



V E N T U R A C O U N T Y

P U B L I C H E A L T H

A Department of Ventura County Health Care Agency



VENTURA COUNTY
PUBLIC HEALTH
A Department of Ventura County Health Care Agency

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PUBLIC HEALTH REPORTING USING THE CALREDIE PROVIDER PORTAL

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VENTURA COUNTY COMMUNICABLE DISEASE DEPARTMENT

Role of Public Health Communicable Disease Department

Public Health: Our Mission

To support environments that protect and promote the health and well-being of everyone in Ventura County. Our mission articulates the purpose of our department; it is our roadmap.

- *Protect public from infectious diseases.
- *Perform surveillance to detect trends and occurrence of infectious diseases.
- *Conduct communicable disease investigations.
- *Provide education to health care providers, individuals and communities.

Who We Are:



Communicable Disease Team

Rigoberto Vargas, MPH, Public Health Director

Dr. Robert Levin, Health Officer

- Public Health Nurses
- Communicable Disease Investigators
- Community Health Outreach Workers

What We Do:

- Daily review of all reportable diseases and or conditions.
- Disease investigation searching for a common source of exposure.
- Ensure completion of treatment for all sexually transmitted diseases.
- Work closely with Community partners to ensure treatment, testing, and education are provided.
- Outreach to local providers and facilities to update providers in new or changing diseases/conditions/or treatments in Ventura County.
- Work closely with California Department of Public Health and Center for Disease Control.

Reportable Diseases: Come in Many Shapes & Sizes



Zika



Saint Louis Encephalitis
West Nile Virus



Coccidioidomycosis

Tuberculosis



Lyme Disease

Title 17 Reportable Diseases and Conditions

Title 17, California Code of Regulations (CCR) §§2620, §§2621, §§2623-26, and §§2627-2628 Reportable Diseases and Conditions*

§ 2620. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- § 2620(a) It shall be the duty of every health care provider, including, or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is susceptible to an infectious disease or the disease or condition listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- § 2620(d) The administrator of each health facility, clinic, or other setting where more than one health care provider may have of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to ensure that reports are made to the local officer.
- § 2620(f)(4) "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a health educator, a health officer, an infection control practitioner, a medical technician, a carer, or a cleric.

EMERGENCY REPORTING REQUIREMENTS [§ 7 CCR § 26200-002]

- (1) - Report immediately by telephone (designated by a + in regulations).
- † - Report immediately by telephone within two or three cases or suspected cases of notifiable disease from separate households are suspected to have the same source or origin (designated by a + in regulations.)
- (2) - Report by telephone within one working day of identification (designated by a + in regulations).
- (3) - Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
- All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

REPORTABLE DISEASES, CONDITIONS & CONDITIONS (CONT.)

