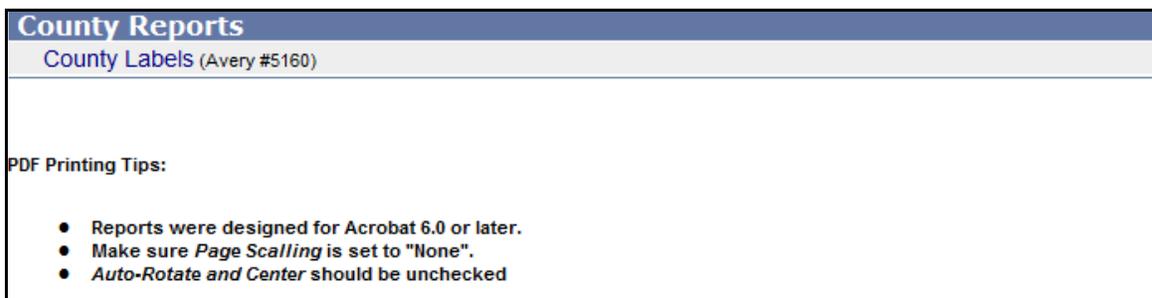
COUNTY REPORTS – COUNTY LABELS

This category contains a PDF report that will print Address Labels (Avery #5160) for every county in the state that has a designated “Primary Contact.”

Note: If more than one primary contact is specified for a county, all will be displayed/printed. Users set as inactive will not be displayed/printed, and users with incomplete address information will be displayed/printed.

1. Point and click on the **COUNTY REPORTS** hyperlink. The “County Reports” menu window appears.

Figure 5-4: County Reports Menu



2. Observe the “PDF Printing Tips.”
3. Click the **COUNTY LABELS** hyperlink. The “Address Labels” will appear in a new browser window providing the option to print.

Figure 5-5: County Reports Labels

ADAMS County Health District
Attn: REGISTRY CLIENT
32 SOME STREET
Aberdeen, WA 98520



ANNUAL ASSESSMENT

This is an annual report used by the state and is separated into three sections by county.

The first section is the infant summary that lists the following for each infant: Active/Closed that year in the county in addition to Mother's Name, Infants Name, Data of Birth, ID #, Status; Vaccines Administered: Vaccine Name, Date of Service, # of Days from DOB; Lab Tests: Test, Result, Date Administered; Y/N: Was HBIG & HepB dose 1 given within a day of birth. Was Dose 2 given between 6-8 months, and dose 3 at 12 months? After the individual Infants are listed metrics are calculated for the county. These metrics are then calculated for the entire state after each individual county listing.

The second section is the contact summary that lists the following for each contact: Active/Closed that year in the county: Mother's Name, Contact Name, Data of Birth, ID #, Status; Vaccines Administered: Dose, Date of Service; Prescreen Lab Tests: Test, Result, Date Administered; Post-testing Lab Tests: Test, Result, Date Administered. After the individual contacts are listed metrics are calculated for the county. These metrics are then calculated for the entire state after each individual county listing.

The third section is the mother summary that lists the following for each mother Active/Closed that year in the county: Mother's Name, DOB, EDC Date, Case Open Date, Prescreen Date, Delivery Date, Status, Closed Date, and Comments.

Page breaks will occur between counties, headers at the top of each page, and counties without data (multi/all county report) will be removed.

Note: To print the report with a grey bar when a new county begins which includes county name, a Browser property needs to be selected. In **Internet Explorer**, it is under Tools --> Internet Options --> Advanced tab --> Printing --> Print background colors and images. In **FireFox**, it

is under File --> Page Setup --> Format & Options tab --> Options --> Print Background (colors & images)

1. Click on the **ANNUAL ASSESSMENT** option. The “Annual Assessment of Progress Menu” window appears.

Figure 5-6: Annual Assessment of Progress Menu

Annual Assessment of Progress Menu	
Year:	2001 ▾
County:	All ▾
Run by:	<input checked="" type="radio"/> Infant Birth Year <input type="radio"/> CDC Assessment Year
Include Status Change	<input checked="" type="checkbox"/>
View Report	

2. The fields and their descriptions are listed in the table.

Table 5-1: Annual Assessment of Progress Field Descriptions

FIELD	DESCRIPTION
YEAR	Click on the drop-down menu arrow to view/select a valid year.
COUNTY	Click on the drop-down menu arrow to view/select a valid county. Note: The mother’s need to be assigned to a county in order for them to show up on the reports
RUN BY	Click one of the radio buttons to indicate the type of report you want to run. Choice are: <ul style="list-style-type: none"> • Infant Birth Year • *CDC Assessment Year
* INCLUDE STATUS CHANGE	Click the checkbox to insert a checkmark indicating you want to include “status change(s).” Note: WA build will have the “Include status change” default to “unchecked.” All other states will have it defaulted to “checked.” This is so the report will behave the same way the other states are used to by default.
* NOTES:	



FIELD	DESCRIPTION
	<p>When BOTH “CDC Assessment Year” is checked AND “Include Status Change” is Unchecked, then the assessment query will go off just the infant’s date of birth and the mother will need an hbsag positive lab.</p> <p>If only “CDC Assessment Year” is checked then it will go by the previous year, but hbsag pos will not be a requirement for the mother.</p> <p>If only “Include Status Change” is unchecked, then it will go by the assessment year but will exclude infants with a status_time of that year</p>

3. Enter the report criteria and click the **VIEW REPORT** button.



Figure 5-7: Sample - Annual Assessment Report – Infant

Annual Assessment of Progress Towards Perinatal Hep B Prevention									
Infant Birth Year Include Status Change 01/01/2010 - 12/31/2010									
ADAMS									
<i>Mother:</i> IMPORT, VACCINATION		<i>Case ID:</i> 1		<u>Service</u>		<u>Results</u>		<u>Date Administered</u>	
				anti-HBcAg IgM		NEGATIVE		01/01/2008	
				anti-HBcAg		NEGATIVE		01/01/2008	
				anti-HBs		NEGATIVE		01/01/2008	
				HBeAg		NEGATIVE		01/01/2008	
				HBsAg		POSITIVE		01/01/2008	
				anti-HBcAg IgM		NEGATIVE		01/01/2009	
				anti-HBcAg		NEGATIVE		01/01/2009	
				anti-HBs		NEGATIVE		01/01/2009	
				HBeAg		NEGATIVE		01/01/2009	
				HBsAg		POSITIVE		01/01/2009	
				anti-HBcAg IgM		NEGATIVE		01/01/2010	
				anti-HBcAg		NEGATIVE		01/01/2010	
				anti-HBs		NEGATIVE		01/01/2010	
				HBeAg		NEGATIVE		01/01/2010	
				HBsAg		POSITIVE		01/01/2010	
<i>Infant:</i> IMPORT, VACCJR		<i>DOB:</i> 01/01/2001				<i>Status:</i> ACTIVE			
<u>Vaccine Administered</u>			<u>Post Test</u>			<u>HBIG-Dose1</u>		<u>Dose 3</u>	
<u>Service</u>	<u>Date Administered</u>	<u># Days from DOB</u>	<u>Service</u>	<u>Results</u>	<u>Date Administered</u>	<u>OK</u>	<u>Appropriate Intervals</u> 6-8 mos. 12 mos.		
HBIG	01/01/2001	0	anti-HBcAg IgM	NEGATIVE	08/01/2001	Y	N	Y	
DOSE 1	01/01/2001	0	anti-HBcAg	NEGATIVE	08/01/2001				
DOSE 2	03/01/2001	59	anti-HBs	NEGATIVE	08/01/2001				
DOSE 3	07/01/2001	181	HBsAg	NEGATIVE	08/01/2001				
DOSE 4	01/01/2002	365	anti-HBcAg IgM	NEGATIVE	10/01/2001				
			anti-HBcAg	NEGATIVE	10/01/2001				
			anti-HBs	NEGATIVE	10/01/2001				
			HBsAg	NEGATIVE	10/01/2001				
Number of infants identified for ADAMS County Health Department 1 Number of infants who received HBIG only in 1 day: 0 Number of infants who received HBIG only in 2-7 days: 0 Number of infants who received Dose 1 only in 1 day: 0 Number of infants who received Dose 1 only in 2-7 days: 0 Number of infants who received Dose 1 only in 30 days: 0 Number of infants who received HBIG and Dose 1 within 1 day: 1 Number of infants who received HBIG and Dose 1 within 2-7 days: 0 Number of infants who received post testing: 1 Number of infants who received HBIG w/in 7 days and completed the series by 6-8 months of age: 0 Number of infants who received HBIG w/in 7 days and completed the series by 12 months of age: 1 Number of infants who tested HBsAg+: 0 Number of infants who tested Anti-HBs+: 0 Number of infants closed: 0 1 month = 30.5 days									
PEND OREILLE									



System Administration Menu

Figure 5-8: Sample – Annual Assessment Report – CDC Assessment

Annual Assessment of Progress Towards Perinatal Hep B Prevention									
CDC Assessment Include Status Change 01/01/2009 - 12/31/2009									
KLICKITAT									
Mother: WILHELM, WILAMINA		Case ID: 70		Service		Results		Date Administered	
Infant: WILHELMA, WANDAA		DOB: 10/02/2009				Status: Inactive due to other			
Vaccine Administered			Post Test			HBIG-Dose1		Dose 3	
Service	Date Administered	# Days from DOB	Service	Results	Date Administered	OK	Appropriate Intervals 6-8 mos. 12 mos.		
			anti-HBcAg	NEGATIVE	10/02/2009	N	N	N	
			IgM	NEGATIVE	10/02/2009				
			anti-HBcAg	NEGATIVE	10/02/2009				
			anti-HBs	NEGATIVE	10/02/2009				
			HBeAg	NEGATIVE	10/02/2009				
			HBsAg	NEGATIVE	10/02/2009				
Number of Infants identified for KLICKITAT County Health Department: 1 Number of infants who received HBIG only in 1 day: 0 Number of infants who received HBIG only in 2-7 days: 0 Number of infants who received Dose 1 only in 1 day: 0 Number of infants who received Dose 1 only in 2-7 days: 0 Number of infants who received Dose 1 only in 30 days: 0 Number of infants who received HBIG and Dose 1 within 1 day: 0 Number of infants who received HBIG and Dose 1 within 2-7 days: 0 Number of infants who received post testing: 1 Number of infants who received HBIG w/in 7 days and completed the series by 6-8 months of age: 0 Number of infants who received HBIG w/in 7 days and completed the series by 12 months of age: 0 Number of infants who tested HBsAg+: 0 Number of infants who tested Anti-HBs+: 0 Number of infants closed: 1 1 month = 30.5 days									
PIERCE									

CASE CHANGES REPORTS

Using the **Case Change Reports**, you can view changes for “demographics” and “vaccinations” for mother, infant and contact.

1. Click on “Case Changes Report” on the left column under “Sys Admin”.

2. Select the checkbox for “Mother”, “Infant” or “Contact”

Figure 5-9: Select Case Changes Report



The screenshot shows the 'Case Changes Report' interface. On the left is a navigation menu with categories: Home (Logout), Search (Case Search, HBsAg Infants), Hep B Case (New Case, Mother Info, Infant Info, Contact Info, Notes), Reports (Case Action, EDC Action, Project Summary, Race/Ethnicity Export), Reminder Recall (Mail Merge, PDF County Letters, Patient Letters), Sys Admin (Change Password, CDC Annual Report, County Reports, Annual Assessment, Case Changes Report, Facilities, Providers, Users, App. Properties), and Favorite Lists (Place of Birth). The main content area is titled 'Case Changes Report' and contains a 'Case Changes For:' label. To the right of this label are three checked checkboxes: 'Mother', 'Infants', and 'Contacts'. A 'View Report' button is located at the bottom right of the form area.

Version 2.12.11-SNAPSHOT Copyright © 2011 - Scientific Technologies Corporation

3. Click “View Report” to view report



System Administration Menu

Figure 5-10: Sample – Case Change Report

Case History					
Date/Time	Change by	Action	Field Name	Original Value	New Value
11/26/2012 02:12:22 PM	ALLWES, DEBORAH	INSERT	Date Case Opened		11/26/2012
			Status		A
			Birth Date		04/01/1968
			First Name		ALEXA
			Last Name		ALL
			Gender		F
			Maiden Name		SMITH
			SSN		123-45-6789
			Insurance Status		Public (Medicaid)
			Race Group		ASIAN
			Race		BURMESE
			Ethnicity		NOT HISPANIC/LATINO
			Language		ENGLISH
Vaccination History					
11/26/2012 04:55:07 PM	ALLWES, DEBORAH	INSERT	Type		"Hep B, NOS" - 01/01/2012
			Vaccination Date		01/01/2012 12:00:00 AM
			Series		1
			Compromised		N
11/26/2012 04:55:07 PM	ALLWES, DEBORAH	INSERT	Type		"Hep B, NOS" - 03/02/2012
			Vaccination Date		03/02/2012 12:00:00 AM
			Series		1
			Compromised		N
11/26/2012 04:55:07 PM	ALLWES, DEBORAH	INSERT	Type		"Hep B, NOS" - 10/12/2012
			Vaccination Date		10/12/2012 12:00:00 AM
			Series		1
			Compromised		N
Infants History					
Date/Time	Change by	Action	Field Name	Original Value	New Value
Infant: ALL, SADIE					
11/26/2012 04:20:39 PM	ALLWES, DEBORAH	INSERT	Status		A
			Birth Date		09/01/2012
			Insurance Status		Public (Medicaid)
			Medicaid #		12345
			Race Group		ASIAN
			Race		BURMESE
11/26/2012 04:37:09 PM	ALLWES, DEBORAH	UPDATE	First Name		SADIE
			Last Name		ALL
11/26/2012 04:57:09 PM	ALLWES, DEBORAH	UPDATE	Gender		F
Vaccination History					
11/26/2012 04:20:39 PM	ALLWES, DEBORAH	INSERT	Type		HBIG - 09/05/2012
			Vaccination Date		09/05/2012 07:40:30 AM
			Series		1
			Compromised		N
11/26/2012 04:37:09 PM	ALLWES, DEBORAH	INSERT	Type		"Hep B, NOS" - 09/01/2012
			Vaccination Date		09/01/2012 12:00:00 AM
			Series		1
			Compromised		N
11/26/2012 04:37:09 PM	ALLWES, DEBORAH	INSERT	Type		"Hep B, NOS" - 10/02/2012
			Vaccination Date		10/02/2012 12:00:00 AM
			Series		1
			Compromised		N
11/26/2012 04:57:09 PM	ALLWES, DEBORAH	DELETE	Type	"Hep B, NOS" - 10/02/2012	
			Vaccination Date	10/02/2012 12:00:00 AM	
			Series	1	
			Compromised	N	
11/26/2012 04:57:09 PM	ALLWES, DEBORAH	INSERT	Type		"Hep B, NOS" - 11/02/2012
			Vaccination Date		11/02/2012 12:00:00 AM
			Series		1
			Compromised		N
Contacts History					
Date/Time	Change by	Action	Field Name	Original Value	New Value
Contact: ALL, DEB					
11/26/2012 04:58:18 PM	ALLWES, DEBORAH	INSERT	Status		A
			First Name		DEB
			Last Name		ALL
Vaccination History					
11/26/2012 04:58:18 PM	ALLWES, DEBORAH	INSERT	Type		"Hep B, NOS" - 02/02/2009
			Vaccination Date		02/02/2009 12:00:00 AM
			Series		1
			Compromised		N
11/26/2012 04:58:18 PM	ALLWES, DEBORAH	INSERT	Type		"Hep B, NOS" - 05/10/2010
			Vaccination Date		05/10/2010 12:00:00 AM
			Series		1
			Compromised		N

FACILITIES

Using the **FACILITIES** hyperlink, you can view, edit, and add a facility.

Note: Refer to the Appendices chapter, Appendix A for instructions to import a Microsoft Excel spreadsheet of Facilities.

The term *facility* is associated with the infant as opposed to the mother.

1. From the SYS ADMIN menu, point and click the **FACILITIES** hyperlink. The “Facility List” window appears with ALL the **FACILITIES** in alphabetical order by name.
2. To list a specific **FACILITY TYPE**, click on the drop-down menu arrow and select a type.

Figure 5-9: Facility List

Select Facility Type			
Facility Type:	All ▼		
Facility List			
Name	Type	City	Phone Number
STARLIGHT PED	Pediatric Practice		(023)315-4631
			Add New Facility

3. Determine whether you want to **EDIT** a **FACILITY** or **ADD** a **NEW FACILITY** and continue to the corresponding section for instructions.

ADD NEW FACILITY

To add a **NEW FACILITY**, perform the following:

1. From the “Facility List” window, point and click on the **ADD NEW FACILITY** button. The “Facility Add/Edit” window appears.

Figure 5-10: Facility Add/Edit - ADD

Facility Add/Edit			
Facility Name:	<input type="text"/>		
Facility Type:	- Select -	Hospital Type:	- Select -
Project:	<input type="text"/>		
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Address:	<input type="text"/>	City:	- Select -
State:	AK	ZIP Code:	<input type="text"/>
County/Parish:	- Select -	VFC Provider:	<input type="checkbox"/>
Vaccine Policy:	- Select -	VFC PIN:	<input type="text"/>
	<input type="checkbox"/> Review of maternal records for HBsAg test results and testing for HBsAg when appropriate		
	<input type="checkbox"/> Administration of post-exposure prophylaxis to infants born to HBsAg-positive status women within 12 hours of birth		
	<input type="checkbox"/> Administration of post-exposure prophylaxis to infants HBsAg-unknown status women within 12 hours of birth		
	<input type="checkbox"/> Administration of a dose of hepatitis B vaccine to all newborns prior to hospital discharge		
	First Name:	Last Name:	Phone Number:
Primary Contact:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nursery Contact:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Infection Contact:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes:	<input type="text"/>		
<input type="checkbox"/> Inactive			
			<input type="button" value="Cancel"/> <input type="button" value="Submit"/>

2. Refer to the table for a list of fields and their descriptions:

Table 5-2: Facility Add/Edit Fields

FIELD	DESCRIPTION
FACILITY NAME	Name of the facility. This is a required field.
FACILITY TYPE	Type of facility. Click on the drop-down menu arrow to view/select a valid choice. Examples of choices are:

FIELD	DESCRIPTION
	<ul style="list-style-type: none"> All (displays entire list) Delivery Facility/Hospital Pediatric Practice Prenatal Care Practice
HOSPITAL TYPE	Type of hospital. Click on the drop-down menu arrow to view a list of valid choices.
PROJECT	Name of the project. This field is hard coded and cannot be changed by a user.
PHONE NUMBER	Telephone number of the facility.
FAX NUMBER	Facsimile number of the facility.
ADDRESS	Address of the facility location.
CITY	City name of the facility location. Click on the drop-down menu arrow to view a list of valid choices.
STATE	State name of the facility location. This field is hard coded and cannot be changed by a user.
ZIP CODE	Zip code of the facility location. Type the 5-digit or 9-digit zip code in the field.
COUNTY/PARISH	County/Parish of the city of the facility location. The City name must be entered prior to clicking on the drop-down menu arrow to view a list of valid choices.
VFC PROVIDER	<p>A checkbox to indicate whether the provider is a VFC Provider or not.</p> <ul style="list-style-type: none"> Checked indicates Yes Unchecked indicates No
VACCINE POLICY	Click on the drop-down menu arrow to select Yes or No to indicate whether there is a vaccine policy or not.
VFC PIN	Vaccines for Children (VFC) Personal Identification Number (PIN)
HOSPITAL POLICIES (4)	<p>There are checkboxes for the hospital policies. The policies are:</p> <ul style="list-style-type: none"> Review of maternal records for HBsAg test results and testing for HBsAg when appropriate



System Administration Menu

FIELD	DESCRIPTION
	<ul style="list-style-type: none"> Administration of post-exposure prophylaxis to infants born to HBsAg-positive status women within 12 hours of birth Administration of post-exposure prophylaxis to infants HBsAg-unknown status women within 12 hours of birth Administration of a dose of hepatitis B vaccine to all newborns prior to hospital discharge <p>Click each checkbox to indicate the appropriate policy.</p> <p>Note: The selected policies will be included on the “Project Summary Hospital Policies” report.</p>
PRIMARY CONTACT	Type the First Name, Last Name, Phone Number, and Fax Number for this contact person.
NURSERY CONTACT	Type the First Name, Last Name, Phone Number, and Fax Number for this contact person.
INFECTION CONTACT	Type the First Name, Last Name, Phone Number, and Fax Number for this contact person.
NOTES	This is a free-form area to enter any type of notes.
INACTIVE	Click the checkbox to indicate if the facility is INACTIVE .

3. Make the addition or changes by typing in the field, selecting from the drop-down menus, or clicking in the checkboxes.
4. Click one of the available buttons:
 - **SUBMIT** to save the changes and return to the “Facility List” window.
 - **CANCEL** to NOT save the changes and return to the “Facility List” window.

EDIT A FACILITY

To **EDIT** a **FACILITY**, perform the following:

1. From the “Facility List” window, point and click on the **Facility NAME** you want to edit. The “Facility View” window appears.

