Commonwealth of Massachusetts Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

#### Infectious Disease Surveillance for Case Investigation

**Massachusetts 2020** 

# Establishing a surveillance system of record

- In order to ensure complete and accurate case tracking and subsequent contact tracing, a surveillance system of record needs to provide daily COVID-19 case information
- In Massachusetts and over 20 other state and city jurisdictions, a local instance of MAVEN is the system of record
- Other jurisdictions may use a different electronic or paper-based system, but the principle is the same
- COVID-19 case tracking and contact tracing systems can also play an important role feeding supplemental case and contact tracing data back to the system of record to inform state and local public health actions

### National Disease Reporting System



# **MAVEN: General Features**

- Complete data capture in a single integrated system for all 90 diseases
- Real-time information sharing with local health
- Electronic laboratory and case reporting (ELR/ eCR) interface



Replaces paper-based methods of reporting and disease-specific surveillance systems



# **MAVEN Features**

- Deduplication
  - person level(by weighted algorithm)
  - disease event level
     (by event time periods)
- Automated triage and prioritization of information
- Workflow management
  - streamlines business processes for triaging and prioritizing case investigation and surveillance
- Disease specific question packages
  - reports and data extracts for analysis, including COVID-19 case data for tracking purposes



# **Security Features**

- Same encryption technology (secure socket layer or SSL) as the banking industry
  - point-to-point encryption
- Access is limited by an individual user's roles and groups
  - access to specific disease events and data based on programmatic oversight and role within program
    - e.g. TB program does not have access to zoonotic disease events
    - independent variable access restrictions within disease events
  - LBOH have access to disease events reportable to local health and only for their residents
- Limited points of entry- MAVEN oversees connection points
  - MAVEN pulls data from ELR
  - deidentified extracts sent to CDC pushed by MAVEN

#### EVENT-BASED SYSTEM VS. PERSON-BASED SYSTEM



3 diseases/events for the same person, but in the system as 3 different, unrelated events



3 events linked together by the person. Appropriate demographic information on the case is shared across diseases/events for a single case.





### **Electronic Lab Reporting (ELR)**

Automated electronic reporting - ELR - replaces fax, email, and ad hoc electronic data. ELR Message Gateway translates the reported information from local coding systems into standardized LOINC, SNOMED, and HL7 equivalents. The LOINC and SNOMED codes are used for test names and results.





#### Electronic Laboratory Processing 2018 Data

| Hospital clinical laboratories transmitting ELR     | 90*         |
|---|-------------|
| Commercial laboratories transmitting ELR            | 17*         |
| Percent of laboratory reports sent via ELR          | 98%         |
| Electronic laboratory and case reporting throughput | ~ 9,300,000 |

\* These numbers include 2020 laboratories reporting for COVID-19 response and is increasing daily

LBOH receives email or text email on cell phone for COVID-19 event



Event 100006029 - suspected COVID-19 for Worcester. Access event at <u>www.mass.gov/vg</u>. Please coordinate follow-up with MDPH.