<p>CCR (2) = Anthrax</p> <p>CCR (1) = Arteriosclerosis</p> <p>CCR (2) = Botulism</p> <p>CCR (1) = Botulism (Infant, Foodborne, Wound, Cutaneous)</p> <p>CCR (1) = Botulism, infant (susceptible due to immature stool)</p> <p>CCR (1) = Brucellosis, human</p> <p>CCR (2) = Cryptosporidiosis</p> <p>CCR (2) = Chancroid</p> <p>CCR (2) = Chlamydia (Venereal, Ocular, Respiratory and Genital)</p> <p>CCR (2) = Chikungunya Virus Infection</p> <p>CCR (2) = Chlamydia trachomatis Infections, including lymphogranuloma venereum (LGV)</p> <p>CCR (1) = Cholera</p> <p>CCR (1) = Clostridia Fish Poisoning</p> <p>CCR (1) = Coccioidiomycosis</p> <p>CCR (2) = CRE: Enterobacter spp., Klebsiella spp., E. coli spp</p> <p>CRE: Extended-Spectrum beta-Lactamase (ESBL) and Other Transmissible beta-Lactamase Enzymes/Genes (TBE)</p> <p>CCR (2) = Cryptosporidiosis</p> <p>CCR (2) = Cyclosporiasis</p> <p>CCR (2) = Cytomegalovirus</p> <p>CCR (1) = Dengue Virus Infection</p> <p>CCR (1) = Diphtheria</p> <p>CCR (1) = Diverse/Atypical Pertussis (Unvaccinated/Unvaccinated)</p> <p>CCR (1) = Erythema</p> <p>CCR (2) = Hepatitis A, acutely icteric case or chronic</p> <p>CCR (1) = Hepatitis B, acutely icteric case or chronic</p> <p>CCR (1) = Hepatitis C, acutely icteric case or chronic</p> <p>CCR (1) = Hepatitis D, acutely icteric case or chronic</p> <p>CCR (1) = Hepatitis E, acute infection</p> <p>CCR (1) = Human Immunodeficiency Virus (HIV) Infection, stage 3 (AIDS)</p> <p>CCR (1) = Human Immunodeficiency Virus (HIV), acute infection</p> <p>CCR (1) = Influenza, specific to laboratory-confirmed cases for ages 0-64 years</p> <p>Influenza, novel strain (Emerging)</p> <p>Lymphoma</p> <p>Lymphoma (Hodgkin)</p> <p>Lymphoma (Non-Hodgkin)</p>	<p>CCR (2) = Leishmaniasis</p> <p>CCR (2) = Listeria</p> <p>CCR (1) = Malaria</p> <p>CCR (2) = Measles (Congenital)</p> <p>CCR (2) = Meningitis, Specific Etiology: Viral, Bacterial, Fungal, Parasitic</p> <p>CCR (1) = Mumps</p> <p>CCR (1) = Morbilli Virus Infection with Parainfluenza Potentia</p> <p>CCR (1) = Parvovirus B19 Infection</p> <p>CCR (2) = Pertussis (Whooping Cough)</p> <p>CCR (1) = Plague, human or animal</p> <p>CCR (2) = Poliomyelitis</p> <p>CCR (2) = Rabies</p> <p>CCR (2) = Rabies, human or animal</p> <p>CCR (2) = Rabies, Wild</p> <p>CCR (2) = Respiratory Syncytial Virus (only report a death in a patient less than four years of age)</p> <p>CCR (2) = Rubella (German Measles/Spotted Fever), including Typhoid and Typhoid-like Measles</p> <p>CCR (2) = Rocky Mountain Spotted Fever</p> <p>CCR (2) = Rubella (German Measles/Spotted Fever)</p> <p>CCR (2) = Sepsis, Organized</p> <p>CCR (2) = Salmonellosis (Other than Typhoid Fever)</p> <p>CCR (1) = Scorpion Sting Poisoning</p> <p>CCR (1) = Shiga Toxin (Detected in Food)</p> <p>CCR (1) = Shigellosis</p> <p>CCR (2) = Streptococcal Infection (Cellulitis of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)</p> <p>CCR (2) = Syphilis</p> <p>CCR (2) = Tetanus</p> <p>CCR (2) = Tuberculosis</p> <p>CCR (2) = Tuberculosis</p> <p>CCR (1) = Typhoid Fever, Gastro and Carotid</p> <p>CCR (2) = Viral Infections</p> <p>CCR (1) = Viral Infections: Fever, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)</p> <p>CCR (2) = West Nile Virus (WNV) Infection</p> <p>CCR (1) = Yellow Fever</p> <p>CCR (2) = Yersiniosis</p> <p>CCR (1) = Zika Virus Infection</p> <p>CCR (1) = OCCURRENCE OF ANY UNKNOWN DISEASE</p> <p>CCR (1) = OUTBREAK OF ANY DISEASE (including diseases not listed in § 2620, specifically those listed in the open category)</p>
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HIV REPORTING BY HEALTH CARE PROVIDERS §§2621-2622, 2623
 Human Immunodeficiency Virus (HIV) Infection at all stages is reportable by telephone mail, person-to-person transfer, or electronically within seven calendar days. For complete HIV-specific reporting requirements, see Title 17, CCR, §§2621, 26-2643.50 and <http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Imz.aspx>

REPORTABLE NON-CONTAGIOUS DISEASES, CONDITIONS AND CONDITIONS (DISEASES, CONDITIONS AND CONDITIONS)

- Diseases Characterized by Lesions of the Central Nervous System
- Pathologic Fractures or Injuries (Trauma or Suspected Trauma)
- Cancer, including benign and borderline brain tumors except (1) basal and squamous cell cancer arising on prethelium, and (2) meningioma in the meninges and (3) glioma of the brain (§ 2627)

LOCALLY REPORTABLE DISEASES AND CONDITIONS
 CCR (2) = CRE: Enterobacter spp., Klebsiella spp., E. coli spp.

* This form is designed for health care providers to report those diseases, transmitted by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health & Safety Code § 26200) and is a criminal offense under the Medical Board of California Oath and Pledge Program (Title 16, CCR, §§2624.50 and 2624.51).
 † Health care providers are not subject to civil penalty (Health and Safety Code § 116000).
 ‡ The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: www.cdph.ca.gov, CDPH 110a (2/2018/19)

Providers


Laboratory

HIV Reporting in Ventura County

Patients with newly diagnosed HIV/AIDS or previous diagnosis and relocating to Ventura County should be reported to the HIV/AIDS office at **(805) 652-3313**. We ask that you contact us as soon as you receive the positive test result so that we may have a staff member there at the time of disclosure.