Figure 5-11: Facility View

Facility View				
Facility Name:	PARADISE VALLEY			
Facility Type:	Delivery Facility/Hospital	Hospital Type:	Public	
Project:				
Phone Number:		Fax Number:		
Address:			City:	
State:	AK	ZIP Code:		
County/Parish:			VFC Provider:	<input checked="" type="checkbox"/>
Vaccine Policy:			VFC PIN:	4321
	<input checked="" type="checkbox"/> Review of maternal records for HBsAg test results and testing for HBsAg when appropriate			
	<input checked="" type="checkbox"/> Administration of post-exposure prophylaxis to infants born to HBsAg-positive status women within 12 hours of birth			
	<input type="checkbox"/> Administration of post-exposure prophylaxis to infants HBsAg-unknown status women within 12 hours of birth			
	<input type="checkbox"/> Administration of a dose of hepatitis B vaccine to all newborns prior to hospital discharge			
	First Name:	Last Name:	Phone Number:	Fax Number:
Primary Contact:				
Nursery Contact:				
Infection Contact:				
Notes:				
	<input type="checkbox"/> Inactive			
				Edit

2. Point and click on the **EDIT** button. The “Facility Add/Edit” window appears.

Figure 5-12: Facility Add/Edit - EDIT

Facility Add/Edit				
Facility Name:	PARADISE VALLEY			
Facility Type:	DELIVERY FACILITY/HOSPITAL	Hospital Type:	PUBLIC	
Project:				
Phone Number:		Fax Number:		
Address:		City:	- Select -	
State:	AK	ZIP Code:		
County/Parish:	- Select -	VFC Provider:	<input checked="" type="checkbox"/>	
Vaccine Policy:	- Select -	VFC PIN:	4321	
	<input checked="" type="checkbox"/> Review of maternal records for HBsAg test results and testing for HBsAg when appropriate			
	<input checked="" type="checkbox"/> Administration of post-exposure prophylaxis to infants born to HBsAg-positive status women within 12 hours of birth			
	<input type="checkbox"/> Administration of post-exposure prophylaxis to infants HBsAg-unknown status women within 12 hours of birth			
	<input type="checkbox"/> Administration of a dose of hepatitis B vaccine to all newborns prior to hospital discharge			
	First Name:	Last Name:	Phone Number:	Fax Number:
Primary Contact:				
Nursery Contact:				
Infection Contact:				
Notes:				
	<input type="checkbox"/> Inactive			
				<input type="button" value="Cancel"/> <input type="button" value="Submit"/>

3. Refer to **Table 5-2** for a list of fields and descriptions.
4. Make the changes by typing in the field, selecting from the drop-down menus, or clicking in the checkboxes.
5. Click one of the available buttons:
 - **SUBMIT** to save the changes and return to the “Facility List” window.

- **CANCEL** to NOT save the changes and return to the “Facility List” window.

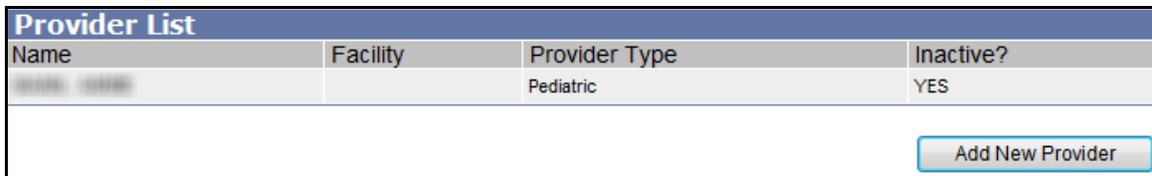
PROVIDERS

Using the **PROVIDERS** hyperlink, you can view, edit, and add a provider. This provider is associated with the infant as opposed to the mother.

Note: Refer to the Appendices chapter, Appendix A for instructions to import a Microsoft Excel spreadsheet of Providers.

1. Point and click the **PROVIDERS** hyperlink. The “Provider List” window appears with all the **PROVIDERS** in alphabetical order by name.

Figure 5-13: Providers List



Provider List			
Name	Facility	Provider Type	Inactive?
		Pediatric	YES

2. Determine whether you want to **EDIT** or **ADD a NEW PROVIDER** and continue to the corresponding section for instructions.

ADD NEW PROVIDER

To **ADD** a **NEW PROVIDER**, perform the following:

1. From the “Provider List” window, point and click on the **ADD NEW PROVIDER** button. The “Provider Add/Edit” window appears.

Figure 5-14: Provider Add/Edit

Provider Add/Edit	
Type:	<input type="text" value="- Select -"/>
First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>
Title:	<input type="text"/>
Facility:	<input type="text" value="- Select -"/>
Phone Number:	<input type="text"/>
Fax Number:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text" value="- Select -"/>
State:	AK
ZIP Code:	<input type="text"/>
County/Parish:	<input type="text" value="- Select -"/>
District/Region:	<input type="text" value="- Select -"/>
Nursing Contact Name:	<input type="text"/>
Inactive?:	<input type="checkbox"/>
<input type="button" value="Cancel"/> <input type="button" value="Submit"/>	

- Refer to the table for a list of fields and their descriptions:

Table 5-3: Provider Add/Edit Field Descriptions

FIELD	DESCRIPTION
TYPE	Type of Provider. This is a required field. Click on the drop-down menu arrow to view a list of valid choices.
FIRST NAME	First name of the Provider. This is a required field.
MIDDLE NAME	Middle name of the Provider.
LAST NAME	Last name of the Provider. This is a required field.
TITLE	Title the Provider goes by.
FACILITY	Name of the facility the Provider is associated with. Click on the drop-down menu arrow to view a list of valid choices.

FIELD	DESCRIPTION
PHONE NUMBER	Telephone number of the Provider.
FAX NUMBER	Facsimile number of the Provider.
STATE	State name of the facility location. This field is hard coded and cannot be changed by a user.
ADDRESS	Address of the Provider location.
CITY	City name of the Provider location. City name must be entered prior to selecting a County/Parish.
STATE	State name of the Provider location. This is hard coded and cannot be changed by a user.
ZIP CODE	Zip code of the Provider location. Type the 5-digit or 9-digit zip code in the field.
COUNTY/PARISH	County/Parish of the city of the provider location. The City name must be entered prior to clicking on the drop-down menu arrow to view a list of valid choices.
DISTRICT/REGION	<p>If your state has District or Region divisions that will be associated with the Provider location, a selection from the drop-down menu may be required (client configurable).</p> <p>Note: For Investigators the District/Region drop-down menu is limited to the district assigned to the investigator, if assigned one.</p>
NURSING CONTACT NAME	Type the Name of the “nursing” contact person.
INACTIVE	Click the checkbox to indicate if the Provider is INACTIVE .

3. Make the changes by typing in the field, selecting from the drop-down menus, or clicking in the checkboxes.
4. Click one of the available buttons:
 - **SUBMIT** to save the changes and return to the “Provider List” window.
 - **CANCEL** to NOT save the changes and return to the “Provider List” window.

EDIT A PROVIDER

To **EDIT** a **PROVIDER**, perform the following:

1. From the “Provider List” window, point and click on the **Provider** name you want to edit. The “Provider Detail” window appears.

Figure 5-15: Provider Detail

Provider Detail	
Type:	DELIVERY
First Name:	MARSHA
Middle Name:	
Last Name:	BRADY
Title:	
Facility:	PARADISE VALLEY
Phone Number:	
Fax Number:	
Address:	
City:	
State:	AK
ZIP Code:	
County/Parish:	
District/Region:	
Nursing Contact Name:	
Inactive?:	<input type="checkbox"/>

[Edit](#)

2. Point and click on the **EDIT** button. The “Provider Add/Edit” window appears.

Figure 5-16: Provider Add/Edit

Provider Add/Edit	
Type:	DELIVERY
First Name:	MARSHA
Middle Name:	
Last Name:	BRADY
Title:	
Facility:	PARADISE VALLEY
Phone Number:	
Fax Number:	
Address:	
City:	- Select -
State:	AK
ZIP Code:	
County/Parish:	- Select -
District/Region:	- Select -
Nursing Contact Name:	
Inactive?:	<input type="checkbox"/>
<input type="button" value="Cancel"/> <input type="button" value="Submit"/>	

3. Refer to **Table 5-3** for a list of fields and their descriptions
4. Make the changes by typing in the field, selecting from the drop-down lists, or clicking in the checkboxes.
5. Click one of the available buttons:
 - **SUBMIT** to save the changes and return to the “Provider List” window.
 - **CANCEL** to NOT save the changes and return to the “Provider List” window.

USERS

Using the **USERS** hyperlink, you can view, edit, delete, and add an application user.

1. Point and click the **USERS** hyperlink. The “User List” window appears with all the **USERS** in alphabetical order by user name.

Figure 5-17: User List

User List			
Name	Username	Access Level	Status
ADMIN, ADMIN	ADMIN	Administrator	Active
DAVE, DAVE	DAVE	Administrator	Active

[Add New User](#)

2. Determine the action to perform and continue to the corresponding section.
 - Add New User
 - Display User Details (to edit or delete)

ADD NEW USER

To **ADD** a **NEW USER**, perform the following:

1. From the “User List” window, point and click on the **ADD NEW USER** button. The “User Add” window appears.

Figure 5-18: User Add

User Add	
Username:	<input type="text"/>
Password:	<input type="password"/>
First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>
Title:	<input type="text"/>
Organization:	<input type="text"/>
Phone Number:	<input type="text"/>
Fax Number:	<input type="text"/>
Address:	<input type="text"/>
City:	- Select - ▼
State:	AK
ZIP Code:	<input type="text"/>
County/Parish:	- Select - ▼
District/Region:	- Select - ▼
Primary County Contact:	<input type="checkbox"/>
Access Level:	- Select - ▼
Inactive:	<input type="checkbox"/>
<input type="button" value="Cancel"/> <input type="button" value="Submit"/>	

2. Refer to the table for a list of fields and their descriptions:

Table 5-4: User Add/Edit Fields

FIELD	DESCRIPTION
USERNAME	Name of the user accessing the application. This is a required field.
PASSWORD	Password for the User (name) to access the application. This is a required field and must be six (6) characters and they will not appear when typed.
FIRST NAME	First name of the User. This is a required field.
MIDDLE NAME	Middle name of the User.
LAST NAME	Last Name of the User. This is a required field.
TITLE	Title of the User.



System Administration Menu

FIELD	DESCRIPTION
ORGANIZATION	Name of the organization the user is associated.
PHONE NUMBER	Telephone number of the User.
FAX NUMBER	Facsimile number of the User.
ADDRESS	Address of the User's location.
CITY	City name of the User's location. City name must be entered prior to selecting a County/Parish.
STATE	State name of the User's location. This field is hard coded and cannot be changed by a user.
ZIP CODE	Zip code of the User's location. Type the 5-digit or 9-digit zip code in the field.
COUNTY/PARISH	<p>County/Parish of the city of the User's location. The City name must be entered prior to clicking on the drop-down arrow to view a list of valid choices.</p> <p>Note: If the Access Level is Investigator, multiple counties can be selected by performing the following:</p> <ul style="list-style-type: none"> • Press and hold the SHIFT key to select counties in sequence. • Press and hold the CTRL key to select counties NOT in sequence.
DISTRICT/REGION	<p>If your state has District or Region divisions that will be associated with the user, a selection from the drop-down list may be required (client configurable).</p> <p>Note: For Investigators the District/Region drop-down menu is limited to the district assigned to the investigator, if assigned one.</p>
PRIMARY COUNTY CONTACT	<p>If this box is checked, it allows the user to be the county's primary contact.</p> <p>Note: Only one person can be the primary contact.</p>

FIELD	DESCRIPTION
ACCESS LEVEL	Level of access allowed for the User. Currently there are two levels: <ul style="list-style-type: none"> • Administrator is privileged to use all menu options; specifically, System Administrator. • Investigator is privileged to use all menu options <i>EXCLUDING</i> the System Administrator menu. Various counties can be selected for the Investigator. Refer to the County/Parish field above for more details.
INACTIVE	Click the checkbox to indicate the User is INACTIVE .

3. Make the changes by typing in the field, selecting from the drop-down menus, or clicking in the checkboxes.
4. Click on one of the available buttons:
 - **SUBMIT** to save the changes and return to the “User Detail” window.
 - **CANCEL** to NOT save the changes and return to the “User List” window.

DISPLAY USER DETAILS

To display a specific user’s detailed information, perform the following:

1. From the “User List” locate the name of the user you want to display and click it. The “User Detail” window appears.

Figure 5-19: User Detail

User Detail	
Username:	ADMIN
First Name:	ADMIN
Middle Name:	
Last Name:	ADMIN
Title:	
Organization:	
Phone Number:	
Fax Number:	
Address:	
City:	
State:	AK
ZIP Code:	
County/Parish:	
District/Region:	
Primary County Contact:	<input type="checkbox"/>
Access Level:	Administrator
Inactive:	<input type="checkbox"/>

2. Determine whether you are going to edit the user's information or delete the user and continue to the corresponding section.

EDIT A USER

To **EDIT** a **USER**, perform the following:

1. From the "User List" window, point and click on the **USER** name you want to edit. The "User Detail" window appears. Refer to the illustration above.
2. Click the **EDIT** button. The "User Edit" window appears.

Figure 5-20: User Edit

User Edit	
Username:	ADMIN
Password:	<input type="text"/>
First Name:	ADMIN
Middle Name:	<input type="text"/>
Last Name:	ADMIN
Title:	<input type="text"/>
Organization:	<input type="text"/>
Phone Number:	<input type="text"/>
Fax Number:	<input type="text"/>
Address:	<input type="text"/>
City:	- Select -
State:	AK
ZIP Code:	<input type="text"/>
County/Parish:	- Select -
District/Region:	- Select -
Primary County Contact:	<input type="checkbox"/>
Access Level:	ADMINISTRATOR
Inactive:	<input type="checkbox"/>
<input type="button" value="Cancel"/> <input type="button" value="Submit"/>	

3. Make the necessary changes. Verify the “red” fields are filled in or an error will appear.
4. After making the desired change, click on one of the available buttons:
 - **SUBMIT** to save the changes and return to the “User Detail” window.
 - **CANCEL** to NOT save the changes and return to the “User Detail” window.

DELETE A USER

Depending on your state’s use, the “Delete User” option may not be available. When a user is deleted, any cases that were assigned to that person will need to be reassigned to a new case worker.



To delete a user, perform the following:

1. From the “User List” window, point and click on the **USER** name you want to delete. The “User Detail” window appears. Refer to

Figure 5-19 for an illustration.

2. Click the **DELETE** button. The “Delete User - Transfer Cases To” window appears.

Figure 5-21: Delete User / Transfer Cases

Delete User	
Username:	SHERRI
First Name:	SHERRI
Middle Name:	
Last Name:	B
Title:	
Organization:	STC
Phone Number:	
Fax Number:	
Address:	
City:	
State:	AK
ZIP Code:	
County/Parish:	
District/Region:	
Access Level:	Administrator
Inactive:	<input type="checkbox"/>

Please select the new user to whom all currently assigned cases should be transferred.

ADMIN, ADMIN ▾

Cancel Delete Case Worker

3. Click the drop-down menu arrow to view/select the User to reassign the cases to assume the “deleted users” case load.
4. Click one of the available buttons:
 - **DELETE CASE WORKER** – the user will be deleted, cases will be reassigned to the selected user, and the “User List” window reappears.
 - **CANCEL** – to not delete the user, remove the drop-down menu and transfer message, and redisplay the “Delete User” window.

APP PROPERTIES

Using the **APP PROPERTIES** hyperlink, you can view, edit, and add properties for your application as well as for the CDC Annual Report default settings.

1. Point and click the **APP PROPERTIES** hyperlink. The “Properties” window appears.

Figure 5-22: Properties / CDC Annual Report Defaults

Properties	
Application Properties	
Project Name:	<input type="text"/>
Hide SSN:	<input type="checkbox"/> Yes
Hide Mother's Vaccination Details:	<input type="checkbox"/> Yes
▶ CDC Annual Report Defaults (through 2005)	
▶ CDC Annual Report 2006 Defaults	
▶ CDC Annual Report 2007/2008 Defaults	
▶ CDC Annual Report 2009/2010 Defaults	
▶ CDC Annual Report 2011 Defaults	
▶ Reminder Recall	
<input type="button" value="Submit"/>	

2. This window is divided into two sections:
 - Application Properties
 - Details
 - a) Click on the triangular black arrow or click on the Details Title hyperlink to view the defaults.
3. The Application Properties fields and their descriptions are listed in the table:

Table 5-5: Properties / CDC Annual Report Default Settings Fields

FIELD	DESCRIPTION
APPLICATION PROPERTIES	
PROJECT NAME <input type="text" value="PERINATAL HEPB"/>	This represents the name of the application. This appears at the very top left of all the application windows.
HIDE SSN <input type="checkbox"/> Yes	Click the checkbox to not display social security numbers on the windows; otherwise, uncheck it to NOT hide them.
HIDE MOTHER'S VACCINATION DETAILS <input type="checkbox"/> Yes	Click the checkbox to not display the mother's vaccination details; otherwise, uncheck it to NOT hide them.

4. Enter the Application Properties and click the **SUBMIT** button.

CDC ANNUAL REPORT DEFAULTS

The database will retain various years of the CDC Annual report; however, you will want to use the most current year to set the default.

To set up the CDC Annual Report Defaults, perform the following:

1. Click the **CDC Annual Report Defaults**, click the hyperlink and enter the following data:
 - Grantee
 - Prepare of the report
 - Preparer's title
 - Preparer's phone number
 - Preparer's phone extension
 - Preparer's email address



2. Enter the text and/or answer the questions.
3. Click the **SUBMIT** button to save the default.

REMINDER RECALL DEFAULTS

To setup the Reminder Recall Defaults, perform the following:

1. Click the **REMINDER RECALL** hyperlink. The “County Letter Text” field box appears.
2. Type the text for the Reminder letter.
3. Click the **SUBMIT** button. A confirmation appears at the top of the window stating, “Application properties updated successfully.”



[This page intentionally left blank.]

6 FAVORITE LISTS MENU

This option is used to copy a birth country to your “Favorites list” that will appear on a “New Case” or the “Mother’s Info.” The countries chosen will appear at the top of the list when the “Place of Birth” drop-down menu arrow is clicked.

ACCESSING PLACE OF BIRTH

To access and begin using the “Countries (Place of Birth)” screen, perform the following:

1. From the **FAVORITES LIST** menu, click the **PLACE OF BIRTH** option. The “Countries – Place of Birth” window appears.

Figure 6-1: Countries – Place of Birth



Note: The left side of the window contains a list of all the countries. The right side of the list

will contain your favorite countries after you copy them.

2. Click on the desired country (or countries) by performing the following:
 - Click on a single country
 - Hold the **SHIFT** key to select multiple countries in sequence.
 - Hold the **CTRL** key to select multiple countries not in a sequence.
3. Click on the green arrow (pointing right) to move the country(ies) to the Favorites List.

REMOVING A COUNTRY FROM THE FAVORITES LIST

To move a country from the “Favorites List,” perform the following:

1. From the **FAVORITES LIST** menu, click the **PLACE OF BIRTH** option. The “Countries – Place of Birth” window appears.
2. From the “Favorites List” side of the window, click the country you want to move to the “All Countries” side of the window.
 - Click on a single country
 - Hold the **SHIFT** key to select multiple countries in sequence.
 - Hold the **CTRL** key to select multiple countries not in a sequence.
3. Click on the green arrow (pointing left) to move the country(ies) to the “All Countries” list.

7 SEARCH MENU

Before adding a case to the application, it is recommended to perform a **SEARCH** to verify whether the case number or the mother already exists in the database.

In addition, you can perform a search using the **HBsAG Search** link to retrieve a listing of cases containing infants that tested **HBsAg** positive.

CASE (MOTHER) SEARCH

Once the case or mother is found, vaccinations can be imported from the “Case Detail” window.

To **SEARCH** for a **Case** or **Mother**, perform the following:

1. Point and click on the **CASE SEARCH** hyperlink. The “Search” window appears.

Figure 7-1: Case Search

Search				
Case Detail				
Case Number:	<input type="text"/>	Case Worker:	All	▼
County/Parish:	All	District/Region:	All	▼
Date Case Opened Range:	<input type="text"/>	to	<input type="text"/>	
Mother's Criteria				
Mother First Name:	<input type="text"/>	Mother Last Name:	<input type="text"/>	
Mother DOB:	<input type="text"/>	Mother SSN:	<input type="text"/>	
Infant's Criteria				
Infant First Name:	<input type="text"/>	Infant Last Name:	<input type="text"/>	
Infant Birth Date Range:	<input type="text"/>	to	<input type="text"/>	
Contact's Criteria				
Contact First Name:	<input type="text"/>	Contact Last Name:	<input type="text"/>	
				<input type="button" value="Clear"/> <input type="button" value="Search"/>
Search Results				
Case #	Date Opened	Mother's Name	DOB	SSN
No cases found				
				<input type="button" value="Add New Mother"/>

Note: The “Search Results” section of the window will appear blank until the “search criteria” entered finds a match.

2. Refer to the table for a list of the fields and their descriptions, or continue to the next step.

Table 7-1: Search Field Descriptions

FIELD	DESCRIPTION
CASE DETAIL	
CASE NUMBER	The case number is automatically generated by the application.
CASE WORKER	Name of the Case Worker assigned to the patient. Click on the drop-down list to view a list of valid choices, or choose ALL for a complete list.
COUNTY/PARISH	County/Parish of the city of the mother. Click on the drop-down arrow for a list of valid choices, or choose ALL for a complete list.