## Main Dashboard

| 💐 Maven Disease Surveillance Suite 🗙                      | +    |                    |                                      |     |              |  | <u>-</u>  ₽   |  |  |
|---|------|--------------------|--------------------------------------|-----|--------------|--|---|--|--|
| $\leftrightarrow$ $\rightarrow$ C $\Delta$ (i) Not secure | mav  | ventrainingsite.co | <b>m</b> /LBOH/main.do               |     |              |  | 🕁 Incognito (2) 🔿   |  |  |
| 📙 News 📙 Work   |      |                    |                                      |     |              |  |   |  |  |
| 👤 Menu  | Ma   | ven Disease        | Surveillance Suite - Training        |     |              |  | There Case ID Search Gillian Haney  |  |  |
| A Home  |      |                    |                                      |     |              |  | \$ Ed   |  |  |
| Open Help   | Red  | cent Records       |                                      |     | /2-          | S  | Quick Links 🧳 🗘 🗕   |  |  |
| D History   |      | Event ID           | Name                                 |     | Event        |  | MAVEN System News   |  |  |
|   | ☆    | 100032842          | HOSP_SALEM_05MAY2015                 |     | Hepatitis C  |  | If you migood our recent webings Next State for Latent TD Infection Events in the LOUIT TD Priority   |  |  |
| Case management   | ☆    | 100032883          | Troppy, Scott                        |     | Hepatitis A  | If you missed our recent webinar Next Steps for Latent TB Infection Events in the LBOH LTBI Priorit<br>Follow-Up Workflow in MAVEN the recording and webinar slides are available for viewing. |   |  |  |
| Create Event  | 12   | 100032853          | HOSP_WESTFIELD_03MAR2019             |     | Hepatitis A  |  | Click on the following links to view the webings recording and webings clides   |  |  |
| Q Search Event  | 12   | 100033022          | Connor, John                         |     | Measles      |  | LBOH LTBI Priority Follow-Up Workflow in MAVEN Webinar / LBOH LTBI Priority Follow-Up Workflow  |  |  |
| 📽 Workflow  | ¥    | 100032732          | Marshall, Jareu                      |     | Hepatitis A  |  | Webinar Slides  |  |  |
| Import Doctor   | 9    | l ra               | aining Site                          | TR  | aining       | S  |   |  |  |
|   | Wo   | rkflows            |                                      |     | /2-          |  | MAVEN System Support  |  |  |
| Create<br>Cluster/Outbreak/Aggregate                      |      | Workflow Que       | le                                   | Eve | nts Assigned |  | If you encounter a problem in MAVEN, please e-mail isishelm@state majus. Please provide detailed  |  |  |
| Event   | ☆    | Acute HBV Fina     | I Review                             | 0   | 0            |  | information such as date, time, description, username, contact information, and attach screen shots. If you   |  |  |
| Recent Events   | ☆    | Acute HBV Iden     | tification                           | 7   | 0            |  | encounter an error message, copy and paste the details into your email.   |  |  |
|   | ☆    | Acute HBV Pen      | ding Investigation                   | 3   | 0            |  | Remember to update your security questions and contact information in the event that you need to reset your   |  |  |
| G Reports   | ☆    | Acute HCV Fina     | al Review                            | 0   | 0            |  | password. Password reset functionality is accessed through the logon page or by contacting the Virtual<br>Gateway Customer Service, Monday through Eriday 8:30 am to 5:00 pm at 800-421-0938 (Voice) and 617-847- |  |  |
| <ul> <li>Profile Management</li> </ul>                    | ☆    | Acute HCV Ider     | tification                           | 2   | 0            | S  | 6578 (TTY for the deaf and hard of hearing).  |  |  |
|   | ☆    | Acute HCV Pen      | ding Investigation                   | 0   | 0            |  |   |  |  |
|   | ☆    | Boston Pending     | Arbovirus                            | 0   | 0            |  | MAVEN Resources   |  |  |
|   | ☆    | Bulk Action Tele   | form Open                            | 0   | 0            |  | Hale Contine (programmatic web links, oDestands, fast shoots, tip shoots, case report forms, release pates)   |  |  |
|   | ☆    | CRF needs revi     | ew - Active Surveillance             | 22  | 0            |  | Infection Preventionists Contact List   |  |  |
|   | ☆    | CRF needs revi     | ew - Enteric and Waterborne Diseases | 48  | 0            |  | MDPH Disease Fact Sheets  |  |  |
|   |      |                    |                                      |     | More         |  | Guide to Surveillance, Reporting and Control (2nd Edition)  |  |  |
|   | Тас  | T                  | .ii                                  | Τ   | A 0 -        | S  | Foodborne Illness Investigation and Control Manual  |  |  |
|   | No f | asks to display    |                                      |     |              |  |   |  |  |
|   | NO L | asks to display    |                                      |     |              |  |   |  |  |