CalREDIE Login Page

Version: 15.0.2.6



CalREDIE Staging UAT

Username


Password

[Change Password](#)

[Install ActiveX Controls](#)

Training Site


Version: 15.0.2.6



CalREDIE

California Reportable Disease Information Exchange

CalREDIEHelp@cdph.ca.gov | 866-866-1428



CDPH
California Department of Public Health

Username

Password

[Change Password](#)

[ARNOLD](#)

[Install ActiveX Controls](#)

Live Site

Step 1. CalREDIE Staging (Training Site)

The screenshot shows the CalREDIE Staging web application interface. At the top left, there are logos for CalREDIE (California Reportable Disease Information Exchange) and CDPH (California Department of Public Health). A navigation bar contains links for Search, Previous Search, New Incident, Reports, CDPH, and Help. Below this, a status bar indicates the user is logged in as '56Gipson, Sandra' with a 'Domain: Web'. The main section is titled 'Incident Search' and includes a 'New' button to create a new record. The search criteria section is titled 'Search for Incidents by:' and includes fields for 'Name (last, first):' (containing 'Good, Example'), 'MRN:', 'Disease:' (a dropdown menu), and 'Date Range:' (with 'From:' and 'To:' date pickers). There are radio buttons for 'All' (selected), 'Submitted', and 'Saved (Unsubmitted)'. 'Search' and 'Clear' buttons are at the bottom of the search section. Below the search section, there is a header for a table: 'Select a CalREDIE Staging UAT record from below:'. The table header row includes columns for Date, Case ID, Disease, Jurisdiction, Patient, DOB, MRN*, Submitted By, and Status.

Search for patient

Step 2. Confirming Previous Submission

Create a new CalREDIE Staging UAT record:

Search for Incidents by:

Name (last, first):

MRN:

Disease:

Date Range: From: To:

All Submitted Saved (Unsubmitted)

Select a CalREDIE Staging UAT record from below:

Date	Case ID	Disease	Jurisdiction	Patient	DOB	MRN*	Submitted By	Status
09/26/2018	2378739	Leptospirosis	Ventura	Good, Example			56Gipson, Sandra	Submitted



✓ Verify if /when disease or condition was previously reported

Step 3. Creating New Disease Incident



Search Previous Search **New Incident** Reports CDPH Help

Logged in as: 56Gipson, Sandra Domain: Web

Incident Search

Create a new CalREDIE Staging UAT record:

Search for Incidents by:

Name (last, first):

MRN:

Disease:

Date Range: From: To:

All Submitted Saved (Unsubmitted)

3. Select New

1. Enter Name

2. Select disease from drop down menu

Example Completed Step 3.

Search | Previous Search | New Incident | Reports | CDPH | Help

Logged in as: 56Gipson, Sandra Domain: Web

Incident Search

Create a new CalREDIE Staging UAT record:

Search for Incidents by:

Name (last, first):

MRN:

Disease:

Date Range: From: To:

All Submitted Saved (Unsubmitted)

Select a CalREDIE Staging UAT record from below:

Date	Case ID	Disease	Jurisdiction	Patient	DOB	MRN*	Submitted By	Status
* Displays primary MRN for returned matches								

◀ PREV | NEXT ▶

Completing Demographic and Disease Page

Disease Incident

Patient: Incident ID: Process Status:
DOB: Disease: Resolution Status:

Patient Supplemental

Disease Being Reported

* Last Name * First Name Middle Name Name Suffix Primary Language
SSN DOB (MM/DD/YYYY) Age Months Days * Ethnicity
Address Number & Street Apartment/Unit Number * Race
City State Zip
Census Tract Country of Residence Country of Residence
Country of Birth Date of Arrival (MM/DD/YYYY)
Home Telephone Cellular Phone / Pager Work/School Telephone
E-mail Address Other Electronic Contact Information
Work/School Location Work/School Contact
* Gender Pregnant? Estimated Delivery Date
Marital Status Medical Record Number Patient's Parent/Guardian Name
Occupation Setting Describe/Specify
Occupation Describe/Specify Occupation Location
Request New Report Source * Submitter Name * Reporting Source
* Provider Name

Next Cancel Save

1. Select appropriate disease

Pink boxes are always required

Boxes highlighted yellow are required by Ventura County for disease submission

- Boxes are highlighted yellow for this demonstration, however will not appear yellow in CaREDIE Live

2. Save

Step 4. Supplemental and Clinical Tabs

Disease Incident

Patient: New, Example Incident ID: 2378757 Process Status: Entered
DOB: 10/08/2000 Disease: Leptospirosis Resolution Status: Suspect

Patient Supplemental Clinical Info.

