

DSI Emerging Response REDCap Template

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Agenda

- Project Background
- Workflow
- Project Instruments
- Situational Scenarios
- Questions and Feedback

Objectives

- This project serves to:
 - Aid with rapid responses to quickly capture data and testing information
 - Provide a sense of structure for case data collection and reporting
 - Serve as a system for data collection:
 - Until a VEDSS PageBuilder is created OR
 - If it's determined that data collection won't be done in VEDSS

Project Background

- Serve as a template to create projects for early public health responses
- Starting point for gathering case and testing information
- Instruments can be adjusted as needed for each response
- Modeled from the Mpox Monitoring REDCap and the 2022 Ebola Monitoring REDCap projects

Work flow

- There are five instruments that make up the project:
 - Initial Report
 - Risk Assessment
 - Contact Monitoring
 - DCLS Testing Coordination
 - Case Report Form
- Alerts
 - Reported symptom notification
 - Daily contact monitoring
 - Specimen testing request
 - Specimen testing approved
- Reports
 - Case reporting
 - Total contacts
 - DCLS Testing Approval
 - Household monitoring
- Each report can be filtered by region, district, and/or final disposition

Instrument Walkthrough

Initial Report

Record ID			
3 <small>To rename the record, see the record action drop-down at top of the Record Home Page.</small>			
Submission Date	VEDSS ID	Investigation ID	State ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	VA000003
First Name	Last Name	Middle Name/Initial	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Sex	Gender	Race
<input type="text"/> Today <small>M-D-Y</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ethnicity			
<input type="text"/>			
Email	Phone Number	Address	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
District of residence	Region of residence		
<input type="text"/>	<input type="text"/>		

Administrative Management		
Please fill in the contact information for the interviewer/investigator. If there is only one, only enter your information once under Risk Assessment Interviewer.		
	Name	Email
Risk Assessment Interviewer	<input type="text"/>	<input type="text"/>
Case Report Interviewer	<input type="text"/>	<input type="text"/>
Please include additional contacts for those who would like to receive updates and notifications regarding this particular case/contact/PUI		
	Name	Email
Contact 1	<input type="text"/>	<input type="text"/>
Contact 2	<input type="text"/>	<input type="text"/>
Contact 3	<input type="text"/>	<input type="text"/>
Additional Notes	<div></div>	
	Expand	

Risk Assessment

Interview Attempts

Date of interview
Today
M-D-Y

Enter number of interview attempts
Max: 5

Assigned Interviewer	Assigned Interviewer: <input type="text"/>	Interviewer phone	<input type="text"/>
Interviewer email	Assigned Interviewer Email: <input type="text"/>	Assigned Investigator	<input type="text"/>
Investigator email	<input type="text"/>	Investigator phone	<input type="text"/>

Patient Info

First Name	Last Name	Date of Birth	Region
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
District	Phone Number	Email	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the patient's address currently as listed?
☐ Yes
☐ No
reset

Please enter current address

Patient Medical History

Is the patient pregnant and/or breastfeeding?
 No

Has the person been experiencing symptoms?
☒ Yes
☐ No
reset

If yes, please specify symptoms and onset date?
Expand

Risk Assessment

Exposure History

Was this person exposed to a known case in the US?

H

☒ Yes
☐ No

reset

Contact Name	<input type="text"/>	VEDSS ID	<input type="text"/>
Case Status	<input type="text"/>	Residing Status	<input type="text" value="v"/>
County of Exposure	<input type="text" value="v"/>	Symptom Onset	<input type="text"/> <div> <div>Today</div> <div>M-D-Y</div> </div>
Region of Exposure	<input type="text" value="v"/>		

Risk Assessment

Final Risk Assessment Category

H

Some risk v

Last date of exposure

H

Today

M-D-Y

End of monitoring period

H

View equation

Monitoring method

H

Contact Monitoring

[illegible]

Complete this section at the end of the individual's monitoring period or when transferring monitoring to another jurisdiction.