FIELD	DESCRIPTION
DISTRICT/REGION	<p>(State-Configurable option; thus, may not appear on your screen.)</p> <p>District or Region associated with the mother. Click on the drop-down arrow for a list of valid choices, or choose ALL for a complete list.</p> <p>Note: For Investigators the District/Region drop-down menu is limited to the district assigned to the investigator, if assigned one.</p>
DATE CASE OPENED RANGE (FROM / TO)	Date range for when the case was opened. One or both fields may be entered.
MOTHER'S CRITERIA	
MOTHER FIRST NAME	First name of the mother.
MOTHER LAST NAME	Last name of the mother.
MOTHER DOB	Mother's date of birth in the format of mm/dd/yyyy.
MOTHER SSN	<p>This field is state-specific and may not appear on your window.</p> <p>Mother's social security number.</p>
INFANT'S CRITERIA	
INFANT FIRST NAME	Infant's first name.
INFANT'S LAST NAME	Last name of the infant.
INFANT'S BIRTH DATE RANGE (FROM / TO)	Date range for the infant's birth date range. One or both fields may be entered.
CONTACT CRITERIA	
CONTACT FIRST NAME	First name of the contact person.
CONTACT LAST NAME	Last name of the contact person.

3. Any individual field can be used independently, or a combination of fields can be used with each other. The most popular search types are:
 - Case Number
 - Mother's First Name
 - Mother's Last Name
 - Mother's Date Of Birth (DOB)
 - Mother's Social Security Number (SSN)
 - Infant's First Name
 - Infant's Last Name
4. Type the search criteria into the corresponding field(s).

Note: The “search criteria” remains in the input fields when the “Search Results” appear.
5. Click on one of the available buttons:
 - **CLEAR** to erase the search criteria entered.
 - **SEARCH** to retrieve results matching the “search criteria” entered. The “Search Results” window appears at the bottom of the “Search” window without results until a match is located. The illustration below reveals a match.

Note: These instructions assume the **SEARCH** button was pressed.

Figure 7-2: Search with Results

Search

Case Detail

Case Number: <input type="text"/>	Case Worker: All ▾
County/Parish: All ▾	District/Region: All ▾
Date Case Opened Range: <input type="text"/> to <input type="text"/>	

Mother's Criteria

Mother First Name: <input type="text"/>	Mother Last Name: <input type="text"/>
Mother DOB: <input type="text"/>	Mother SSN: <input type="text"/>

Infant's Criteria

Infant First Name: <input type="text"/>	Infant Last Name: <input type="text"/>
Infant Birth Date Range: <input type="text"/> to <input type="text"/>	

Contact's Criteria

Contact First Name: <input type="text"/>	Contact Last Name: <input type="text"/>
--	---

Search Results

Case #	Date Opened	Mother's Name	DOB	SSN
1	02/27/2012	MEYER , WENDY	10/10/1960	
2	03/01/2012	TEST , TILLY		

6. Determine the action to perform and continue to the corresponding section for instruction.
 - **CLEAR** to erase the search criteria entered to prepare for a new search.
 - **SEARCH** to retrieve results matching the “search criteria” entered. The “Search Results” window appears at the bottom of the “Search” window
 - **ADD NEW MOTHER** to add a new case/mother. Continue to the section titled, “Add New Case or New Mother” for instruction.
 - **DISPLAY CASE DETAILS** to display the mother’s Case Details that appear in the “Search Results” section of the window. Continue to the section titled, “Displaying Case Details” for instructions.

DISPLAYING CASE DETAILS

To display a mother’s case details, perform the following:

1. Perform a **CASE SEARCH**. Refer to the instructions in the previous section. The “Search Results” window appears.

Figure 7-3: Using the Search Results to Display Case Details

Search				
Case Detail				
Case Number:	<input type="text"/>	Case Worker:	All	▼
County/Parish:	All	District/Region:	All	▼
Date Case Opened Range:	<input type="text"/>	to	<input type="text"/>	
Mother's Criteria				
Mother First Name:	<input type="text"/>	Mother Last Name:	<input type="text"/>	
Mother DOB:	<input type="text"/>	Mother SSN:	<input type="text"/>	
Infant's Criteria				
Infant First Name:	<input type="text"/>	Infant Last Name:	<input type="text"/>	
Infant Birth Date Range:	<input type="text"/>	to	<input type="text"/>	
Contact's Criteria				
Contact First Name:	<input type="text"/>	Contact Last Name:	<input type="text"/>	
				Clear Search
Search Results				
Case #	Date Opened	Mother's Name	DOB	SSN
1	02/27/2012	MEYER, WENDY	10/10/1960	
2	03/01/2012	TEST, TILLY		
				Add New Mother

2. The fields and their descriptions are listed in the table below:

Table 7-2: Search Results Field Descriptions

FIELD	DESCRIPTION
CASE NUMBER	The case number is automatically generated by the application. Note: This column’s title is a hyperlink that will sort the Cases in ascending/descending order;

FIELD	DESCRIPTION
	otherwise, the cases will display in alphabetical order via the Mother's Name.
DATE OPENED	The date the case was opened. Note: This column's title is a hyperlink that will sort the Cases in ascending/descending order; otherwise, the cases will display in alphabetical order via the Mother's Name.
MOTHER'S NAME	Mother's last name, followed by first name, and middle name. Note: This column's title is a hyperlink that will sort the Cases in ascending/descending order; otherwise, the cases will display in alphabetical order via the Mother's Name.
MAIDEN	This field is state-specific and may not appear on your window. Mother's name before marriage.
DOB	Mother's date of birth. Note: This column's title is a hyperlink that will sort the Cases in ascending/descending order; otherwise, the cases will display in alphabetical order via the Mother's Name.
SSN	Mother's Social Security Number.

3. The "Search Results" columns can be sorted and redisplayed by clicking on the Column Titles (Case #, Date Opened, Mother's Name, and DOB).
4. Click on the row whose details you want to display. The "Mother's Case Detail" window appears.

Figure 7-4: Mother's Case Detail

- ▶ **Home**
Logout
- ▶ **Search**
Case Search
HBsAg Infants
- ▶ **Hep B Case**
New Case
Mother Info
Infant Info
Contact Info
Notes
- ▶ **Reports**
Case Action
EDC Action
Project Summary
Race/Ethnicity Export
- ▶ **Reminder Recall**
Mail Merge
PDF County Letters
Patient Letters
- ▶ **Sys Admin**
Change Password
CDC Annual Report
County Reports
Annual Assessment
Case Changes Report
Facilities
Providers
Users
App. Properties
- ▶ **Favorite Lists**
Place of Birth

Mother's Case Detail							
Case Number:	7	EDC:					
Diagnosis:	HIGH RISK	Case Worker:	INVESTIGATOR, MITCH				
Date Case Opened:	11/26/2012						
Mother's Detail							
Status:	ACTIVE FOLLOW-UP						
First Name:	ALEXA	Birth Date:	04/01/1968 Age: 44				
Middle Name:		Maiden Name:	SMITH				
Last Name:	ALL	SSN:	123-45-6789				
Insurance Status:	Public (Medicaid)						
State Assigned #:		Medicaid #:					
Race Group:	ASIAN	Race:	BURMESE				
Language:	ENGLISH	Ethnicity:	NOT HISPANIC/LATINO				
Place of Birth:	UNITED STATES	Case Moved To:					
Foreign Born:							
Time Frame Opened:	1ST TRIMESTER	Refugee:	NO				
Home Phone:		Work Phone:					
Address:		City:					
State:	WA	ZIP Code:					
County/Parish:	ADAMS	District/Region:	ASOTIN COUNTY HEALTH DISTRICT				
Alternate Contact:							
Alt. Home Phone:		Alt. Work Phone:					
Mother's Provider Detail							
Prenatal Care Practice:		Prenatal Care Provider:					
Prenatal Chart #:		# Prenatal Visits:					
Delivery Facility/Hospital:		Delivery Provider:					
Mother's Chart #:							
Mother's Lab Detail							
Lab Date	HBsAg	HBsAg Confirmed	anti-HBs	anti-HBc Total	anti-HBc IgM	HBeAg	Lab Name
01/01/2012	POSITIVE	YES					STATE LAB
Hep B #1	Hep B #2		Hep B #3				
01/01/2012	03/02/2012		10/12/2012				

5. The fields and their descriptions are listed in the section titled, "Adding a New Case or New Mother."
6. Determine the action you want to perform by clicking one of the available buttons:
 - **DELETE CASE** – to begin the deletion process for the case. Continue to the section titled, "Delete Case" for instructions.
 - **<Registry Name> VACCINATION IMPORT** – to begin the vaccination import process. Continue to the chapter titled, "Vaccination Import" for instructions.

- **EDIT** – to edit a case or mother. Continue to the section titled, “Edit Case or Mother” for instructions.

ADDING A NEW CASE OR NEW MOTHER

There are two entry points when **ADDING a NEW CASE** (or **NEW MOTHER**).

1. Perform a **SEARCH** to verify that the **CASE / MOTHER** does not exist.
2. Perform either of the following to access the “Mother’s Case Detail” window:
 - From the “Search Results” window, click on the **ADD NEW MOTHER** button. The “Mother’s Case Detail” window appears.
 - From the “HepB Case” menu, click on the **NEW CASE** hyperlink. The “Mother’s Case Detail” window appears.



Figure 7-5: Mother's Case Detail - Edit



Search Menu

- **Home**
 - Logout
- **Search**
 - Case Search
 - HBsAg Infants
- **Hep B Case**
 - New Case
 - Mother Info
 - Infant Info
 - Contact Info
 - Notes
- **Reports**
 - Case Action
 - EDC Action
 - Project Summary
 - Race/Ethnicity Export
- **Reminder Recall**
 - Mail Merge
 - PDF County Letters
 - Patient Letters
- **Sys Admin**
 - Change Password
 - CDC Annual Report
 - County Reports
 - Annual Assessment
 - Case Changes Report
 - Facilities
 - Providers
 - Users
 - App. Properties
- **Favorite Lists**
 - Place of Birth

Mother's Case Detail			
Case Number:	7	Project:	STC HEPB DEMO
Diagnosis:	HIGH RISK	EDC:	
Date Case Opened:	11/26/2012	Case Worker:	INVESTIGATOR, MITCH
Mother's Detail			
Status:	ACTIVE FOLLOW-UP		
First Name:	ALEXA	Birth Date:	04/01/1968 Age: 44
Middle Name:		Maiden Name:	SMITH
Last Name:	ALL	SSN:	123-45-8789
Insurance Status:	PUBLIC (MEDICAID)		
State Assigned #:		Medicaid #:	
Race Group:	- Select - AMERICAN/ALASKAN NATIVE ASIAN BLACK OR AFRICAN AMERICAN HAWAIIAN/PACIFIC ISLANDER WHITE OTHER RACE	Race:	- Select - AMERASIAN ASIAN ASIAN INDIAN ASIATIC BANGLADESHI BHUTANESE
Ethnicity:	NOT HISPANIC/LATINO		
Language:	ENGLISH		
Place of Birth:	UNITED STATES	Case Moved To:	
Foreign Born:	<input type="checkbox"/>		
District/Region:	ASOTIN COUNTY HEALTH DISTRICT		
Time Frame Opened:	1ST TRIMESTER	Refugee:	NO
Home Phone:		Work Phone:	
Address:		City:	- Select -
State:	WA	ZIP Code:	
County/Parish:	ADAMS		
Alternate Contact:			
Alt. Home Phone:		Alt. Work Phone:	

Mother's Provider Detail							
Prenatal Care Practice:	Select from list: - Select - OR Enter new:						
Prenatal Care Provider:	Select from list: - Select - OR Enter new (last, first):						
Prenatal Chart #:		# Prenatal Visits:					
Delivery Facility/Hospital:	Select from list: - Select - OR Enter new:						
Delivery Provider:	Select from list: - Select - OR Enter new (last, first):						
Mother's Chart #:							
Mother's Lab Detail							
Lab Date	HBsAg	HBsAg Confirmed	anti-HBs	anti-HBc Total	anti-HBc IgM	HBeAg	Lab Name
01/01/2012	POSITIVE	YES	- Select -	- Select -	- Select -	- Select -	STATE LAB
	- Select -	- Select -	- Select -	- Select -	- Select -	- Select -	
	- Select -	- Select -	- Select -	- Select -	- Select -	- Select -	
Hep B #1		Hep B #2		Hep B #3			
01/01/2012		03/02/2012		10/12/2012			

Version 2.12.11-SNAPSHOT Copyright © 2011 - Scientific Technologies Corporation

- The fields and their descriptions are listed in the table below.

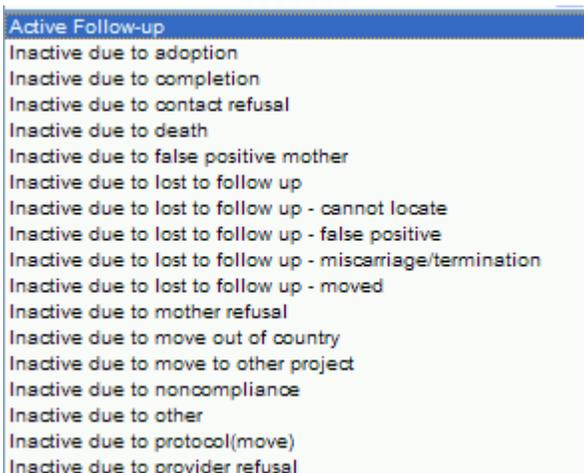
Table 7-3: Mother's Case Detail Fields

FIELD	DESCRIPTION
MOTHER'S CASE DETAIL	
CASE NUMBER	The case number cannot be edited.
PROJECT	Name of the Project that is following the patient. This cannot be edited
DIAGNOSIS	<p>Conclusion of lab result tests. The following diagnosis can be selected from the drop-down list.</p> <p>Chronic Confirmed – two+ HBsAg positive lab results at least six months apart, or a single HBsAg positive with an Anti-HBc IgM negative marker.</p> <p>Chronic Unconfirmed – any woman with a</p>



Search Menu

FIELD	DESCRIPTION
	<p>single HBsAg-positive marker, or a single anti-HBc Total-positive marker, or a single anti-HBc-IgM-positive marker (current acute infection). With an incomplete set of markers or an acute case, the woman is considered an unconfirmed chronic carrier until it is proven that she is either Acute Resolved (HBsAg-negative) or is a False Positive.</p> <p>Acute Resolved – indicates an acute infection that is confirmed to be resolved by an HBsAg-negative marker following prior positive markers indicating infection.</p> <p>False Positive – usually a HBsAg-positive patient followed by a set of markers indicating it was a false positive test, i.e., negative on a complete panel of markers on retest.</p> <p>High Risk – usually an HBsAg-negative mother or anti-HBs-positive mother in a household where another relative or the spouse is a known carrier and the infant is not at risk for perinatal exposure but is at increased risk for infection after birth.</p>
EDC	<p><u>E</u>xpected <u>D</u>ate of <u>C</u>onf<u>i</u>n<u>e</u>ment or delivery for the most recent EDC date within the infant table, even if the pregnancy has already delivered. As new pregnancies are added to the case file, this date will change to reflect the most current, or last EDC date. This field cannot be edited</p>
DATE CASE OPENED	<p>The date the case was identified/opened.</p>
CASE WORKER	<p>Name of the Case Worker associated with the case. Click on the drop-down arrow to view a list of valid choices.</p>
MOTHER'S DETAIL	
STATUS	<p>Status of the Mother (Active or Inactive). If inactive, various reasons are included. Click on the drop-down arrow to select a valid reason. This is a required field. Examples of statuses are:</p>

FIELD	DESCRIPTION
	 <p>Active Follow-up Inactive due to adoption Inactive due to completion Inactive due to contact refusal Inactive due to death Inactive due to false positive mother Inactive due to lost to follow up Inactive due to lost to follow up - cannot locate Inactive due to lost to follow up - false positive Inactive due to lost to follow up - miscarriage/termination Inactive due to lost to follow up - moved Inactive due to mother refusal Inactive due to move out of country Inactive due to move to other project Inactive due to noncompliance Inactive due to other Inactive due to protocol(move) Inactive due to provider refusal</p>
FIRST NAME	Mother's first name. This is a required field.
BIRTH DATE	Mother's date of birth. This is a required field.
AGE	Mother's age. This field is automatically calculated based on the birth date field; it cannot be edited.
MIDDLE NAME	Mother's middle name.
MAIDEN NAME	Mother's name before marriage.
LAST NAME	Mother's last name. This is a required field.
SSN	Mother's social security number.
INSURANCE STATUS	Type of insurance held by the mother. Examples are: <ul style="list-style-type: none"> • Private (Include separate CHIP Programs here) • Public (Medicaid) • Uninsured (No health insurance) • Unknown <p>Note: This information is included in the Annual Assessment report details.</p>
STATE ASSIGNED NUMBER	This is an open text field for projects to track information.
MEDICAID #	Medicaid number for the patient.
RACE GROUP (OMB)	Race group of the mother. Click on the drop-

FIELD	DESCRIPTION
LIST)	<p>down arrow to view a list of valid choices. Type the first letter will locate the first occurrence, pressing the letter again will find the next occurrence, etc. until a selection is made. More than one can be selected. To select:</p> <ul style="list-style-type: none"> • One – click it. • More than one in sequence – click the first choice and hold down the SHIFT key to select the last choice. • More than one NOT in sequence – click the first choice and hold down the CTRL key to select the remaining choices. <p>Note: The “Race Group” prepares the Race options; thus, should be selected first.</p>
RACE (RACE_CDC LIST)	Detailed (numerical) code associated with the Race Group.
ETHNICITY	Ethnicity of the mother. Click on the drop-down arrow to view a list of valid choices. Type the first letter to locate the first occurrence, pressing the letter again will find the next occurrence, etc. until a selection is made.
LANGUAGE	Mother’s “native” language. If “Other” is chosen, type the “other” language name in the blank field to the right of the Language drop-down menu arrow.
PLACE OF BIRTH	Mother’s place of birth. Click on the drop-down arrow to view a list of valid choices. Type the first letter will locate the first occurrence, pressing the letter again will find the next occurrence, etc. until a selection is made.
CASE MOVED TO	This field is an open text field that is used to record where a case has moved to (e.g., different state/country).
FOREIGN BIRTH	Indicates whether the mother was foreign born or not.
DISTRICT/REGION	<p>(State-Configurable option; thus, may not appear on your screen.)</p> <p>If your state has District or Region divisions that will be associated with the mother, a selection from the drop-down list may be required (Client</p>

FIELD	DESCRIPTION
	configurable). Note: For Investigators the District/Region drop-down menu is limited to the district assigned to the investigator, if assigned one.
TIME FRAME CASE OPENED	Timeframe the case was opened. Click the drop-down menu arrow to view/select a valid choice. Examples are: <ul style="list-style-type: none"> • 1st Trimester • 2nd Trimester • 3rd Trimester • After Birth • After Birth and Discharge
REFUGEE	Indicates if the mother is a refugee; Yes or No.
HOME PHONE	Telephone number of the mother's home.
WORK NUMBER	Employment number of the mother's employer.
ADDRESS	Residence address of the mother.
CITY	City name of the mother's address.
STATE	State name of the mother's address. This field cannot be changed.
ZIP CODE	Zip code of the mother's address. Type the 5-digit or 9-digit zip code in the field. The zip code is validated when the user attempts to save the mother's information. The zip code must be valid for the STATE entered.
COUNTY/PARISH	County/Parish of the city of the mother. The City name must be entered prior to clicking on the drop-down arrow to view a list of valid choices. This is a required field.
ALTERNATE CONTACT	Name of person that can be contacted.
HOME PHONE	There are two fields for mother's home phone and alternate home phone.
WORK PHONE	Employment telephone number of the Alternate Contact person.
MOTHER'S PROVIDER DETAIL	
PRENATAL CARE	Either click on the drop-down menu arrow to



Search Menu

FIELD	DESCRIPTION
PRACTICE	view/select a valid choice, or type the new name of the practice in the other field.
PRENATAL CARE PROVIDER	Either click on the drop-down menu arrow to view/select a valid choice, or type the new name of the provider in the other field.
PRENATAL CHART NUMBER	Type the number of the prenatal chart.
# OF PRENATAL VISITS	Type the number of prenatal visits.
DELIVERY/FACILITY HOSPITAL	Either click on the drop-down menu arrow to view/select a valid choice, or type the name of the hospital in the other field.
DELIVERY PROVIDER	Either click on the drop-down menu arrow to view/select a valid choice, or type the new name of the provider in the other field.
MOTHER'S CHART NUMBER	Type the number of the mother's chart.
MOTHER'S LAB DETAIL	
LAB DATE	Date of the lab test. Up to three lab tests can be entered.
HBSAG HBSAG CONFIRMED ANTI-HBS ANTI-HBC TOTAL ANTI-HBC-IGM HBEAG	<p>Results of the specific lab test. Click the drop-down arrow to select one of the following:</p> <ul style="list-style-type: none"> • Positive—Result was positive • Negative—Result was negative • Not Done—Test was not ordered or performed. • QNS—Quantity not sufficient (test unsuccessfully attempted)
LAB NAME	Name of the lab the test was done at.
HEP B #1	Date the mother received the first Hepatitis vaccination. This date cannot be earlier than the mother's date of birth and must be in the valid date format.
HEP B #2	Date the mother received her second Hepatitis vaccination. This date cannot be earlier than the mother's date of birth, nor the Hep B#1 date, and must be in the valid date format.

FIELD	DESCRIPTION
HEP B #3	Date the mother received her third Hepatitis vaccination. This date cannot be earlier than the mother's date of birth, nor the Hep B#2 date, and must be in the valid date format.

4. Enter as much information as possible. At a minimum, you must enter the “**RED**” fields.
5. Make the changes by either typing in the field, selecting from the drop-down menus, or clicking in the checkboxes, and press one of the available buttons:
 - **SUBMIT** – to save the changes and return to the “Mother’s Case Detail - View” window.
 - **CANCEL** – to NOT save the additions and return to the “Mother’s Case Detail - View” window.