* Disease Being Reported: Leptospirosis

* Last Name New	* First Name Example	Middle Name	Name Suffix	Primary Language
SSN	DOB (MM/DD/YYYY) 10/08/2000	Age 18	Months Days	* Ethnicity Hispanic or Latino
Address Number & Street 2500 S C St	City Oxnard	Apartment/Unit Number B2	State CA	* Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> Other
Census Tract 003802	County of Residence Ventura	Zip 93033	Country of Residence UNITED STATES	
Country of Birth UNITED STATES	Date of Arrival (MM/DD/YYYY)	Work/School Telephone		
Home Telephone 805-222-2222	Cellular Phone / Pager 805-111-1111			

Supplemental Tab

Please remember to complete all fields

Brief summary of case and what documents have been uploaded

Disease Incident

Patient: New, Example Incident ID: 2378757 Process Status: Entered
DOB: 10/08/2000 Disease: Leptospirosis Resolution Status: Suspect

Patient Supplemental Clinical Info.

Incident Information

Date of Onset (MM/DD/YYYY)

Date of Diagnosis (MM/DD/YYYY)

Date of Death (MM/DD/YYYY)

Patient Died of this illness:
 Yes No

Notes/Remarks

Add

Back Next Save Cancel

Labs
Clinical Notes
H&P
Discharge Summary

Supplemental Tab Example

Electronic Filing Cabinet (EFC) 

Disease Incident

Patient: New, Example
DOB: 10/08/2000

Incident ID: 2378757
Disease: Leptospirosis

Process Status: Entered
Resolution Status: Suspect

Patient | **Supplemental** | **Clinical Info.**

Incident Information

Date of Onset (MM/DD/YYYY)
10/07/2018

Date of Diagnosis (MM/DD/YYYY)
10/08/2018

Date of Death (MM/DD/YYYY)

Patient Died of this illness:
 Yes No

Notes/Remarks

Mon Oct 08 2018 13:38:50 GMT-0700 (Pacific Daylight Time), 56Gipson, Sandra, Hospitalized at XYZ hospital. Lab results pending. Chest Xray and H&P uploaded to EFC.

Add

Back | **Next** | **Save** | **Cancel**

Electronic Filing Cabinet (EFC)

CalREDIE Staging UAT - Filing Cabinet -- Webpage Dialog



Filing Cabinet



Patient: New, Example
Record ID: 2378757

New Album

New Case Report

Files for the Selected Incident / Contact Investigation Only

Show Historical Forms

Date Received

Date of Message

Date	Type	Name	Description
10/08/2018 1:55:21 PM	File Album	Chest Xray	Delete

◀ PREV | NEXT ▶

Preview/Print Images

Clinical Info Tab

Disease Incident

Patient: New, Example Incident ID: 2378757 Process Status: Entered
DOB: 10/08/2000 Disease: Leptospirosis Resolution Status: Suspect

Patient Supplemental **Clinical Info.**

SIGNS AND SYMPTOMS

Symptomatic?
Yes

Onset date
10/07/2018

Date first sought medical care

Fever

If Yes, highest temperature (specify F/C)

Enter "yes" to symptomatic for fillable symptoms


Onset date is Pre-populated from Supplemental Tab

Submit

+ TREATMENT / MANAGEMENT – DETAILS

- OUTCOME

Outcome?

Survived as of 

Date of death

Please remember to submit

Confirmation of Submission

Incident Submission

California Reportable Disease Information Exchange Record Has Been Received



You have successfully sent a report to the health department

Patient Name: New, Example

Submitter Name: 56Gipson, Sandra

Reporting Provider: Ventura County Medical Center - Submitter

Reporting Facility: Ventura County Medical Center

Please keep this Incident Verification as proof of **California Reportable Disease Information Exchange** record submission.

Incident ID: 2378757

Condition: Leptospirosis

Date Reported: 10/08/2018 1:27:52 PM

Jurisdiction: Ventura

Print Receipt

Print Incident

Create New Incident

Add Case Report

New Incident For Same Patient

Additional Information

- Remember to log in at a minimum of every 90 days
 - Inactivity after 90 days will suspend your account by CalREDIE
- Contact your local CalREDIE liaison for any question, concerns, or issues (i.e. inactive accounts)
- Look for email from Ventura County CD department for reminders to log into your account

Contact Information

Hannah Edmondson

- Email: Hannah.Edmondson@Ventura.org
- Phone Number: 805-981-5201

Sandra Gipson (Primary Contact)

- Email: Sandra.Gipson@Ventura.org
- Phone Number: 805-981-5201

Questions