Final Disposition:

☐ Completed monitoring
☐ Transferred to another state/country
☐ Case of EVD
☐ Lost to follow-up/Unable to reach
☐ Invalid contact information
☐ Duplicate DGMQ record
☐ Not monitored
☐ Other

Complete at the end of monitoring period

DCLS Testing Coordination

Investigator Information		
District	Investigation ID	VEDSS ID
Investigator	Investigator email	Investigator phone
DCLS Contact		
Name	Email	
Testing Approval		
Has testing been approved?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Awaiting approval	
Approved by:	<input type="text"/> reset	
Date of approval:	<input type="text"/> Today M-D-Y	
Outbreak ID	<input type="text"/>	




Testing Information			
Specimen collection date	Specimen type	Test date	Test type
<input type="text"/> Today <small>M-D-Y</small>	<input type="text"/>	<input type="text"/> Today <small>M-D-Y</small>	<input type="text"/>
Facility location	If specimen type is other, please specify	Expected date of arrival at DCLS	Test results
<input type="text"/>		<input type="text"/> Today <small>M-D-Y</small>	<input type="text"/>
Additional Notes		<input type="text"/> Expand	
Additional file upload		<input type="text"/> Upload file	

Case Report Form

Record ID				3			
Patient Info							
First Name	Last Name	Date of Birth	Region				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
District	Phone Number	Email	Address				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Investigation ID							
<input type="text"/>							
Date of Interview	Reporting State/Territory	If Tribal Area, please specify	Interviewer agency				
<input type="text"/> Today	<input type="text"/>	<input type="text"/>	<input type="text"/>				
What is the case status?		<input type="text"/>					
Do you reside in the US?		<input checked="" type="radio"/> Yes <input type="radio"/> No					
What state or territory do you reside in		<input type="text"/>					

Household			
Which of the following best describes your living situation?	If you live with others, indicate the number in the household	If you live in a congregate setting, specify setting	What was the date of illness onset?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Today
What symptoms did you experience during the course of your illness?		<input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Body Aches/Soreness <input type="checkbox"/> Sore Throat <input type="checkbox"/> Weakness/Fatigue <input type="checkbox"/> Other	M-D-Y
If other, please specify		Since the first day that symptoms started, have you spent the night outside of your home?	<input type="radio"/> Yes <input type="radio"/> No
Did the patient receive the vaccine for this illness if available?		Location where vaccine was received	reset
Date vaccine was received		Is the patient deceased?	reset
If deceased, date of death		If deceased, did the patient die from this illness?	

Case Report Form

Testing Information			
Were any patient specimens collected?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
reset			
Laboratory ID	Specimen type	Specimen collection date	Testing Facility
<input type="text"/>	<input type="text"/>	<input type="text"/>  Today <small>M-D-Y</small>	<input type="text"/>
Testing date	Test type	Test Result	
<input type="text"/>  Today <small>M-D-Y</small>	<input type="text"/>	<input type="text"/>	
Are there more results to report?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
reset			
Laboratory ID	Specimen type	Specimen collection date	Testing Facility
<input type="text"/>	<input type="text"/>	<input type="text"/>  Today <small>M-D-Y</small>	<input type="text"/>
Testing date	Test type	Test Results	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Are there additional samples to report?		<input type="radio"/> Yes <input type="radio"/> No	
reset			

Situational Scenarios

Situational Scenarios

What the project offers:

- Data collection structure and flexibility
- Specimen collection information coordination
- Testing approval process
- Close contact monitoring
- Case report form
- Single database for reporting

Where have we used this concept:

- Traveler Monitoring
- Measles Contact Monitoring
- Emerging COVID-19 and Mpox Outbreaks
- Zika
- EVALI

Where could we use this concept?

- Foodborne Hepatitis A Outbreak
- Human Rabies Exposure
- Contaminated Drinking Water
- Others:

Questions and Feedback

Questions

- How do you see your team utilizing the template?
- What elements did you find most useful? Troublesome?
- What support needed to stand up and maintain?
- Transitioning back to VEDSS, what's helpful? Challenging?

Thank you!