EDITING A CASE OR MOTHER

To **EDIT** a **CASE** or **MOTHER**, perform the following:

1. Perform a **Case** or **Mother** Search. The “Search Results” window appears.

Figure 7-6: Search Results with Result - EDIT

Search Results				
Case #	Date Opened	Mother's Name	DOB	SSN
2	03/01/2012	TEST, TILLY		
				Add New Mother

2. Locate the **CASE** you want to edit, and point/click it. The “Mother’s Case Detail” window appears (in View mode).

Figure 7-7: Mother’s Case Detail – VIEW Mode

- ▶ **Home**
 - Logout
- ▶ **Search**
 - Case Search
 - HBsAg Infants
- ▶ **Hep B Case**
 - New Case
 - Mother Info
 - Infant Info
 - Contact Info
 - Notes
- ▶ **Reports**
 - Case Action
 - EDC Action
 - Project Summary
 - Race/Ethnicity Export
- ▶ **Reminder Recall**
 - Mail Merge
 - PDF County Letters
 - Patient Letters
- ▶ **Sys Admin**
 - Change Password
 - CDC Annual Report
 - County Reports
 - Annual Assessment
 - Case Changes Report
 - Facilities
 - Providers
 - Users
 - App. Properties
- ▶ **Favorite Lists**
 - Place of Birth

Mother's Case Detail			
Case Number:	7	EDC:	
Diagnosis:	HIGH RISK	Case Worker:	INVESTIGATOR, MITCH
Date Case Opened:	11/26/2012		

Mother's Detail			
Status:	ACTIVE FOLLOW-UP		
First Name:	ALEXA	Birth Date:	04/01/1968 Age: 44
Middle Name:		Maiden Name:	SMITH
Last Name:	ALL	SSN:	123-45-6789
Insurance Status:	Public (Medicaid)		
State Assigned #:		Medicaid #:	
Race Group:	ASIAN	Race:	BURMESE
Language:	ENGLISH	Ethnicity:	NOT HISPANIC/LATINO
Place of Birth:	UNITED STATES	Case Moved To:	
Foreign Born:			
Time Frame Opened:	1ST TRIMESTER	Refugee:	NO
Home Phone:		Work Phone:	
Address:		City:	
State:	WA	ZIP Code:	
County/Parish:	ADAMS	District/Region:	ASOTIN COUNTY HEALTH DISTRICT
Alternate Contact:			
Alt. Home Phone:		Alt. Work Phone:	

Mother's Provider Detail			
Prenatal Care Practice:		Prenatal Care Provider:	
Prenatal Chart #:		# Prenatal Visits:	
Delivery Facility/Hospital:		Delivery Provider:	
Mother's Chart #:			

Mother's Lab Detail							
Lab Date	HBsAg	HBsAg Confirmed	anti-HBs	anti-HBc Total	anti-HBc IgM	HBeAg	Lab Name
01/01/2012	POSITIVE	YES					STATE LAB
Hep B #1		Hep B #2		Hep B #3			
01/01/2012		03/02/2012					

Note: Vaccinations can be imported from all the “Case Detail – View” windows (Mother’s Case Detail – View, Infant’s Case Detail View, and Contacts Case Detail View. Refer to the section titled, “Vaccination Import.” for more information. This “Vaccination Import” button is customized for each client—for more information regarding the Vaccination Import, refer to the chapter titled, “Vaccination Import (via HL7).”

3. Point and click the **EDIT** button. The “Mother’s Case Detail (Edit)” window appears.

Figure 7-8: Mother’s Case Detail – EDIT Mode



- » **Home**
 - Logout
- » **Search**
 - Case Search
 - HBsAg Infants
- » **Hep B Case**
 - New Case
 - Mother Info
 - Infant Info
 - Contact Info
 - Notes
- » **Reports**
 - Case Action
 - EDC Action
 - Project Summary
 - Race/Ethnicity Export
- » **Reminder Recall**
 - Mail Merge
 - PDF County Letters
 - Patient Letters
- » **Sys Admin**
 - Change Password
 - CDC Annual Report
 - County Reports
 - Annual Assessment
 - Case Changes Report
 - Facilities
 - Providers
 - Users
 - App. Properties
- » **Favorite Lists**
 - Place of Birth

Mother's Case Detail	
Case Number:	7
Diagnosis:	HIGH RISK
Date Case Opened:	11/28/2012
Project:	STC HEPB DEMO
EDC:	
Case Worker:	INVESTIGATOR, MITCH
Mother's Detail	
Status:	ACTIVE FOLLOW-UP
First Name:	ALEXA
Birth Date:	04/01/1968
Age:	44
Middle Name:	
Maiden Name:	SMITH
Last Name:	ALL
SSN:	123-45-6789
Insurance Status:	PUBLIC (MEDICAID)
State Assigned #:	
Medicaid #:	
Race Group:	- Select - AMERICAN/ALASKAN NATIVE ASIAN BLACK OR AFRICAN AMERICAN HAWAIIAN/PACIFIC ISLANDER WHITE OTHER RACE
Race:	- Select - AMERASIAN ASIAN ASIAN INDIAN ASIATIC BANGLADESHI BHUTANESE
Ethnicity:	NOT HISPANIC/LATINO
Language:	ENGLISH
Place of Birth:	UNITED STATES
Case Moved To:	
Foreign Born:	<input type="checkbox"/>
District/Region:	ASOTIN COUNTY HEALTH DISTRICT
Time Frame Opened:	1ST TRIMESTER
Refugee:	NO
Home Phone:	
Work Phone:	
Address:	
City:	- Select -
State:	WA
ZIP Code:	
County/Parish:	ADAMS
Alternate Contact:	
Alt. Home Phone:	
Alt. Work Phone:	



Search Menu

Mother's Provider Detail							
Prenatal Care Practice:	Select from list: - Select - <input type="button" value="v"/> OR Enter new: <input type="text"/>						
Prenatal Care Provider:	Select from list: - Select - <input type="button" value="v"/> OR Enter new (last, first): <input type="text"/>						
Prenatal Chart #:	<input type="text"/>	# Prenatal Visits:	<input type="text"/>				
Delivery Facility/Hospital:	Select from list: - Select - <input type="button" value="v"/> OR Enter new: <input type="text"/>						
Delivery Provider:	Select from list: - Select - <input type="button" value="v"/> OR Enter new (last, first): <input type="text"/>						
Mother's Chart #:	<input type="text"/>						
Mother's Lab Detail							
Lab Date	HBsAg	HBsAg Confirmed	anti-HBs	anti-HBc Total	anti-HBc IgM	HBeAg	Lab Name
01/01/2012	POSITIVE <input type="button" value="v"/>	YES <input type="button" value="v"/>	- Select - <input type="button" value="v"/>	- Select - <input type="button" value="v"/>	- Select - <input type="button" value="v"/>	- Select - <input type="button" value="v"/>	STATE LAB
	- Select - <input type="button" value="v"/>	- Select - <input type="button" value="v"/>	- Select - <input type="button" value="v"/>	- Select - <input type="button" value="v"/>	- Select - <input type="button" value="v"/>	- Select - <input type="button" value="v"/>	
	- Select - <input type="button" value="v"/>	- Select - <input type="button" value="v"/>	- Select - <input type="button" value="v"/>	- Select - <input type="button" value="v"/>	- Select - <input type="button" value="v"/>	- Select - <input type="button" value="v"/>	
Hep B #1		Hep B #2		Hep B #3			
01/01/2012		03/02/2012		10/12/2012			
							<input type="button" value="Cancel"/> <input type="button" value="Save"/>

Version 2.12.11-SNAPSHOT Copyright © 2011 - Scientific Technologies Corporation

4. Refer to Table 7-3 for a list of fields and descriptions.
5. Make the changes by typing in the field, selecting from the drop-down menus, or clicking in the checkboxes.
6. Click one of the available buttons:
 - **SAVE** to save the changes and return to the “Mother’s Case Detail - View” window.
 - **CANCEL** to NOT save the changes and return to the “Mother’s Case Detail - View” window.

DELETING A CASE

To delete a case, perform the following:

1. Perform a Case Number or Mother **Search**. The “Search Results” window appears.
2. Locate the **CASE** you want to edit, and point/click it. The “Mother’s Case Detail” window appears (in View mode).
3. Click the **DELETE CASE** button. The “Case Detail “ with a “warning” dialog appears:

Figure 7-9: Case Detail with Warning about Deleting

WARNING - This action will remove all case detail.					
Case Detail					
Case Number:	2	Status:	ACTIVE FOLLOW-UP		
EDC:	12/12/2011	Case Worker:	ADMIN, ADMIN		
First Name:	TILLY	Birth Date:			
Middle Name:		Age:			
Last Name:	TEST	SSN:			
Infant List					
Infant Name	Preg #	Birth Order	DOB	Time Frame Opened	Status
No infants found					
Contact List					
Contact Name		Age	Relation	Status	
No contacts found					
					<input type="button" value="Delete Case"/>

- To continue with the deletion, click the **DELETE CASE** button. The “Search” window appears with a message stating, “Case deleted successfully.”

Note: If you do not want to delete the case, click on a different menu option.

HBsAg INFANTS

The **HBsAg Infants Search** will retrieve a listing of cases displaying infants that tested **HBsAg** positive. All mothers with an HBsAg positive infant appear in the list. Only one infant name will display. If the mother has multiple infants, the infant with the most recent birth date will display. For multiple births, the first infant found by the database will be displayed.

When an infant or contact test negative for both HBsAg and antiHBs following the initial 3-dose Hep B series, a 2nd dosing series for Hepatitis B is initiated. Infants/contacts should then appear on Case Action Reports and PDF County Letters for receipt of doses 4-6 and 2nd round of serology, respectively.

Note: The “Search Results” window can be sorted by clicking on the column names; thus, the window can redisplay in the following orders: Case #, Date Opened, Mother’s Name, and/or DOB.

- From the **SEARCH** menu, click the **HBsAg Infants** (hyperlink) option. The “Search Results – HBsAg Infants” window appears:

Figure 7-10: HBsAg Infants

Search Results - HBsAg Infants					
Case #	Date Opened	Mother's Name	Maiden	DOB	SSN
2	10/15/2004	NEED , ANNE		05/06/1969	
Infant: NEED, GRANT				10/15/2004	
					Add New Mother

- The fields and their descriptions are listed in the table below:

Table 7-4: HBsAg Infants Search Results Fields

FIELD	DESCRIPTION
CASE #	The case number is automatically generated by the application. Note: This column's title is a hyperlink that will sort the Cases in ascending/descending order; otherwise, the cases will display in alphabetical order via the Mother's Name.
DATE OPENED	The date the case was opened. Note: This column's title is a hyperlink that will sort the Cases in ascending/descending order; otherwise, the cases will display in alphabetical order via the Mother's Name.
MOTHER'S NAME	Mother's last name, followed by first name, and middle name. Note: This column's title is a hyperlink that will sort the Cases in ascending/descending order; otherwise, the cases will display in alphabetical order via the Mother's Name.
MAIDEN	Mother's name before marriage.
DOB	Mother's date of birth. Note: This column's title is a hyperlink that will sort the Cases in ascending/descending order; otherwise, the cases will display in alphabetical order via the Mother's Name.
SSN	Mother's Social Security Number.
INFANT	Name of the mother's infant that tested HBsAg positive.

3. Determine the action you want to perform and click one of the available buttons/hyperlinks:
 - **ADD NEW MOTHER** – to add a new case or mother. Continue to the section titled, “Add New Case or New Mother.”
 - **DISPLAY MOTHER'S CASE DETAIL** – to display the “Mother's Case Detail” window. Click on the row whose details you want to display and then continue to the section titled, “Displaying Case Details” for instructions.





8 VACCINATION IMPORT (VIA HL7)

The “(<Registry Name> Vaccination Import” button (replace the word <Registry Name> with your state’s registry name for the name on the button) appears on all three of the “Case Detail” windows:

- “Mother’s Case Detail – View” window.
- “Infant’s Case Detail – View” window.
- “Contact’s Case Detail – View” window.

This button is used to locate patient records from a state’s immunization registry application and display their HepB vaccinations. The illustrations shown are from the “Mother’s Case Detail—View” window.

1. From the “Mother’s Case Detail – View” window, click on the **REGISTRY VACCINATION IMPORT** button. The “Patient’s Search Results” window appears.

Figure 8-1: Vaccinations Import – Patient Search Results

Patient Search Results					
Patient's Name	DOB	SSN	Medicaid #	Address	Phone
HORNE, JENNIFER	04/04/1966			.	

2. Locate the case whose vaccinations you want to import and point/click it. The “Vaccinations List” for the specific case (mother, infant, or contact) appears.

Figure 8-2: Vaccination List for (Patient)

Patient Search Results					
Patient's Name	DOB	SSN	Medicaid #	Address	Phone
HORNE, JENNIFER	04/04/1966				
Vaccination List for JENNIFER HORNE					
Vaccination	WebHepB	LINKS	Import		
HEPB1	06/17/2003	06/17/2003			
HEPB2	N/A	02/17/2004	<input type="checkbox"/>		
HEPB3	N/A	03/17/2004	<input type="checkbox"/>		
			Select All Clear All		
<input type="button" value="Import Vaccinations"/>					

- The fields and their descriptions are listed in the table.

Table 8-1: Vaccinations List Fields

FIELD	DESCRIPTION
VACCINATION	Name and dose number of the vaccination.
WEBHEPB	This field contains either a date or N/A. <ul style="list-style-type: none"> Date indicates the mmddyyyy that the vaccination was imported into HepB. N/A indicates the vaccination has not been imported yet.
LINKS (STATE-SPECIFIC IWEB APPLICATION)	This column label is state configurable and may display something different. This is the name of the specific state's IWEB application that currently holds the date when the vaccination was entered.
IMPORT	This is a checkbox that can be clicked to check it and will isolate the vaccinations you want to import.

- Locate the vaccinations that you want to import and perform one of the following by clicking:
 - IMPORT** checkbox to select individually or to deselect individually.
 - SELECT ALL** is a hyperlink that will automatically check all the IMPORT checkboxes.
 - CLEAR ALL** is a hyperlink that will automatically “uncheck” the checkboxes.



Registry Vaccination Import Button

5. Click the **REGISTRY VACCINATIONS IMPORT** button (which will be labeled differently depending on your state's configuration). The word "Saved" will appear in **RED**. The "Case Detail" window will immediately display the "imported" vaccination(s).



[This page left blank intentionally.]

9 HEP B CASE MENU

All of the hyperlinks below this menu will not be enabled until you have searched and displayed the “Mother’s Case Detail” window. The hyperlinks that will be enabled are:

- **New Case**
- **Mother’s Info**
- **Infant Info**
- **Contact Info**
- **Notes**

NEW CASE

The New Case option is described in the chapter titled, “Search Menu” in the section named, “Add New Case or New Mother.” Continue to that chapter for details.

MOTHER’S INFO (DISPLAYING CASE DETAILS)

In order to display the Mother’s Information, known as “Case Details,” a search must be performed first, or the previous mother’s Case Details will display.

To display the Mother’s Case Details, perform the following:

1. Perform a **SEARCH** and select the case/mother you want to view by clicking it in the “Search Results” section of the window. The “Mother’s Case Detail” window appears.
2. Click on the **MOTHER INFO** hyperlink option. The “Mother’s Case Detail” window appears.

Figure 9-1: Mother's Case Detail - View

- ▶ **Home**
Logout
- ▶ **Search**
Case Search
HBsAg Infants
- ▶ **Hep B Case**
New Case
Mother Info
Infant Info
Contact Info
Notes
- ▶ **Reports**
Case Action
EDC Action
Project Summary
Race/Ethnicity Export
- ▶ **Reminder Recall**
Mail Merge
PDF County Letters
Patient Letters
- ▶ **Sys Admin**
Change Password
CDC Annual Report
County Reports
Annual Assessment
Case Changes Report
Facilities
Providers
Users
App. Properties
- ▶ **Favorite Lists**
Place of Birth

Case 7 updated successfully

Mother's Case Detail			
Case Number:	7	EDC:	
Diagnosis:	HIGH RISK	Case Worker:	INVESTIGATOR, MITCH
Date Case Opened:	11/26/2012		

Mother's Detail			
Status:	ACTIVE FOLLOW-UP		
First Name:	ALEXA	Birth Date:	04/01/1968 Age: 44
Middle Name:		Maiden Name:	SMITH
Last Name:	ALL	SSN:	123-45-6789
Insurance Status:	Public (Medicaid)		
State Assigned #:		Medicaid #:	
Race Group:	ASIAN	Race:	BURMESE
Language:	ENGLISH	Ethnicity:	NOT HISPANIC/LATINO
Place of Birth:	UNITED STATES	Case Moved To:	
Foreign Born:			
Time Frame Opened:	1ST TRIMESTER	Refugee:	NO
Home Phone:		Work Phone:	
Address:		City:	
State:	WA	ZIP Code:	
County/Parish:	ADAMS	District/Region:	ADAMS COUNTY HEALTH DISTRICT
Alternate Contact:			
Alt. Home Phone:		Alt. Work Phone:	

Mother's Provider Detail			
Prenatal Care Practice:		Prenatal Care Provider:	
Prenatal Chart #:		# Prenatal Visits:	
Delivery Facility/Hospital:		Delivery Provider:	
Mother's Chart #:			

Mother's Lab Detail							
Lab Date	HBsAg	HBsAg Confirmed	anti-HBs	anti-HBc Total	anti-HBc IgM	HBeAg	Lab Name
01/01/2012	POSITIVE	YES					STATE LAB
Hep B #1		Hep B #2		Hep B #3			

3. Click on one of the available buttons:

- **DELETE CASE** – to delete the Mother's Case. Continue to chapter seven to the chapter titled, "Search Menu," to the section titled, "Deleting a Case" for instructions.
- **EDIT** – to display the "Mother's Case Detail – Edit" window. Continue to chapter titled, "Search Menu," to the section titled, "Editing a Case or Mother" for instructions.
- **<Registry Name> VACCINATION IMPORT** – to locate patient records from a state's immunization registry application and display their HepB vaccinations. Continue to the chapter titled, "Vaccination Import (via HL7)" for instructions.

INFANT INFO (DISPLAYING CASE DETAILS)

You can perform the following after accessing the “Infant List” window:

- Display Infant Details
 - Add New Infant Info
 - Edit Infant Info
1. Perform a **SEARCH** and select the case/mother whose infant you want to view by clicking it from the “Search Results” section of the window. The “Mother’s Case Detail” window appears.
 2. Click on the **INFANT INFO** hyperlink option. The “Infant List” window appears.

Figure 9-2: Infant List

Infant List					
Infant Name	Preg #	Birth Order	DOB	Time Frame Opened	Status
TEST, TOMMY		0	01/01/2012	AFTER BIRTH	Active

[Add New Infant](#)

3. Perform one of the following:
 - Click on the row whose Infant Details you want to display. The “Infant’s Case Details” window appears.

Note: These instructions assume you are displaying the “Infant’s Case Details.”

 - Click the **ADD NEW INFANT** button and continue to the section titled, “Adding a New Infant” for instructions.

Figure 9-3: Infant Case Details - VIEW

- ▶ **Home**
Logout
- ▶ **Search**
Case Search
HBsAg Infants
- ▶ **Hep B Case**
New Case
Mother Info
Infant Info
Contact Info
Notes
- ▶ **Reports**
Case Action
EDC Action
Project Summary
Race/Ethnicity Export
- ▶ **Reminder Recall**
Mail Merge
PDF County Letters
Patient Letters
- ▶ **Sys Admin**
Change Password
CDC Annual Report
County Reports
Annual Assessment
Case Changes Report
Facilities
Providers
Users
App. Properties
- ▶ **Favorite Lists**
Place of Birth

Case Detail			
Case Number:	7	Case Mother's Name:	ALEXA ALL
Project:	STC HEPB DEMO	District/Region:	ADAMS COUNTY HEALTH DISTRICT
County/Parish:	ADAMS	Case Worker:	INVESTIGATOR, MITCH

Infant Detail			
Infant's District/Region:			
Status:	ACTIVE FOLLOW-UP		
Date Birth Reported:	09/01/2012	Medicaid #:	12345
Preg #:		Birth Order:	0
Birth Date:	09/01/2012	Birth Time:	05:24:30 PM
Time Frame Opened:	AFTER BIRTH	Reporting Source:	Private Hospital
First Name:	SADIE	SSN:	
Middle Name:		Gender:	
Last Name:	ALL		
Insurance Status:	Public (Medicaid)		
Race Group:	ASIAN	Race:	BURMESE
Alias Last Name:		Ethnicity:	
Place of Birth:	UNITED STATES	Case Moved To:	
Foreign Born:			

Infant's Reminder Recall Address			
Address:			
City:		State:	WA
ZIP Code:			

Infant's Provider Detail						
Infant's Delivery Facility Chart #:						
Pediatric Practice:				Pediatric Provider:		
Pediatric Chart #:						

Vaccine Details						
HBIG Date	09/05/2012	HBIG Time	07:40:30 AM			
Series	Hep B #1	Hep B #2	Hep B #3	Hep B #4	Hep B #5	Hep B #6
Series 1	09/01/2012	10/02/2012				
Series 2						

Infant's Lab Detail						
Lab Date	HBsAg	anti-HBs	anti-HBc Total	anti-HBc IgM	HBsAg	Lab Name
09/02/2012	POSITIVE					

• X indicates a vaccination outside the ACIP schedule.
 • Yellow highlight indicates a vaccination has been marked as compromised.

Version 2.12.11-SNAPSHOT Copyright © 2011 - Scientific Technologies Corporation

4. Determine the action to perform and continue to the corresponding section.

ADDING A NEW INFANT

To **ADD** a **NEW INFANT**, perform the following:

1. Perform a **SEARCH** and select the case/mother whose infant you want to view by clicking it from the “Search Results” section of the window. The “Mother’s Case Detail” window appears.



2. Click on the **INFANT INFO** hyperlink option. The “Infant List” window appears.
3. Click the **ADD NEW INFANT** button. The “Infant Detail – Add” window appears.

Figure 9-4: Add New Infant Details - Add

- ▶ **Home**
Logout
- ▶ **Search**
Case Search
HBsAg Infants
- ▶ **Hep B Case**
New Case
Mother Info
Infant Info
Contact Info
Notes
- ▶ **Reports**
Case Action
EDC Action
Project Summary
Race/Ethnicity Export
- ▶ **Reminder Recall**
Mail Merge
PDF County Letters
Patient Letters
- ▶ **Sys Admin**
Change Password
CDC Annual Report
County Reports
Annual Assessment
Case Changes Report
Facilities
Providers
Users
App. Properties
- ▶ **Favorite Lists**
Place of Birth

Case Detail	
Case Number:	7
Project:	STC HEPB DEMO
County/Parish:	ADAMS
Case Mother's Name:	ALEXA ALL
District/Region:	ADAMS COUNTY HEALTH DISTRICT
Case Worker:	INVESTIGATOR, MITCH

Transfer Case	
Select District/Region To Transfer To:	- Select -

Infant's Detail	
Status:	ACTIVE FOLLOW-UP
Date Birth Reported:	09/01/2012
Preg #:	
Birth Date:	09/01/2012
Infant Time Frame Opened:	AFTER BIRTH
First Name:	SADIE
Middle Name:	
Last Name:	ALL
Insurance Status:	PUBLIC (MEDICAID)
Race Group:	ASIAN
Reporting Source:	PRIVATE HOSPITAL
Medicaid #:	12345
Birth Order:	0
Birth Time:	05 : 24 : 30 AM
SSN:	
Gender:	- Select -

Infant's Reminder Recall Address	
Address:	
City:	- Select -
State:	WA
ZIP Code:	
Clear Address Data	

Infant's Provider Detail	
Infant's Delivery Facility Chart #:	
Pediatric Practice:	Select from list: - Select - OR Enter new:
Pediatric Provider:	Select from list: - Select - OR Enter new (last, first):
Pediatric Chart #:	

Vaccine Details						
HBIG Date:	09/05/2012	HBIG Time:	07 : 40 : 30			
Series	Hep B #1	Hep B #2	Hep B #3	Hep B #4	Hep B #5	Hep B #6
Series 1	09/01/2012	10/02/2012				
Series 2						

Infant's Lab Detail						
Lab Date	HBsAg	anti-HBs	anti-HBc Total	anti-HBc IgM	HBeAg	Lab Name
09/02/2012	POSITIVE	- Select -	- Select -	- Select -	- Select -	
	- Select -	- Select -	- Select -	- Select -	- Select -	



4. This window is divided into several sections. These sections and their fields (from left to right) are listed in the table.

Table 9-1: Add/Edit Infant Detail Field Descriptions

FIELD	DESCRIPTION
(MOTHER'S) CASE DETAIL	
CASE NUMBER	The case number cannot be edited and is generated by the application.
CASE MOTHER'S NAME	Name of the mother.
PROJECT	Name of the Project that is following the patient. This field cannot be edited.
DISTRICT/REGION	(State-Configurable option; thus, may not appear on your screen.) District/Region of the mother. Note: For Investigators the District/Region drop-down menu is limited to the district assigned to the investigator, if assigned one.
COUNTY/PARISH	County/Parish of the city of the mother.
CASE WORKER	Name of the case worker associated with the case.
TRANSFER CASE	
SELECT DISTRICT/REGION TO TRANSFER TO	(State-Configurable option; thus, may not appear on your screen.) This field appears on the Infant and Contact Add/Edit screens. Transfers the displayed case to another District/Region. Click the drop-down menu arrow to view/select a valid choice. Note: This option is available for all users.
INFANT'S DETAIL	
STATUS	Status of the infant (Active or Inactive). If inactive, various reasons are included. Click on the drop-down arrow to select a valid reason. This is a required field. Examples of statuses are:



FIELD	DESCRIPTION
	<p>Active Follow-up</p> <ul style="list-style-type: none"> Inactive due to adoption Inactive due to completion Inactive due to contact refusal Inactive due to death Inactive due to false positive mother Inactive due to lost to follow up Inactive due to lost to follow up - cannot locate Inactive due to lost to follow up - false positive Inactive due to lost to follow up - miscarriage/termination Inactive due to lost to follow up - moved Inactive due to mother refusal Inactive due to move out of country Inactive due to move to other project Inactive due to noncompliance Inactive due to other Inactive due to protocol(move) Inactive due to provider refusal <p>*Note: All “Inactive due to Lost to Follow-up” statuses will be added to the Infant status report.</p>
DATE BIRTH REPORTED	Date the birth of this infant was reported. This is not the date of birth of the infant.
MEDICAID #	Medicaid number for the patient.
PREG #	Number of this infant’s pregnancy. Useful when miscarriages, stillbirths, or terminations are tracked.
BIRTH ORDER	Number or order of birth.
BIRTH DATE	If EDC isn’t entered, then the Birth Date must be entered. Either EDC or Birth Date must be entered.
BIRTH TIME	If Birth Date is entered, then Birth Time must be entered. A radio button is available to indicate AM or PM.
INFANT TIME FRAME OPENED	The Time Frame Opened is associated with the mother, and automatically filled in when the infant is added to the system.
REPORTING SOURCE	<p>The person responsible for notifying the health department. Click on the drop-down list to view a list of valid choices. Examples are:</p> <ul style="list-style-type: none"> • Epidemiologist • Local Health Jurisdiction • Private Hospital

FIELD	DESCRIPTION
FIRST NAME	First name of the infant.
SSN	Social Security Number for the infant.
MIDDLE NAME	Middle name of the infant.
GENDER	Sexual category of the infant. Click on the drop-down list for a list of valid choices.
LAST NAME	Last name of the infant.
INSURANCE STATUS	<p>Type of insurance held by the mother. Examples are:</p> <ul style="list-style-type: none"> • Private (Include separate CHIP Programs here) • Public (Medicaid) • Uninsured (No health insurance) • Unknown <p>Note: This information is included in the Annual Assessment report details.</p>
RACE GROUP (OMB LIST)	<p>Race group of the infant. Click on the drop-down arrow to view a list of valid choices. Type the first letter will locate the first occurrence, pressing the letter again will find the next occurrence, etc. until a selection is made. More than one can be selected. To select:</p> <ul style="list-style-type: none"> • One – click it. • More than one in sequence – click the first choice and hold down the SHIFT key to select the last choice. • More than one NOT in sequence – click the first choice and hold down the CTRL key to select the remaining choices. <p>Note: The “Race Group” prepares the Race options; thus, should be selected first.</p>
RACE (CDC LIST)	Detailed (numerical) code associated with the Race Group.
ALIAS LAST NAME	Last Name the infant may be known as.
ETHNICITY	Ethnic of the infant. Click on the drop-down arrow to view a list of valid choices. Type the first letter will locate the first occurrence,



FIELD	DESCRIPTION
	pressing the letter again will find the next occurrence, etc. until a selection is made.
PLACE OF BIRTH	Mother's place of birth. Click on the drop-down arrow to view a list of valid choices. Type the first letter will locate the first occurrence, pressing the letter again will find the next occurrence, etc. until a selection is made.
CASE MOVED TO	This field is an open text field that is used to record where a case has moved to (e.g., different state/country).
FOREIGN BIRTH	Indicates whether the mother was foreign born or not.
INFANT'S REMINDER RECALL ADDRESS (NOTE: THIS AREA WILL ONLY SHOW UP IF THE INFANT DOES NOT LIVE WITH THE MOTHER.)	
ADDRESS	Infant's address for the reminder recall information.
CITY	Infant's city associated with the address for the reminder recall information.
STATE	Infant's state associated with the address for the reminder recall information.
ZIP	Infant's zip code associated with the address for the reminder recall information. Type the 5-digit or 9-digit zip code in the field.
INFANT'S PROVIDER DETAIL	
INFANT'S DELIVERY FACILITY CHART #	Identifying number of the infant's medical chart.
PEDIATRIC PRACTICE	Name of the pediatric medical provider facility. Click on the drop-down arrow for a list of valid choices.
PEDIATRIC PROVIDER	Name of the physician that provided pediatric care.
PEDIATRIC CHART #	Identifying number of the infant's pediatric chart.
VACCINE DETAILS A RED 'X' INDICATES A VACCINATION WAS GIVEN OUTSIDE THE ACIP SCHEDULE.	

FIELD	DESCRIPTION
YELLOW HIGHLIGHT INDICATES A VACCINATION HAS BEEN MARKED AS COMPROMISED.	
HBIG DATE	HBIG DATE
HBIG TIME	HBIG TIME
HEP B #1 THROUGH HEP B #6	HEP B #1 THROUGH HEP B #6
INFANT'S LAB DETAIL When an infant or contact test negative for both HBsAg and antiHBs following the initial 3-dose Hep B series, a 2nd dosing series for Hepatitis B is initiated. Infants/contacts should then appear on Case Action Reports and PDF County Letters for receipt of doses 4-6 and 2nd round of serology, respectively.	
LAB DATE	Date of the lab test. Two lab tests can be entered.
HBSAG ANTI-HBS ANTI-HBC TOTAL ANTI-HBC-IGM HBEAG	Results of the specific lab test. Click the drop-down arrow to select one of the following: Positive —Result was positive Negative —Result was negative Not Done —Test was not ordered or performed. QNS —Quantity not sufficient (test unsuccessfully attempted)
LAB NAME	Name of the lab the test was done at.

5. At a minimum, enter data into the red fields by typing/selecting field input or by clicking the radio buttons.
6. Click on one of the available buttons:
 - **CANCEL** – to not save the changes and return to the “Infant List” window.
 - **SUBMIT** – to save the editing changes and return to the “Infant List” window.

- **CLEAR ADDRESS DATA** – erases the displayed address in the “Infants Reminder Recall Address” section of the window.

EDITING INFANT INFO

To **EDIT** the **INFANT INFORMATION**, perform the following:

1. Perform a **SEARCH** and select the case/mother whose infant you want to view by clicking it from the “Search Results” section of the window. The “Mother’s Case Detail” window appears.
2. Click on the **INFANT INFO** hyperlink option. The “Infant List” window appears.
3. From the “Infant List” window, click the **INFANT** you want to edit. The “Infant Detail - View” window appears. Refer to the previous illustration for an example.
4. Click the **EDIT** button. The “Infant Detail – Edit” window appears.



Figure 9-5: Infant Details - Edit

- ▶ **Home**
Logout
- ▶ **Search**
Case Search
HBsAg Infants
- ▶ **Hep B Case**
New Case
Mother Info
Infant Info
Contact Info
Notes
- ▶ **Reports**
Case Action
EDC Action
Project Summary
Race/Ethnicity Export
- ▶ **Reminder Recall**
Mail Merge
PDF County Letters
Patient Letters
- ▶ **Sys Admin**
Change Password
CDC Annual Report
County Reports
Annual Assessment
Case Changes Report
Facilities
Providers
Users
App. Properties
- ▶ **Favorite Lists**
Place of Birth

Case Detail

Case Number: 7	Case Mother's Name: ALEXA ALL
Project: STC HEPB DEMO	District/Region: ADAMS COUNTY HEALTH DISTRICT
County/Parish: ADAMS	Case Worker: INVESTIGATOR, MITCH

Transfer Case
 Select District/Region To Transfer To: - Select -

Infant's Detail

Status: ACTIVE FOLLOW-UP	
Date Birth Reported: 09/01/2012	Medicaid #: 12345
Preg #:	Birth Order: 0
Birth Date: 09/01/2012	Birth Time: 05 : 24 : 30 <input type="radio"/> AM <input checked="" type="radio"/> PM
Infant Time Frame Opened: AFTER BIRTH	Reporting Source: PRIVATE HOSPITAL
First Name: SADIE	SSN:
Middle Name:	Gender: - Select -
Last Name: ALL	
Insurance Status: PUBLIC (MEDICAID)	
Race Group: ASIAN	Race: ASIAN
Alias Last Name:	Ethnicity: - Select -
Place of Birth: UNITED STATES	Case Moved To:
Foreign Born: <input type="checkbox"/>	

Infant's Reminder Recall Address
 Address:
 City: - Select - ZIP Code:
 State: WA Clear Address Data

Infant's Provider Detail
 Infant's Delivery Facility Chart #:
 Pediatric Practice: Select from list: - Select -
 OR Enter new:
 Pediatric Provider: Select from list: - Select -
 OR Enter new (last, first):
 Pediatric Chart #:

Vaccine Details
 HBIG Date: 09/05/2012 HBIG Time: 07 : 40 : 30 AM PM

Series	Hep B #1	Hep B #2	Hep B #3	Hep B #4	Hep B #5	Hep B #6
Series 1	09/01/2012	10/02/2012				
Series 2						

Infant's Lab Detail

Lab Date	HBsAg	anti-HBs	anti-HBc Total	anti-HBc IgM	HBeAg	Lab Name
09/02/2012	POSITIVE	- Select -	- Select -	- Select -	- Select -	
	- Select -	- Select -	- Select -	- Select -	- Select -	



5. If necessary, refer to

Table 9-1 for a list of field descriptions.

6. Make the desired changes and click one of the available buttons:
 - **CANCEL** – to not save the changes and return to the “Infant List” window.
 - **SUBMIT** – to save the editing changes and return to the “Infant List” window.

CONTACT INFO (DISPLAYING CASE DETAILS)

The “Contact Information” is a list of those who may have Hepatitis B.

You can perform the following after accessing the “Contact List” window:

- Display Contact Details
 - Add New Contact Info
 - Edit Contact Info
1. Perform a **SEARCH** and select the case/mother whose Contact Info you want to view by clicking it. The “Mother’s Case Detail” window appears.
 2. Click on the **CONTACT INFO** hyperlink. The “Contact List” window appears.

Figure 9-6: Contact List

Contact List			
Contact Name	Age	Relation	Status
BOBB, BILLY		SEXUAL CONTACT	Active
			Add New Contact

3. Perform one of the following:



- Click on the row whose Contact Details you want to display. The “Contact’s Case Details” window appears.

Note: These instructions assume you are displaying the “Contact’s Case Details.”

- Click the **ADD NEW CONTACT** button and continue to the section titled, “Adding a New Contact” for instructions.

Figure 9-7: Contact Case Details – View

Case Detail							
Case Number:	2			Case Mother's Name:	TILLY TEST		
Project:				District/Region:			
County/Parish:				Case Worker:	ADMIN, ADMIN		
Contact's Detail							
Contact's District/Region:				Relation to Mother:	Sexual Contact		
Status:	ACTIVE FOLLOW-UP			Birth Date:	06/03/1957		
First Name:	BILLY			Age:	54		
Middle Name:				Gender:	Male		
Last Name:	BOBB			Date Contact Entered:	01/01/2011		
Maiden Name:				Medicaid #:			
SSN:				Ethnicity:			
Race:				Case Moved To:			
Place of Birth:				Work Phone:			
Home Phone:				State:	AK		
Address:				County/Parish:			
City:							
ZIP Code:							
Vaccine Details							
Hep B #1	Hep B #2	Hep B #3	Hep B #4	Hep B #5	Hep B #6	HBIG Date	
Contact's Lab Detail							
Lab	Lab Date	HBSAg	anti-HBs	anti-HBc Total	anti-HBc IgM	HBeAg	Lab Name
Pre							
Post							
Post							
				Delete Contact		VACTRAK Vaccination Import	
						Edit	
<ul style="list-style-type: none"> • 'X' indicates a vaccination outside the ACIP schedule. • Yellow highlight indicates a vaccination has been marked as compromised. 							

4. Refer to

Table 9-2 for a list of field descriptions.

5. Determine the action to perform and continue to the corresponding section.

ADDING A NEW CONTACT

To **ADD NEW CONTACT** information, perform the following:

1. Perform a **SEARCH** and select the case/mother whose Contact Info you want to view by clicking it. The “Mother’s Case Detail” window appears.
2. Click on the **CONTACT INFO** hyperlink. The “Contact List” window appears.
3. Click on the **ADD NEW CONTACT** button. The “Contact’s Detail” window appears.

Figure 9-8: Add New Contact Detail



Table 9-2: Add/Edit Contact Detail Field Descriptions

FIELD	DESCRIPTION
(MOTHER'S) CASE DETAIL	
CASE NUMBER	The case number cannot be edited and is generated by the application.
CASE MOTHER'S NAME	Name of the mother.
PROJECT	Name of the Project that is following the patient. This field is not editable
COUNTY/PARISH	County/Parish of the city of the mother.
CASE WORKER	Name of the case worker associated with the case.
TRANSFER CASE	
SELECT DISTRICT/REGION TO TRANSFER TO:	<p>(State-Configurable option; thus, may not appear on your screen.)</p> <p>This field appears on the Infant and Contact Add/Edit screens.</p> <p>Transfers the displayed case to another District/Region. Click the drop-down menu arrow to view/select a valid choice.</p> <p>Note: This option is available for all users.</p>
CONTACT'S DETAIL	
STATUS	<p>Status of the Contact (Active or Inactive). If inactive, various reasons are included. Click on the drop-down arrow to select a valid reason. This is a required field. Examples of statuses are:</p> <ul style="list-style-type: none"> Active Follow-up Inactive due to adoption Inactive due to completion Inactive due to contact refusal Inactive due to death Inactive due to false positive mother Inactive due to lost to follow up Inactive due to lost to follow up - cannot locate Inactive due to lost to follow up - false positive Inactive due to lost to follow up - miscarriage/termination Inactive due to lost to follow up - moved Inactive due to mother refusal Inactive due to move out of country Inactive due to move to other project Inactive due to noncompliance Inactive due to other Inactive due to protocol(move) Inactive due to provider refusal



FIELD	DESCRIPTION
	*Note: All “Inactive due to Lost to Follow-up” statuses will be added to the Contact Status report.
RELATION TO MOTHER	Contact’s “relationship” to the mother. Click on the drop-down arrow to select a valid reason. This is a required field.
FIRST NAME	Contact person’s first name. This is a required field.
BIRTH DATE	Contact person’s date of birth. This field is not required, though without this information the application will be unable to determine the validity of any vaccinations and will display all vaccinations as invalid.
MIDDLE NAME	Contact person’s middle name.
AGE	The contact’s age. This field automatically gets calculated by the application and cannot be edited.
LAST NAME	Contact person’s last name.
GENDER	Sexual category of the contact. Click on the drop-down arrow for a valid list.
MAIDEN NAME	Name of the contact person before marriage.
DATE CONTACT ENTERED	The date on which the contact was identified in the system. This field is critical when tracking how many new contacts are followed each year. This is a required field. Failure to enter the correct year will throw off the Project Summary report.
SSN	Social Security Number for the contact.
MEDICAID #	Identifying number of the contact person’s Medicaid number.
RACE	Race category of the contact. Click on the drop-down arrow to view a list of valid choices. Type the first letter will locate the first occurrence, pressing the letter again will find the next occurrence, etc. until a selection is made.
ETHNICITY	Ethnic of the contact. Click on the drop-down arrow to view a list of valid choices. Type the first letter will locate the first occurrence, pressing the letter again will find the next occurrence, etc. until

FIELD	DESCRIPTION
	a selection is made.
PLACE OF BIRTH	Country the contact was born. Click on the drop-down arrow to view a list of valid choices. Type the first letter will locate the first occurrence, pressing the letter again will find the next occurrence, etc. until a selection is made.
CASE MOVED TO	This field is an open text field that is used to record where a case has moved to (e.g., different state/country).
HOME PHONE	Home telephone number of the contact person.
WORK PHONE	Work telephone number of the contact person.
ADDRESS	Street address of the contact person.
CITY	City name for the contact person's address. Click on the drop-down arrow to view a list of valid choices.
STATE	State name of the contact person's address. This field cannot be edited.
ZIP CODE	Zip code of the contact person's address. Type the 5-digit or 9-digit zip code in the field. The zip code is validated when the user attempts to save the contact's information and must be valid for the state of residence.
COUNTY/PARISH	County or Parish the contact person resides in.
VACCINE DETAILS A RED 'X' INDICATES A VACCINATION WAS GIVEN OUTSIDE THE ACIP SCHEDULE. YELLOW HIGHLIGHT INDICATES A VACCINATION HAS BEEN MARKED AS COMPROMISED.	
HEP B #1 THROUGH B #6	Date the contact received the first Hepatitis vaccination. This date cannot be earlier than the contact's date of birth and must be in the valid date format. There are six (6) fields for up to six vaccinations.
HBIG	Date the contact received the HBIG vaccination.



FIELD	DESCRIPTION
CONTACT'S LAB DETAIL	
When an infant or contact test negative for both HBsAg and antiHBs following the initial 3-dose Hep B series, a 2nd dosing series for Hepatitis B is initiated. Infants/contacts should then appear on Case Action Reports and PDF County Letters for receipt of doses 4-6 and 2nd round of serology, respectively.	
LAB	Pre indicates Pre-Lab for the first lab. Post indicates Post Lab for the second lab.
LAB DATE	Date of the lab test. Two lab tests can be entered.
HBSAG ANTI-HBS ANTI-HBC TOTAL ANTI-HBC-IGM	Results of the specific lab test. Click the drop-down arrow to select one of the following: Positive —Result was positive Negative —Result was negative Not Done —Test was not ordered or performed. QNS —Quantity not sufficient (test unsuccessfully attempted)
LAB NAME	Name of the lab the test was done.

5. At a minimum, enter data into the red fields by typing/selecting field input.
6. Click on one of the available buttons:
 - **CANCEL** – to not save the addition and return to the “Contact List” window.
 - **SUBMIT** – to save the addition and return to the “Contact List” window.

EDITING CONTACT INFO

To **EDIT** the **CONTACT INFORMATION**, perform the following:

1. Perform a **SEARCH** and select the case/mother whose Contact Info you want to view by clicking it. The “Mother’s Case Detail” window appears.
2. Click on the **CONTACT INFO** hyperlink. The “Contact List” window appears.
3. From the “Contact’ List” window, click the **CONTACT** you want to edit. The “Contacts Detail - View” window appears.
4. Click the **EDIT** button. The “Contact’s Detail – Edit” window appears:



Figure 9-9: Contact's Detail – Edit

Case Detail							
Case Number:	2						
Project:							
County/Parish:							
Case Mother's Name:	TILLY TEST						
District/Region:							
Case Worker:	ADMIN, ADMIN						
Transfer Case							
Select District/Region To Transfer To:	- Select -						
Contact's Detail							
Status:	ACTIVE FOLLOW-UP						
Relation to Mother:	SEXUAL CONTACT						
First Name:	BILLY						
Middle Name:							
Last Name:	BOBB						
Maiden Name:							
SSN:							
Race:	- Select -						
Place of Birth:	- Select -						
Home Phone:							
Address:							
City:	- Select -						
ZIP Code:							
Date of Birth:	06/03/1957						
Age:	54						
Gender:	MALE						
Date Contact Entered:	01/01/2011						
Medicaid #:							
Ethnicity:	- Select -						
Case Moved To:							
Work Phone:							
State:	AK						
County/Parish:	- Select -						
Contact's Vaccination Detail							
Hep B #1	Hep B #2	Hep B #3	Hep B #4	Hep B #5	Hep B #6	HBIG	
Contact's Lab Detail							
Lab	Lab Date	HBSAg	anti-HBs	anti-HBc Total	anti-HBc IgM	HBeAg	Lab Name
Pre		- Select -	- Select -	- Select -	- Select -	- Select -	
Post		- Select -	- Select -	- Select -	- Select -	- Select -	
Post		- Select -	- Select -	- Select -	- Select -	- Select -	
							Cancel Submit

5. If necessary, refer to

Table 9-2 for list of field descriptions.

6. Make the desired changes and click one of the available buttons:
 - **SAVE** – to save the changes and return to the “Contact’s List” window.
 - **CANCEL** –to NOT save the changes and return to the “Contact’s List” window.

NOTES

VIEWING AND ADDING NOTES

To view and add a note, perform the following:

1. Perform a **SEARCH** and select the case/mother whose Contact Info you want to view by clicking it. The “Mother’s Case Detail” window appears.
2. Click on the **NOTES** hyperlink. The “Case Notes - View” window appears.

Figure 9-10: Cast Detail – Case Notes - VIEW



- ▶ **Home**
Logout
- ▶ **Search**
Case Search
HBsAg Infants
- ▶ **Hep B Case**
New Case
Mother Info
Infant Info
Contact Info
Notes
- ▶ **Reports**
Case Action
EDC Action
Project Summary
Race/Ethnicity Export
- ▶ **Reminder Recall**
Mail Merge
PDF County Letters
Patient Letters
- ▶ **Sys Admin**
Change Password
CDC Annual Report
County Reports
Annual Assessment
Case Changes Report
Facilities
Providers
Users
App. Properties
- ▶ **Favorite Lists**
Place of Birth

Case Detail			
Case Number:	7	Case Mother's Name:	ALEXA ALL
Project:	STC HEPB DEMO	District/Region:	ADAMS COUNTY HEALTH DISTRICT
County/Parish:	ADAMS	Case Worker:	INVESTIGATOR, MITCH

Case Notes	
	<input type="button" value="Clear"/> <input type="button" value="Save"/>

Show entries Search:

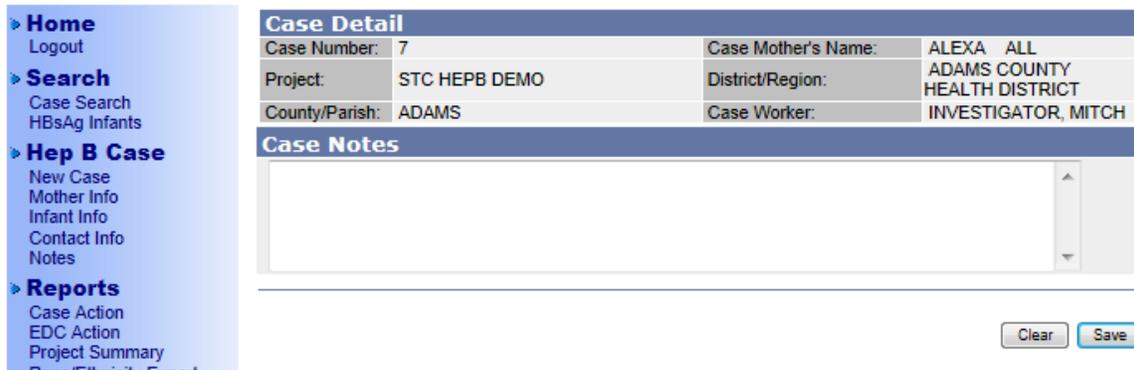
User	Date/Time	Note
ALLWES, DEBORAH	11/26/2012 04:07:03 PM	Any case information can be saved in Case Notes an...
ALLWES, DEBORAH	11/26/2012 04:05:55 PM	This is the new Case Note functionality

Showing 1 to 2 of 2 entries

Version 2.12.11-SNAPSHOT Copyright © 2011 - Scientific Technologies Corporation

3. To add a note, input the note and click “save”. If you do not want to save the note then click “clear” and the note will be cleared.

Figure 9-11: Case Detail – Case Notes – ADD/EDIT



Home
Logout

Search
Case Search
HBsAg Infants

Hep B Case
New Case
Mother Info
Infant Info
Contact Info
Notes

Reports
Case Action
EDC Action
Project Summary
Race/Ethnicity Report

Case Detail			
Case Number:	7	Case Mother's Name:	ALEXA ALL
Project:	STC HEPB DEMO	District/Region:	ADAMS COUNTY HEALTH DISTRICT
County/Parish:	ADAMS	Case Worker:	INVESTIGATOR, MITCH

Case Notes

Clear Save

4. Type the new note and press one of the available buttons:
 - **save** – to save the changes and return to the “Case Notes - View” window.
 - **clear** – to NOT save the changes and return to the “Case Notes - View” window.

10 REPORTS MENU

Each report is listed as a hyperlink below the menu option titled **REPORTS**. Reports are always displayed in the browser window providing the option to print.

1. To access a specific report, **click on the hyperlink**. A “limitations and selections” window may appear for you to set up the specifics about the report.
2. Refer to the specific report title within this section for a complete description.

CASE ACTION

The Case Action report is used to tell Case Workers “**what is due**” or the infants and contacts that are in need of vaccinations.

1. Click on the **CASE ACTION** hyperlink. The “Case Action report” limitations/selections window appears.

Figure 10-1: Case Action Report Limitations/Selections

Case Action Report	
District/Region:	ALL ▾
County/Parish:	ALL ▾
Case Worker:	ALL ▾
Prenatal Provider:	ALL ▾
Pediatric Provider:	ALL ▾
Delivery Provider:	ALL ▾
Projected Due Between:	<input type="text"/> to <input type="text"/>
View Report	

2. Defaults have been chosen; however, using the drop-down menu arrows, the limitations/selections can be changed. Refer to the table for a list of fields and descriptions.

Table 10-1: Case Action Report Limitations/Selections Fields

FIELD	DESCRIPTION
DISTRICT/REGION	<p>(State-Configurable option; thus, may not appear on your screen.)</p> <p>District or Region associated with the case. This field defaults to ALL; however, click on the drop-down arrow to view a list of valid choices.</p> <p>Note: The District drop-down will not appear if the state doesn't require districts (e.g., MD)</p>
COUNTY/PARISH	<p>County/Parish of the city of the case. This field defaults to ALL; however, click on the drop-down arrow to view a list of valid choices.</p>
CASE WORKER	<p>Name of the case worker associated with the case. This field defaults to ALL; however, click on the drop-down arrow to view a list of valid choices.</p>
PRENATAL PROVIDER	<p>Allows the search criteria to search a specific prenatal provider. Click on the drop-down menu arrow to view/select a specific provider.</p>
PEDIATRIC PROVIDER	<p>Allows the search criteria to search a specific pediatric provider. Click on the drop-down menu arrow to view/select a specific provider.</p>
DELIVERY PROVIDER	<p>Allows the search criteria to search a specific delivery provider. Click on the drop-down menu arrow to view/select a specific provider.</p>
PROJECTED DUE BETWEEN	<p>Category for the From/To dates entered indicating that an action is due. This is a required field.</p> <p>Note: Projected Due Between is required for investigator users but not for administrator users.</p>

3. Click the **VIEW REPORT** button. Eventually, the report displays in the browser window providing the option to print. The report may appear similar to the one shown below.

Figure 10-2: Case Action Report

Case Action Report				
Report Criteria:				
District/Region:	ALL			
County/Parish:	ALL			
Case Worker:	ALL			
Prenatal Provider:	ALL			
Pediatric Provider:	ALL			
Delivery Provider:	ALL			
Projected Due Between:	01/01/2011 - 01/01/2012			
<hr/>				
Case Number:	1	County/Parish:		
Mother:	MEYER, WENDY			
Address:	234 , AK			
Home Phone:			Work Phone:	
Infant Name	DOB	Age	Action Required	Action Due
DAN MANN	08/22/2009	2	Needs Serology	04/28/2011
<hr/>				
Case Number:	2	County/Parish:		
Mother:	TEST, TILLY			
Address:	, WA			
Home Phone:			Work Phone:	
Infant Name	DOB	Age	Action Required	Action Due
TOMMY TEST	01/01/2012	0	Needs Vaccine #1	01/01/2012

- Click on the **PRINTER** icon if you desire to print, or choose a different menu option to exit and not print.

EDC ACTION

The EDC Action report provides a listing of women who have had a pregnancy that has not either come to term or for which birth information has yet to be entered.

When generating this report, users with the Access Level of Investigator have the ability to run the following reports based on one, more, or all of their assigned counties.

This report has a 4-week window and will continue to list mothers with an EDC date up until 4 weeks after the EDC date. A “Projected Due Between” date range has been added to hone in on a specific date range.

1. Click on the **EDC ACTION** hyperlink. The “EDC Action report” limitations/selections window appears.

Figure 10-3: EDC Action Report Limitations/Selections

EDC Action Report	
District/Region:	All <input type="button" value="v"/>
County/Parish:	All <input type="button" value="v"/>
Case Worker:	All <input type="button" value="v"/>
Delivery Facility/Hospital:	All <input type="button" value="v"/>
Prenatal Care Practice:	All <input type="button" value="v"/>
Projected Due Between:	<input type="text"/> to <input type="text"/>
<input type="button" value="View Report"/>	

2. Defaults have been chosen; however, using the drop-down menu arrows, the limitations/selections can be changed. Refer to the table for a list of fields and descriptions.

Table 10-2: EDC Action Report Limitations/Selections Fields

FIELD	DESCRIPTION
DISTRICT/REGION	(State-Configurable option; thus, may not appear on your screen.) District/Region of the case. This field defaults to ALL; however, click on the drop-down menu arrow to view/select a valid choice.
COUNTY/PARISH	County/Parish of the city of the case. This field defaults to ALL; however, click on the drop-down arrow to view a list of valid choices.
CASE WORKER	Name of the case worker associated with the case. This field defaults to ALL; however, click on the drop-down arrow to view a list of valid choices.
DELIVERY FACILITY HOSPITAL	Name of the hospital for the delivery of the infant.
PRENATAL CARE PRACTICE	Name of the Prenatal Care practice.
PROJECTED DUE BETWEEN	Allows a FROM and TO date to be entered. The report output should include all cases with an EDC due within the specified date range.

- Click the **VIEW REPORT** button. Eventually, the report displays in the browser window providing the option to print. The report may appear similar to the one shown below.

Figure 10-4: EDC Action Report

EDC Action Report				
Report Criteria:				
District/Region:	ALL			
County/Parish:	ALL			
Case Worker:	ALL			
Delivery Facility/Hospital:	ALL			
Prenatal Care Practice:	ALL			
Projected Due Between:	01/01/2011 - 01/01/2012			
Mother's Name	Case Number	Delivery Facility Name	Delivery Facility Phone	EDC
TEST, TILLY	2			12/12/2011

- Click on the Browser's **PRINTER** icon if you desire to print, or choose a different menu option to exit and not print.

PROJECT SUMMARY

The Project Summary report is used for completing the NIP Annual Perinatal Assessment report. The report contains many selections that can be run independently or together based on the checkboxes selected.

Note: When generating this report, users with the Access Level of Investigator have the ability to run the following reports based on one, more, or all of their assigned counties.

- Click on the **PROJECT SUMMARY** hyperlink. The "Project Summary" limitations/selections window appears.

Figure 10-5: Project Summary Report Limitations/Selections

Project Summary Report

District/Region: All	Report Sections
County/Parish: All	<input type="checkbox"/> Infant Case Status
Case Worker: All	<input type="checkbox"/> Infant Racial Breakdown
Infant Criteria	
Delivery Facility/Hospital: All	<input type="checkbox"/> Infant Statistics
Time Frame Opened on infant: All	<input type="checkbox"/> Reporting Sources
Begin Month: January	<input type="checkbox"/> Contact Status Data
Begin Year: 1987	<input type="checkbox"/> Diagnosis Statistics
End Month: October	<input type="checkbox"/> Birthing Facilities
End Year: 2008	<input type="checkbox"/> Hospital Policies

Please Note:

The following reports are *not* affected by any selection criteria above:

- Birthing Facilities
- Hospital Policies

The following reports are *not* affected by the infant selection criteria above:

- Contact Status Data
- Diagnosis Statistics

[View Report](#)

- Defaults have been chosen; however, using the drop-down arrows the limitations/selections can be changed. Refer to the table for a list of fields and their descriptions.

Table 10-3: Project Summary Report Limitations/Selections Fields

FIELD	DESCRIPTION
DISTRICT/REGION	(State-Configurable option; thus, may not appear on your screen.) District or Region associated with the case. This field defaults to ALL; however, click on the drop-down arrow to view a list of valid choices. Note: The District drop-down will not appear if the state doesn't require districts (e.g., MD)
COUNTY/PARISH	County/Parish of the city of the case. This field defaults to ALL; however, click on the drop-down arrow to view a list of valid choices.
CASE WORKER	Name of the case worker associated with the case. This field defaults to ALL; however, click on the drop-down arrow to view a list of valid choices.
INFANT CRITERIA	
DELIVERY FACILITY HOSPITAL	Name of the hospital for the delivery of the infant.
BEGIN MONTH	Month to begin for the report. The default is

FIELD	DESCRIPTION
	January.
BEGIN YEAR	Year to begin for the report. The default is 1987.
END MONTH	Month to end for the report. The default is the current month.
END YEAR	Year to end for the report. The default is the current year.

3. Determine the **REPORT SECTIONS** to include. The sections can be used independently or together. They are:

- Infant Case Status
- Infant Racial Breakdown
- Infant Statistics
- Reporting Sources
- Contact Status Data
- Diagnosis Statistics
- * Birthing Facilities
- * Hospital Policies

* These reports are not affected by the selections/limitations chosen.

4. Click on the **PRINTER** icon if you desire to print, or choose a different menu option to exit and not print.

Each section is shown independently, and will appear on the report in order. Samples of each section are shown below.

INFANT CASE STATUS

Provides the raw number of how many infants and what their disposition is. It is sensitive to the limitations/selections chosen.



Figure 10-6: Project Summary Report – Infant Case Status

Project Summary Report			
Report Criteria:			
County/Parish:	ALL	District/Region:	ALL
Case Worker:	ALL	Delivery Facility/Hospital:	ALL
Infant Time Frame Opened:	ALL		
Report Start Date:	JANUARY 1987	Report End Date:	MARCH 2012
Infant Case Status			
Total Infants Born:	9		
Infant Status Outcomes:			
5	55.56%	ACTIVE FOLLOW-UP	
0	0.00%	INACTIVE DUE TO ADOPTION	
3	33.33%	INACTIVE DUE TO COMPLETION	
0	0.00%	INACTIVE DUE TO CONTACT REFUSAL	
0	0.00%	INACTIVE DUE TO DEATH	
0	0.00%	INACTIVE DUE TO FALSE POSITIVE MOTHER	
0	0.00%	INACTIVE DUE TO LOST TO FOLLOW UP	
1	11.11%	INACTIVE DUE TO LOST TO FOLLOW UP - CANNOT LOCATE	
0	0.00%	INACTIVE DUE TO LOST TO FOLLOW UP - FALSE POSITIVE	
0	0.00%	INACTIVE DUE TO LOST TO FOLLOW UP - MISCARRIAGE/TERMINATION	
0	0.00%	INACTIVE DUE TO LOST TO FOLLOW UP - MOVED	
0	0.00%	INACTIVE DUE TO MISCARRIAGE/TERMINATION	
0	0.00%	INACTIVE DUE TO MOTHER REFUSAL	
0	0.00%	INACTIVE DUE TO MOVE OUT OF COUNTRY	
0	0.00%	INACTIVE DUE TO MOVE TO OTHER PROJECT	
0	0.00%	INACTIVE DUE TO NONCOMPLIANCE	
0	0.00%	INACTIVE DUE TO OTHER	
0	0.00%	INACTIVE DUE TO PROTOCOL(MOVE)	
0	0.00%	INACTIVE DUE TO PROVIDER REFUSAL	
9	100.00%	Total	

INFANT RACIAL BREAKDOWN

Provides statistics on the number of infants born based on the selections made in the limitations/selections made.

Figure 10-7: Project Summary Report – Infant Racial Breakdown

Project Summary Report			
Report Criteria:			
County/Parish:	ALL	District/Region:	ALL
Case Worker:	ALL	Delivery Facility/Hospital:	ALL
Infant Time Frame Opened:	ALL		
Report Start Date:	JANUARY 1987	Report End Date:	MARCH 2012
Infant Racial Breakdown			
Total Infants Born:	9		
0	0.0	American/Alaskan Native - Hispanic	
0	0.0	American/Alaskan Native - Non-Hispanic	
0	0.0	American/Alaskan Native - Unknown or No Ethnicity Reported	
0	0.0	American/Alaskan Native Total	
0	0.0	Asian - Hispanic	
0	0.0	Asian - Non-Hispanic	
1	11.11%	Asian - Unknown or No Ethnicity Reported	
1	11.11%	Asian Total	
0	0.0	Black or African American - Hispanic	
0	0.0	Black or African American - Non-Hispanic	
0	0.0	Black or African American - Unknown or No Ethnicity Reported	
0	0.0	Black or African American Total	
0	0.0	Hawaiian/Pacific Islander - Hispanic	
0	0.0	Hawaiian/Pacific Islander - Non-Hispanic	
0	0.0	Hawaiian/Pacific Islander - Unknown or No Ethnicity Reported	
0	0.0	Hawaiian/Pacific Islander Total	
0	0.0	White - Hispanic	
0	0.0	White - Non-Hispanic	
1	11.11%	White - Unknown or No Ethnicity Reported	
0	0.0	Other - Unknown or No Ethnicity Reported	
0	0.0	Other Total	
0	0.0	Unknown - Hispanic	
0	0.0	Unknown - Non-Hispanic	
7	77.78%	Unknown - Unknown or No Ethnicity Reported	
7	77.78%	Unknown Total	
9	100.0%	Total	

INFANT STATISTICS

The first set of treatment statistics deal with HBIG and Hepatitis B vaccination status within the first 7 days of life. The number of infants receiving 4, 5, and 6 doses of vaccine is just as stated; however, it should be noted that any invalid doses are also counted; i.e., two doses given one day apart.

The lab test results include: the first figure for number tested uses the total number of infants as the denominator and includes any infant tested to either anti-HBs or HBsAg or both. The number testing anti-HBs or HBsAg positive uses the total number of infants tested as the denominator, not the total number of infants followed.



Figure 10-8: Project Summary Report – Infant Statistics Report

<ul style="list-style-type: none"> ▶ Home Logout ▶ Search Case Search HBsAg Infants ▶ Hep B Case New Case Mother Info Infant Info Contact Info Notes ▶ Reports Case Action EDC Action Project Summary Race/Ethnicity Export ▶ Reminder Recall Mail Merge PDF County Letters Patient Letters ▶ Sys Admin Change Password CDC Annual Report County Reports Annual Assessment Case Changes Report Facilities Providers Users App. Properties ▶ Favorite Lists Place of Birth 	Project Summary Report			
	Report Criteria:			
	County/Parish:	ALL	District/Region:	ALL
	Case Worker:	ALL	Delivery Facility/Hospital:	ALL
	Infant Time Frame Opened:	ALL		
	Report Start Date:	JANUARY 1987	Report End Date:	NOVEMBER 2012
	Infant Statistics			
	Treatment Statistics			
	Total Identified:	4		
	Hep B 1 / HBIG	0	0.0	(Within 12 hours)
Hep B 1 only	1	25.00%	(Within 12 hours)	
HBIG only	0	0.0	(Within 12 hours)	
Neither	3	75.00%	(Within 12 hours)	
Hep B 1 / HBIG	0	0.0	(Within 24 hours)	
Hep B 1 only	1	25.00%	(Within 24 hours)	
HBIG only	1	25.00%	(Within 24 hours)	
Neither	2	50.00%	(Within 24 hours)	
Hep B 1 / HBIG	0	0.0	(Within 48 hours)	
Hep B 1 only	1	25.00%	(Within 48 hours)	
HBIG only	1	25.00%	(Within 48 hours)	
Neither	2	50.00%	(Within 48 hours)	
Hep B 1 / HBIG	0	0.0	(Within 7 days)	
Hep B 1 only	1	25.00%	(Within 7 days)	
HBIG only	2	50.00%	(Within 7 days)	
Neither	1	25.00%	(Within 7 days)	
HBIG, Hep B 1 & 2	0	0.0	(Within 2 months)	
Hep B 1 & 2 only	1	25.00%	(Within 2 months)	
HBIG, Hep B 1, 2 & 3	0	0.0	(Within 8 months)	
Hep B 1, 2 & 3 only	1	25.00%	(Within 8 months)	
HBIG, Hep B 1, 2 & 3	0	0.0	(Within 12 months)	
Hep B 1, 2 & 3 only	1	25.00%	(Within 12 months)	
HBIG, Hep B 1, 2 & 3	0	0.0	total	
Hep B 1, 2 & 3 only	1	25.00%	total	
Receiving 4 doses of Hep B	0	0.0		
Receiving 5 doses of Hep B	0	0.0		
Receiving 6 doses of Hep B	0	0.0		
Serotested by 12 Months	3	75.00%		
Serotested by 15 Months	3	75.00%		
Total Serotested	3	75.00%		
Positive anti-HBs	0	0.0		
Positive HBsAg	2	66.67%		
Testing anti-HBs Neg after 6 doses of vaccine	0	0.0		
Insurance Status:				
Private (Include separate CHIP programs here)	3	75.00%		
Public (Medicaid)	1	25.00%		
Uninsured (no health insurance)	0	0.0		
Unknown	0	0.0		



REPORTING SOURCES

This section gives a breakdown of the primary reporting sources for infants born to HBsAg-positive mothers. This section is subject to the limitations/selections chosen.

Figure 10-9: Project Summary Report – Infant Reporting Sources

Project Summary Report			
Report Criteria:			
County/Parish:	ALL	District/Region:	ALL
Case Worker:	ALL	Delivery Facility/Hospital:	ALL
Infant Time Frame Opened:	ALL		
Report Start Date:	JANUARY 1987	Report End Date:	MARCH 2012
Infant Reporting Sources			
0	0.0	Epidemiologist	
7	77.78%	Local Health Jurisdiction	
1	11.11%	Mother	
0	0.0	Private Clinic	
0	0.0	Private Hospital	
0	0.0	Private Lab	
0	0.0	Private Pediatrician	
0	0.0	Public Clinic	
1	11.11%	Public Hospital	
0	0.0	Public Lab	
0	0.0	Public Pediatrician	
0	0.0	Retro Search	
0	0.0	Other	
0	0.0	Unknown	
9	100.0%	Total	

CONTACT STATUS DATA

This section gives statistics on household and sexual contacts. It also includes contact infants born to the mother. This report is subject to the variables chosen on the limitations/selections portion of the window.

Figure 10-10: Project Summary Report - Contact Status Data

Project Summary Report			
Report Criteria:			
County/Parish:	ALL	District/Region:	ALL
Case Worker:	ALL	Delivery Facility/Hospital:	ALL
Infant Time Frame Opened:	ALL		
Report Start Date:	JANUARY 1987	Report End Date:	MARCH 2012
Contact Status Data			
**Note, contacts without a birthdate are not included in these totals.			
Total Infant-Contacts and Contacts Enrolled:	2		
Status Outcomes:			
2	100.00%	ACTIVE FOLLOW-UP	
0	0.00%	INACTIVE DUE TO ADOPTION	
0	0.00%	INACTIVE DUE TO COMPLETION	
0	0.00%	INACTIVE DUE TO CONTACT REFUSAL	
0	0.00%	INACTIVE DUE TO DEATH	
0	0.00%	INACTIVE DUE TO FALSE POSITIVE MOTHER	
0	0.00%	INACTIVE DUE TO LOST TO FOLLOW UP	
0	0.00%	INACTIVE DUE TO LOST TO FOLLOW UP - CANNOT LOCATE	
0	0.00%	INACTIVE DUE TO LOST TO FOLLOW UP - FALSE POSITIVE	
0	0.00%	INACTIVE DUE TO LOST TO FOLLOW UP - MISCARRIAGE/TERMINATION	
0	0.00%	INACTIVE DUE TO LOST TO FOLLOW UP - MOVED	
0	0.00%	INACTIVE DUE TO MISCARRIAGE/TERMINATION	
0	0.00%	INACTIVE DUE TO MOTHER REFUSAL	
0	0.00%	INACTIVE DUE TO MOVE OUT OF COUNTRY	
0	0.00%	INACTIVE DUE TO MOVE TO OTHER PROJECT	
0	0.00%	INACTIVE DUE TO NONCOMPLIANCE	
0	0.00%	INACTIVE DUE TO OTHER	
0	0.00%	INACTIVE DUE TO PROTOCOL(MOVE)	
0	0.00%	INACTIVE DUE TO PROVIDER REFUSAL	
0	0.00%	Total Contacts Tested	
0	0.00%	HBSAg Positive	
0	0.00%	Vaccinated 1 Dose	
0	0.00%	Vaccinated 2 Doses	
0	0.00%	Vaccinated 3 Doses	



DIAGNOSIS STATISTICS

This section of the report gives a breakdown on how the case mothers are classified.

Figure 10-11: Project Summary Report – Diagnosis Statistics

Project Summary Report			
Report Criteria:			
County/Parish:	ALL	District/Region:	ALL
Case Worker:	ALL	Delivery Facility/Hospital:	ALL
Infant Time Frame Opened:	ALL		
Report Start Date:	JANUARY 1987	Report End Date:	MARCH 2012
Diagnosis Statistics			
Total Number of Case Files:	2		
0	0.0	Women Classified as Acute	
1	50.00%	Women Classified as Chronic Confirmed	
0	0.0	Women Classified as Chronic Unconfirmed	
0	0.0	Women Classified as False Positive	
1	50.00%	Women Classified as High Risk	
0	0.0	Women Classified as No Lab Test	

BIRTHING FACILITIES

This section of the report gives a breakdown on the birthing facilities in the project. The hospitals must be kept current in System Administration for this report to be accurate.

Figure 10-12: Project Summary Report – Birthing Facilities

Project Summary Report			
Report Criteria:			
County/Parish:	ALL	District/Region:	ALL
Case Worker:	ALL	Delivery Facility/Hospital:	ALL
Infant Time Frame Opened:	ALL		
Report Start Date:	JANUARY 1987	Report End Date:	MARCH 2012
Birthing Facilities			
Current Number of Birthing Hospitals:			
Public		1	
Private		0	
Not Specified		0	
Total		1	

HOSPITAL POLICIES

This section of the report gives a breakdown on the hospital policies in the project. The hospitals must be kept current in System Administration for this report to be accurate.

Figure 10-13: Project Summary Report – Hospital Policies

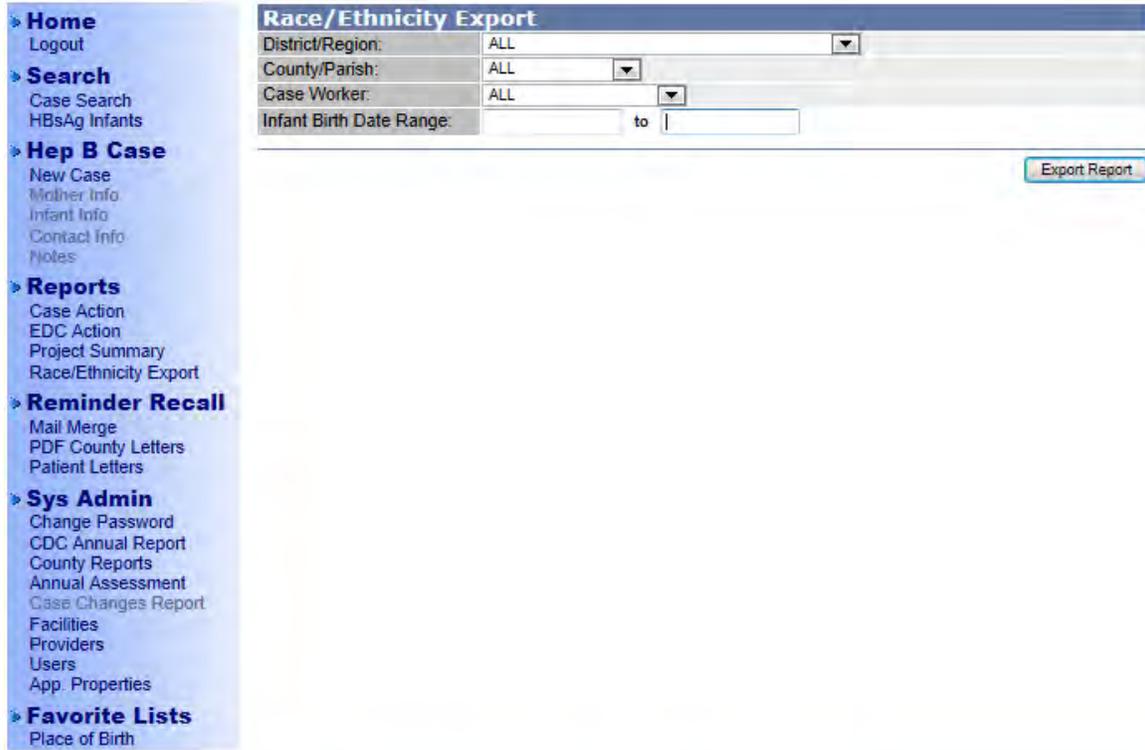
Project Summary Report			
Report Criteria:			
County/Parish:	ALL	District/Region:	ALL
Case Worker:	ALL	Delivery Facility/Hospital:	ALL
Infant Time Frame Opened:	ALL		
Report Start Date:	JANUARY 1987	Report End Date:	MARCH 2012
Hospital Policies			
Review of maternal records for HBsAg test results and testing for HBsAg when appropriate			
Public	1		
Private	0		
Not Specified	0		
Total	1		
Administration of post-exposure prophylaxis to infants born to HBsAg-positive status women within 12 hours of birth			
Public	1		
Private	0		
Not Specified	0		
Total	1		
Administration of post-exposure prophylaxis to infants HBsAg-unknown status women within 12 hours of birth			
Public	0		
Private	0		
Not Specified	0		
Total	0		
Administration of a dose of hepatitis B vaccine to all newborns prior to hospital discharge			
Public	0		
Private	0		
Not Specified	0		
Total	0		

RACE/ETHNICITY EXPORT

This report is used to export the following fields: case number, case name, county, birth country, foreign born (Y/N), mother’s race group, race, ethnicity, infant’s name, race group, race, ethnicity, birth country, and foreign born (Y/N).

1. Click on the **RACE/ETHNICITY EXPORT** hyperlink. The “Race/Ethnicity Export” limitations/selections window appears.

Figure 10-14: Race/Ethnicity Export Report Parameters



Version 2.12.11-SNAPSHOT Copyright © 2011 - Scientific Technologies Corporation

- The fields and their descriptions are listed in the table:

Table 10-4: Race/Ethnicity Export Report Field Descriptions

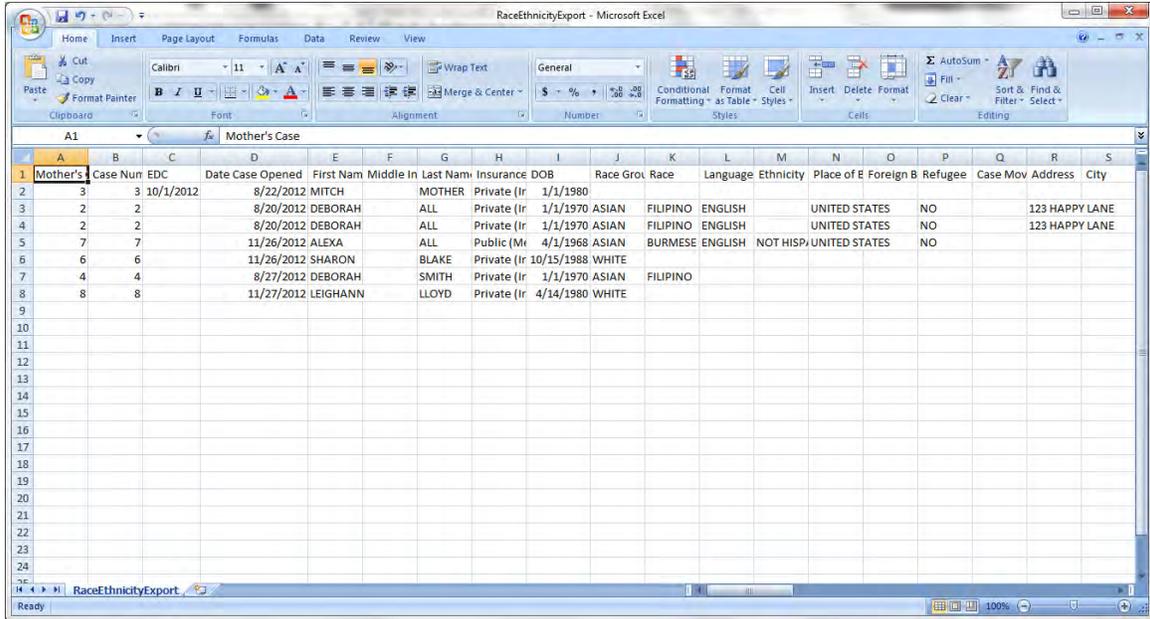
FIELD	DESCRIPTION
DISTRICT/REGION	(State-Configurable option; thus, may not appear on your screen.) District or Region associated with the case. Click on the drop-down arrow for a list of valid choices, or choose ALL for a complete list.
COUNTY/PARISH	County/Parish of the case. Click on the drop-down arrow for a list of valid choices, or choose ALL for a complete list.
CASE WORKER	Name of the Case Worker associated with the case. Click on the drop-down arrow to view a



	list of valid choices.
INFANT BIRTH DATE RANGE	The date range of infant births “from” and “to”. Please note the “from” and “to” dates cannot be a date in the future.

3. Enter the export report criteria and click the **EXPORT REPORT** button. The “File Download” dialog box appears.
4. Click **OPEN** or **SAVE** to either open the file or save it to your local drive. For illustration purposes, we are clicking **OPEN**. An “Estimation of Time” of the download appears briefly and then the report opens in Microsoft Excel.

Figure 10-15: Sample: Race/Ethnicity Export Report



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	
1	Mother's	Case Num	EDC	Date Case Opened	First Nam	Middle In	Last Nam	Insurance	DOB	Race Gro	Race	Language	Ethnicity	Place of B	Foreign B	Refugee	Case Mov	Address	City	
2	3	3	10/1/2012	8/22/2012	MITCH		MOTHER	Private (I	1/1/1980											
3	2	2		8/20/2012	DEBORAH		ALL	Private (I	1/1/1970	ASIAN	FILIPINO	ENGLISH		UNITED STATES	NO			123 HAPPY LANE		
4	2	2		8/20/2012	DEBORAH		ALL	Private (I	1/1/1970	ASIAN	FILIPINO	ENGLISH		UNITED STATES	NO			123 HAPPY LANE		
5	7	7		11/26/2012	ALEXA		ALL	Public (M	4/1/1968	ASIAN	BURMESE	ENGLISH	NOT HISP	UNITED STATES	NO					
6	6	6		11/26/2012	SHARON		BLAKE	Private (I	10/15/1988	WHITE										
7	4	4		8/27/2012	DEBORAH		SMITH	Private (I	1/1/1970	ASIAN	FILIPINO									
8	8	8		11/27/2012	LEIGHANN		LLOYD	Private (I	4/14/1980	WHITE										

5. Close MS Excel when finished with the report, by clicking the **X**.

11 REMINDER RECALL

The Reminder Recall menu has two options: 1) mail merge to generate a **SOURCE** data file for download that can be used in a Word Mail Merge. 2) Portable Document Format (PDF) of the County Letters.

In the case of the two infant recalls, if the infant's information includes a reminder recall address, that address is used in preference to the mother's information.

MAIL MERGE

The mail merge can generate four different types of letters. Additionally, the data files can be used to create mailing labels (Avery 5160 -- 3 across, 10 down per page).

Note: When generating this report, users with the Access Level of Investigator have the ability to run the following reports based on one, more, or all of their assigned counties.

The following steps will occur for mail merge types of Reminder Recall Output.

1. Generate and download the source **DATA**.
2. Locate/open the **FORM LETTER**.
3. Generate the **MERGE** and **PRINT** the merged document(s).

The available reports and their descriptions are listed in the table below.

Table 11-1: Reminder Recall Reports & Descriptions

REPORT TITLE	DESCRIPTION
INFANTS NEEDING HEPB VACCINATION	This data is for the mother of an infant reminding her that her baby needs to receive the HepB series and has not yet received any HepB vaccinations. (See *note below.)
INFANTS NEEDING SEROLOGY	<p>This data is for the mother of an infant reminder her that her baby has received all 3 doses of the HepB series and now needs to be tested.</p> <p>Note: The baby is not eligible for serology until it is 15 months old and it has been at least one month since the last shot in the series. (See *note below.)</p>
CONTACTS NEEDING HEPB VACCINATION	This data is for the contact reminding him/her to get the HepB series. This will be for all contacts associated with an HBsAg-positive mother who have not received a HepB vaccination or are past due in their series. This applies to doses #1-3. (See *note below.)
MOTHERS NEEDING FOLLOW-UP	This data is for the “Infection Control” person alerting him/her of mothers who have tested HBsAg-positive and to follow up. This applies to mothers whose baby has not been born yet and whose due date is within the weeks specified on the “projected” due parameter. (See *note below.)
AVERY LABELS (5160)	*Note: Any of the above reports can also be merged to a “label” form letter.

STEP 1: GENERATING & DOWNLOADING THE SOURCE DATA

1. Click on the **REMINDER RECALL** hyperlink. The “Mail Merge Reminder Recall” selections window appears.

Note: If you are using Microsoft 2000 or later, click on the “Click for Instructions” hyperlink.

Figure 11-1: Mail Merge Reminder Recall Selections

Mail Merge Reminder Recall	
Report:	INFANTS NEEDING HEPB VACCINATION
District/Region:	All
County/Parish:	All
Case Worker:	All
Action Required Dates:	to
<input type="button" value="Create Data File"/>	
Please Note:	<p>The data file generated is formatted for use with Microsoft Word's Mail Merge. (The form letters are called ContactVaccinationReminder.doc, ControlPersonel.doc, InfantSerologyReminder.doc, InfantVaccinationReminder.doc, and MailingLabels.doc.)</p> <ol style="list-style-type: none"> 1. Locate the appropriate Word form letter and note where it is located on the hard drive; you will want to save the Created Data File to the same location. 2. Select appropriate criteria for letters to be generated and click 'Create Data File' button. 3. When 'File Download' dialog box appears, click 'Save' button. 4. Select location to save file (same place as the .doc files found above) and click 'Save' button. 5. When 'Download Complete' box appears, click 'Close' button. 6. Open the appropriate form letter in Microsoft Word. If the .txt file was saved in the same directory as the form letter, then just click 'Yes' to the prompts until the template opens. Then go to step 7. If the .txt file was saved to a different location, then follow these directions to open it: <ul style="list-style-type: none"> ● Click 'No' and the template will open. ● Need to have the Mail Merge toolbar display, go to View -> Toolbars -> Mail Merge. Make sure this is checked. ● Click the "Open Data Source" button (2nd from the left on the Mail Merge toolbar) and locate the .txt file that was saved - open it. ● Now go to step 8 below. 7. Form letter will appear. Need to have the Mail Merge toolbar display, go to View -> Toolbars -> Mail Merge. Make sure this is checked. 8. Now click the "Merge to New Document" button (4th from the right on the Mail Merge toolbar) and the letters will be generated.
Microsoft 2007 and later	Click for instructions



- The fields and their descriptions are listed in the table. Although, default selections have been chosen; they can be changed by using the drop-down menu arrows.

Table 11-2: Reminder Recall Limitations/Selections Fields

FIELD	DESCRIPTION
REPORT	You must select a report. The following reports are available: <ul style="list-style-type: none"> • Infants Needing HepB Vaccination • Infants Needing HepB Serology • Contacts Needing HepB Vaccination • Mothers Needing Follow-up
DISTRICT/REGION	(State-Configurable option; thus, may not appear on your screen.) District/Region of the case. This field defaults to ALL, but you can click on the drop-down menu arrow to view/select a valid choice.
COUNTY/PARISH	County/Parish of the city of the case. This field defaults to ALL; however, click on the drop-down arrow to view a list of valid choices.
CASE WORKER	Name of the case worker associated with the case. This field defaults to ALL; however, click on the drop-down arrow to view a list of valid choices.
ACTION REQUIRED DATES	Date range an action is due in; i.e., <ul style="list-style-type: none"> • Infants needing HepB Vaccinations • Infants needing HepB Serology • Contacts Needing HepB Vaccinations • Mothers Needing Follow-up Enter the beginning and ending dates for the range.

- Confirm the correct Reminder Recall **REPORT** is chosen.
- Click the drop-down arrows to set the limitations/selections criteria.

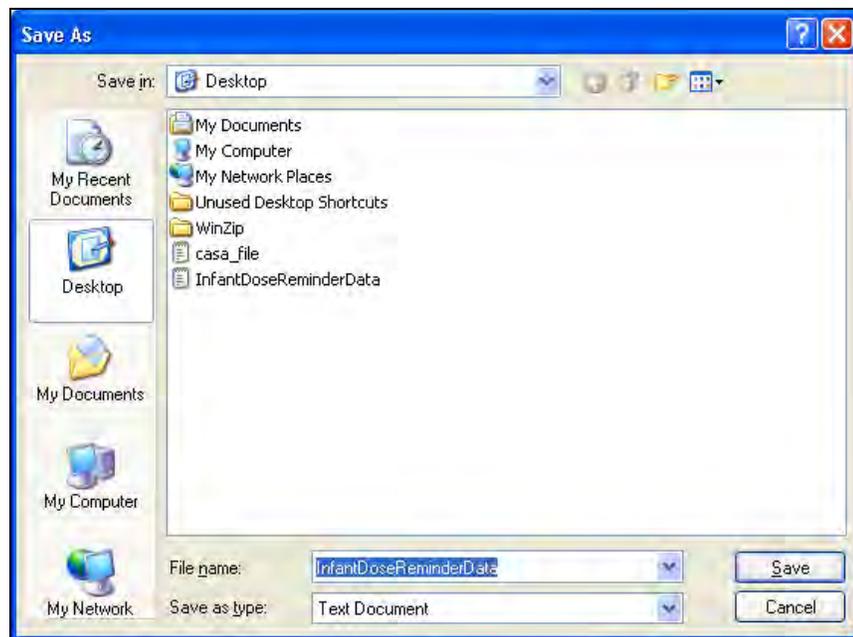
5. Click the **CREATE DATA FILE** button. In a few moments, a “File Download” dialog box appears.

Figure 11-2: File Download Dialog



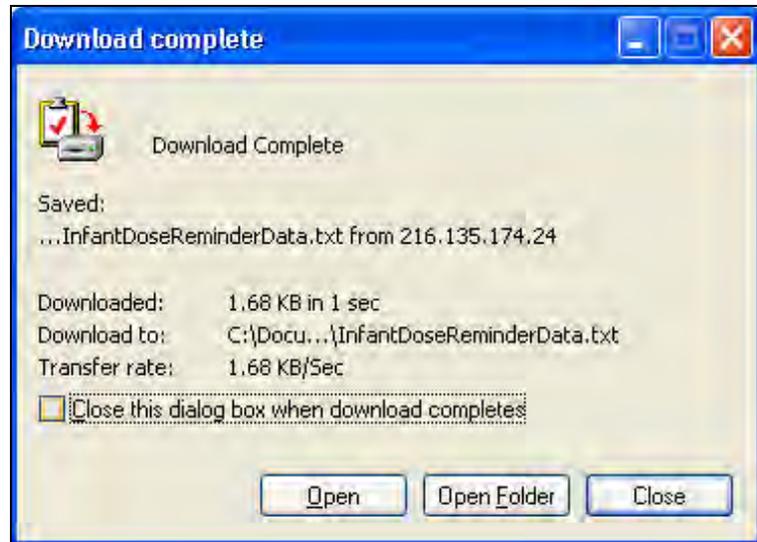
6. Click the **SAVE** drop-down arrow and select the “SAVE AS” option. A “Save As” dialog box appears.

Figure 11-3: Save As Dialog



7. Select the location to store the file. You will need to know the location in order to perform the merge.
8. Jot the location down and click the **SAVE** button. A “Download Complete” dialog box appears.

Figure 11-4: Download Complete Dialog

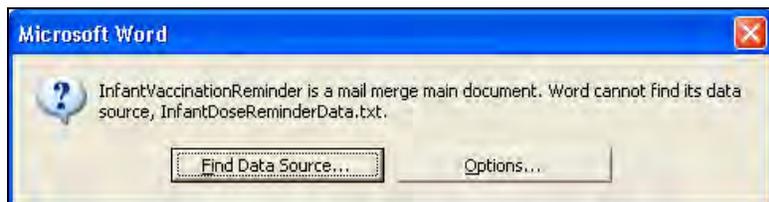


9. Click the **CLOSE** button.

STEP 2: MERGING THE DATA TO THE SOURCE

1. Start up the **WORD** application and open the appropriate **FORM LETTER** (or **LABELS**) for the source data file. The “Microsoft Word” dialog box referring to the source file appears.

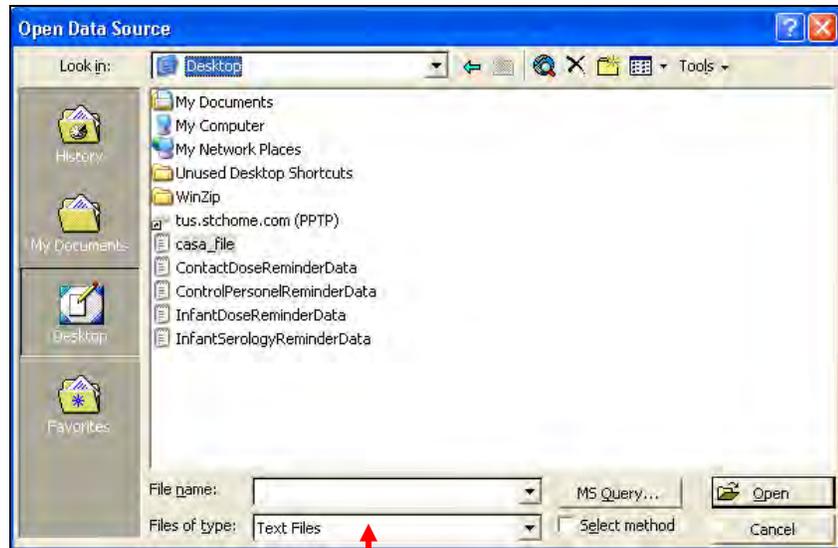
Figure 11-5: MS Word Find Source Dialog



2. Click on the **FIND DATA SOURCE** button. The “Open Data Source” window appears.

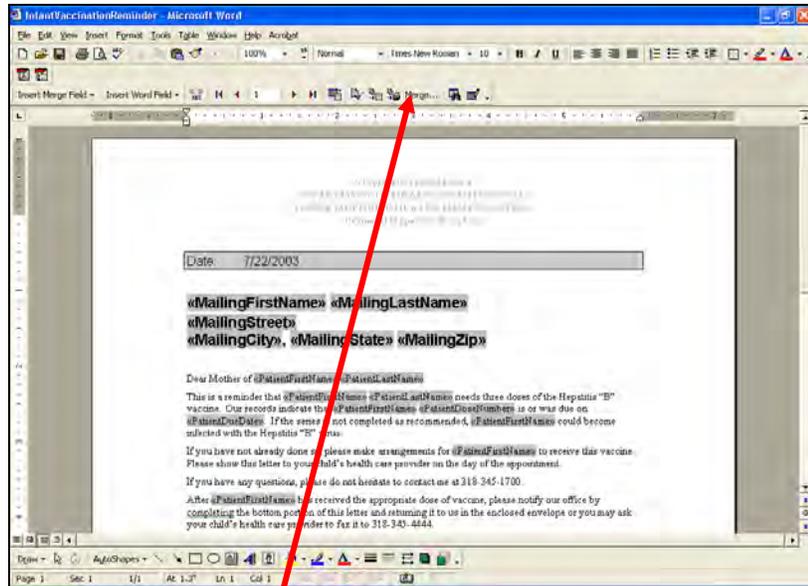
Note: Refer to the previous table for the Report Title, Source File Name, and Form Letter Name.

Figure 11-6: Open Data Source Dialog



3. In the “**Files of Type:**” box at the bottom of the window, click the drop-down arrow to view a list of valid choices and click on **TEXT FILES**.
4. Double click the desired file name (or highlight the file name and click on the **OPEN** button). The corresponding form letter displays in a **WORD** window.

Figure 11-7: Form Letter displayed in MS Word



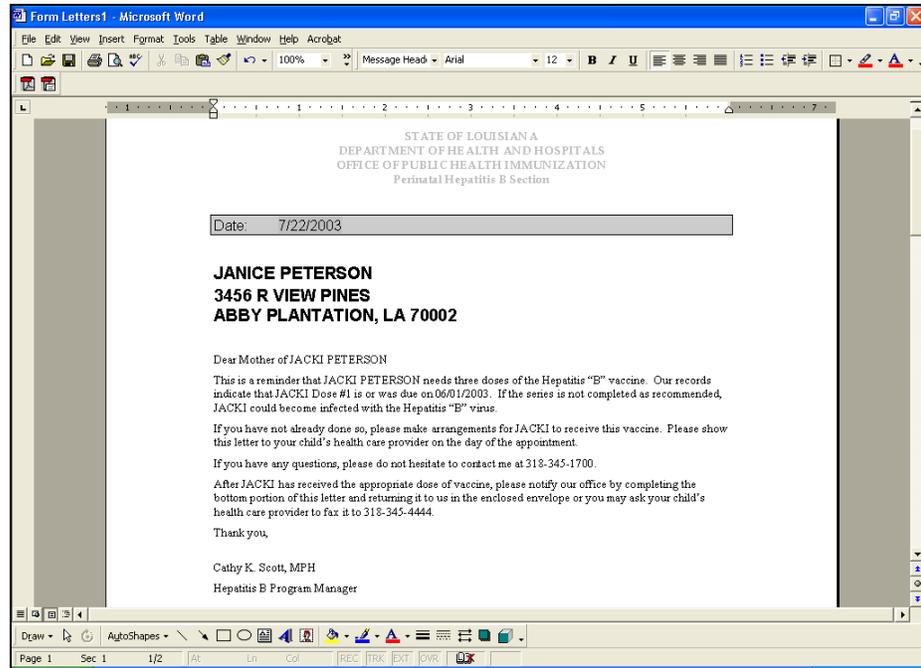
5. Click on the **MERGE** button. The “Merge” dialog box appears.

Figure 11-8: Merge Dialog



6. Click on the **MERGE** button. Word displays the “merged” word document. A sample of the “Infant Vaccination Reminder” is shown.

Figure 11-9: Sample Merged Document – Infant Vaccination Reminder



7. Click on the **PRINTER** icon if you desire to print, or choose a different menu option to exit and not print.

Each section is shown independently, and will appear on the report in the order shown.

PDF COUNTY LETTERS

This is a letter for the County Department of Health and is addressed to the primary contact defined in the application. If there is no primary contact defined, the letter will be addressed to the county in general.

Note: When generating this report, users with the Access Level of Investigator have the ability to run the following reports based on one, more, or all of their assigned counties.

The text for the letter will be the same for all “recall” types.

1. From the “Reminder Recall Menu,” click the “**PDF COUNTY LETTERS**” option. The “PDF Reminder Recall” selection window appears.

Figure 11-10: PDF Reminder Recall Selection

PDF Reminder Recall	
Recall For:	<input type="checkbox"/> Infants <input type="checkbox"/> Contacts <input type="checkbox"/> Mothers
District/Region:	All <input type="button" value="v"/>
County/Parish:	All <input type="button" value="v"/>
Case Worker:	All <input type="button" value="v"/>
Action Required Dates:	<input type="text"/> to <input type="text"/>
<input type="button" value="Create Printable File"/>	

2. The fields and their descriptions are listed in the table.

Table 11-3: PDF Reminder Recall Field Descriptions

FIELD	DESCRIPTION
RECALL FOR	Type of recall being retrieved. <ul style="list-style-type: none"> • Infants – lists mothers residing in each county with infants needing service. Mother’s full name, address, and case number are included; followed by a list of each infant needing service including, full name, date of birth, vaccines administered (vaccine type), Test Administered and Result, and listing of the service currently due. • Contacts – lists the mothers residing in each county with contacts needing service. Mother’s full name, address, and case number are included; followed by a list of each contact needing service including, Full name, Date of Birth, Relationship to Mother, Status, Vaccines Administered (Vaccine Type), Prescreen Labs, Post Labs, and Service currently due. • Mothers – lists the mothers residing in each county with an EDC in the specified reminder recall range. Includes, Full

FIELD	DESCRIPTION
	Name, Address, Date of Birth, Prescreen Date, EDC, and Status.
DISTRICT/REGION	(State-Configurable option; thus, may not appear on your screen.) District/Region of the case. This field defaults to ALL; however, you can click on the drop-down menu arrow to view/select a valid choice.
COUNTY/PARISH	County/Parish of the city of the case. This field defaults to ALL; however, click on the drop-down arrow to view a list of valid choices.
CASE WORKER	Name of the case worker associated with the case. This field defaults to ALL; however, click on the drop-down arrow to view a list of valid choices.
ACTION REQUIRED DATES	Date range an action is due in; i.e., <ul style="list-style-type: none"> • Infants needing HepB Vaccinations • Infants needing HepB Serology • Contacts Needing HepB Vaccinations • Mothers Needing Follow-up Enter the beginning and ending dates for the range.

3. At a minimum, fill in the “red” required fields.
4. Click the **CREATE PRINTABLE FILE** button. The “County Letter” appears in a new Browser window.

Figure 11-11: PDF County Letter – Page 1



Figure 11-12: PDF County Letter – Page 2

Washington State Hepatitis B Immunization Program							
Contacts Due for a Service							
KING County Health Department							
Mother: ADAMS, TASHA							
Address: 234 MILL ST Asotin WA 99101							
Contact: DOE, JOHN							
DOB: 01/01/1975							
Relationship to Mother: Sexual Contact							
Etest: Yes							
Vaccine Administered							
Service	Results	Date Administered	Service	Date Administered	Service	Results	Date Administered
Service Due Needs Serology 05/09/2006							

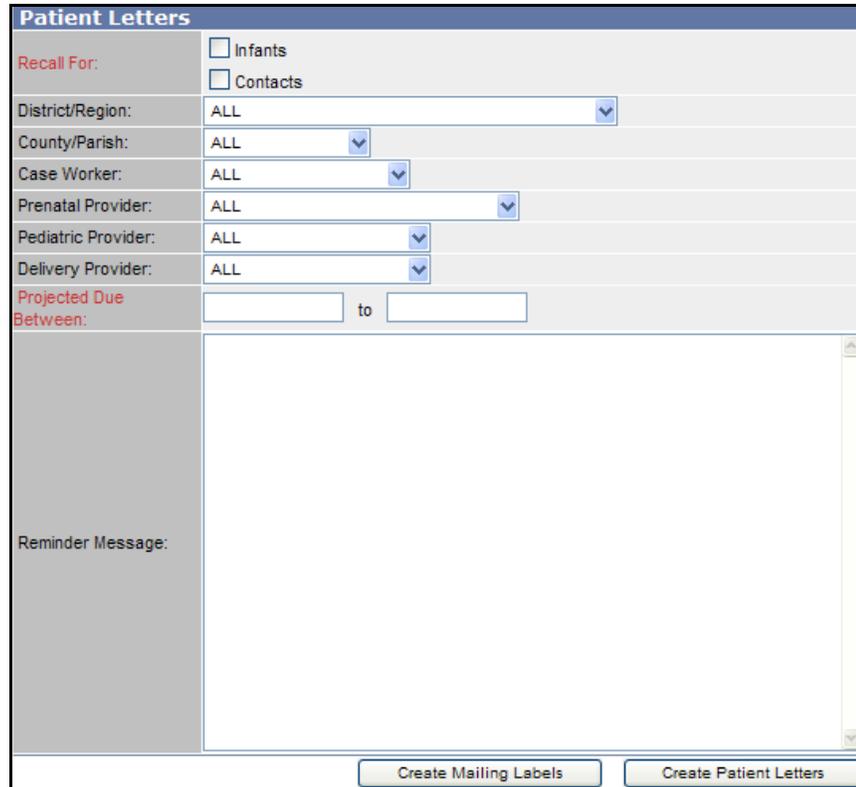
5. Optionally, print the letters and then **CLOSE** the browser by clicking on the **X** in the upper right corner.

PATIENT LETTERS

This option is used to create Reminder Recall - Patient Letters in .PDF format for the user to print a reminder letter for every case that is due for an action. Also provides the ability to create “Mailing Labels.”

1. From the “Reminder Recall Menu,” click the “**PATIENT LETTERS**” option. The “Patient Letters” screen appears.

Figure 11-13: Reminder Recall – Patient Letters



2. The fields and their descriptions are listed in the table.

FIELD	DESCRIPTION
RECALL FOR	This field provides a checkbox to either select Infants or Contacts. Click the checkbox for the search criteria to select.
DISTRICT/REGION	(State-Configurable option; thus, may not appear on your screen.) District or Region associated with the case. This field defaults to ALL; however, click on the drop-down arrow to view a list of valid choices. Note: The District drop-down will not appear if the state doesn't require districts (e.g., MD)
COUNTY/PARISH	County/Parish of the city of the case. This field defaults to ALL; however, click on the drop-

FIELD	DESCRIPTION
	down arrow to view a list of valid choices.
CASE WORKER	Name of the case worker associated with the case. This field defaults to ALL; however, click on the drop-down arrow to view a list of valid choices.
PRENATAL PROVIDER	Allows the search criteria to search a specific prenatal provider. Click on the drop-down menu arrow to view/select a specific provider.
PEDIATRIC PROVIDER	Allows the search criteria to search a specific pediatric provider. Click on the drop-down menu arrow to view/select a specific provider.
DELIVERY PROVIDER	Allows the search criteria to search a specific delivery provider. Click on the drop-down menu arrow to view/select a specific provider.
PROJECTED DUE BETWEEN	Category for the From/To dates entered indicating that an action is due. Note: Projected Due Between is required for investigator users but not for administrator users.
REMINDER MESSAGE	This is a free-text area for you to enter any text you want. The text is available only for the session; once you logout, the text message is not saved; thus, will not be available after logging out and logging back in.

3. Type/enter the “search criteria” and click one of the available buttons:
 - **CREATE MAILING LABELS** – to search and display the results in PDF format using an Avery 5160 label (sample shown below).
 - **PATIENT LETTERS** – to search and display the results in PDF format (one letter per page) with space at the top for letterhead as well as footer information (sample shown below).

Figure 11-14: Reminder Recall – Patient Letters – Mailing Labels

DEFTONES, CHINO 33 MUSIC ST BLACK DIAMOND, AK 98010	MOVED, TEST , WA	MOVED, TEST , WA
---	-------------------------	-------------------------

Figure 11-15: Reminder Recall – Patient Letters – Patient Letters

Date: January 25, 2011

CHINO DEFTONES
WA

ID : 67

Patient : HBSAG INFANT

Birth Date : 01/01/2008

Due : Needs Vaccine #1

Service Due : 01/01/2008

This is a test with the Reminder Recall Option. It is for Patient letters which also provides the option to create mailing labels. All you need to do is select the search criteria and click one of the available buttons.

This is paragraph two of the Patient Letters.



[This page intentionally left blank.]

12 APPENDICES

APPENDIX A: IDENTIFYING DUPLICATES

When it is necessary to identify duplicates in the Hepatitis B database, the following SQL script retrieves pairs of Mother's where the First Names are similar AND the Last Names are similar AND their birth dates match

- Run the following script.

```
Alter session set current_schema = H33ASIIS;
SET TERMOUT OFF
SET ECHO OFF
SET FEEDBACK OFF
SET LINESIZE 1500

SPOOL c:\duplicateMothersList.txt
PROMPT DUPLICATE_MOTHERS

select phc1.local_id Case_Num_1, person1.first_nm P1_First_Name, person1.last_nm P1_Last_Name, person1.birth_time P1_Birth_Date,
phc2.local_id Case_Num_2, person2.first_nm P2_First_Name, person2.last_nm P2_Last_Name, person2.birth_time P2_Birth_Date
from person person1, person person2,
participation participation1,
participation participation2,
public_health_case phc1,
public_health_case phc2
where (soundex(person1.first_nm) = soundex(person2.first_nm)
and soundex(person1.last_nm) = soundex(person2.last_nm) )
and person1.birth_time = person2.birth_time
and person1.person_uid <> person2.person_uid
and person1.person_uid = participation1.subject_entity_uid
and participation1.type_cd = 'MTH'
and participation1.act_uid = phc1.public_health_case_uid
and phc1.status_cd <> 'C'
and person2.person_uid = participation2.subject_entity_uid
and participation2.type_cd = 'MTH'
and participation2.act_uid = phc2.public_health_case_uid
and phc2.status_cd <> 'C'
order by person1.first_nm;

spool off
```

APPENDIX B: IMPORTING PROVIDERS & FACILITIES

When it is necessary to import a new list of Providers and/or Facilities, you will first notify your STC Representative.

Your representative will request the file(s) from you and then massage the data and return the file to you to import.

Note: These instructions begin AFTER the installation of the HepB.War file.

1. After receiving notification from your STC Representative, open a “Command Prompt” window.
2. Navigate to the folder named:

`tomcat_home\webapps\hepbLA\client\LA\imports\`
3. Execute the appropriate **.BAT** file depending on the import.
 - To import **Facilities** into the application, execute:

`simpleFacilityImporter.bat`
 - To import **Providers** into the application, execute:

`simpleProviderImporter.bat`
4. A prompt will appear, “Is the version of Tomcat before 5.0 (Y, N, or end)?”
 - Answer this question with Y, N, or End depending on your version.
5. If the wrong answer is provided, a message regarding the “Java.Lang.NoClassDefFoundError...” appears.
 - If this happens, try running the batch file again with the opposite answer you initially provided.
6. When the correct answer is provided, the “Importing [Providers or Text].txt” message appears.
7. When the import is successful, a message similar to the one shown below appears.

```
[Importer] Records processed: 175, Records kept: 175, Records updated: 0, Records
skipped: 0
[Importer] Saving 175 records from 'client/LA/imports/Facilities.txt' to NEDSS
[Importer] Saved 175 facilities
[Importer] Total records saved: 175
[Importer] Completed
```

8. To verify the import was successful, perform the following:
 - Login to the application
 - Click the Sys Admin Menu
 - Providers or Facilities option depending on the file you imported.



[This page intentionally left blank.]