### **Laboratory Data**

| 😂 Event Data  | ∆ Labs A Cor          | cerns A Participants                                   | Z Tasks I≣ Event Pro          | O Event History Trail      |          |                             |    |                           |    |             |    |
|---------------|-----------------------|--|-------------------------------|----------------------------|----------|-----------------------------|----|---------------------------|----|-------------|----|
| Labs          |                       |  |                               |                            |          |                             |    |                           |    |             |    |
| Lab No.       | Specimen Date         | Specimen Number  | Specimen Source               | Test                       | Result   | Lab                         | 41 | Ordering Facility         | 11 | Last Update | 41 |
| 1             | 03/16/2020            | 1236598  | Nasopharynx                   | 2019-nCoV Real-time RT-PCR | Positive | William A Hinton State Labo |    | Lawrence General Hospital |    | 03/24/2020  |    |
| 2             | 03/16/2020            | 12398765   | Oropharynx                    | 2019-nCoV Real-time RT-PCR | Positive | William A Hinton State Labo |    | Lawrence General Hospital |    | 03/24/2020  |    |
| Searc         | ch:                   |  |                               |                            |          |                             |    |                           |    |             |    |
| Add I ah Resu | Indate Lab Result     | Delete I ab Desuit                                     |                               |                            |          |                             |    |                           |    |             |    |
| AOU LED RESU  | uit Opuale Lab Result | Delete Lab Result                                      |                               |                            |          |                             |    |                           |    |             |    |
| Details       |                       |  |                               |                            |          |                             |    |                           |    |             |    |
| Last Update:  |                       | 03/24/2020   |                               |                            |          |                             |    |                           |    |             |    |
| Updated By:   |                       | LBOH Test User [lbohtest1                              | 1                             |                            |          |                             |    |                           |    |             |    |
| Specimen I    | Date:                 | 03/16/2020   |                               |                            |          |                             |    |                           |    |             |    |
| Specimen I    | Number:               | 1236598  |                               |                            |          |                             |    |                           |    |             |    |
| Specimen :    | Source:               | Nasopharynx  |                               |                            |          |                             |    |                           |    |             |    |
| Test:         |                       | 2019-nCoV Real-time RT-I                               | PCR                           |                            |          |                             |    |                           |    |             |    |
| Result        |                       | Positive   |                               |                            |          |                             |    |                           |    |             |    |
| ISIS Receiv   | ved Date:             | 03/16/2020   |                               |                            |          |                             |    |                           |    |             |    |
| Result Date   | e:                    | 03/16/2020   |                               |                            |          |                             |    |                           |    |             |    |
| Lab Facility  | ý.                    | William A Hinton State Lab<br>MA 02130, (617) 983-6201 | oratory Institute - 305 South | Street, Jamaica Plain,     |          |                             |    |                           |    |             |    |
| Lab Facility  | ¥-                    | Lawrence General Hospita<br>946-8066                   | I - 1 General Street, Lawren  | ce, MA 01841, (978)        |          |                             |    |                           |    |             |    |
| Name:         |                       | Dr. Joe Smoe   |                               |                            |          |                             |    |                           |    |             |    |
| Facility:     |                       | Lawrence General Hospita                               | 1                             |                            |          |                             |    |                           |    |             |    |
| Address:      |                       | 1 General Street                                       |                               |                            |          |                             |    |                           |    |             |    |
| City:         |                       | Lawrence   |                               |                            |          |                             |    |                           |    |             |    |
| State:        |                       | MA   |                               |                            |          |                             |    |                           |    |             |    |

01841

617-555-1234

Zip:

Phone:

#### Workflows

| Maven Disease Surveillance Suite I raining  |                    | a 🖓 🖓        | Enter Case ID S        |
|---|--------------------|--------------|------------------------|
| Workflow Queues   |                    |              | Show Empty Workt       |
| Maven Disease Surveillance Suite × +  |                    |              |                        |
| ← → C 🏠 💿 Not secure   maventrainingsite.com/LBOH/manageWorkflowQueries.do?reuse=true |                    |              | ବ 🕁                    |
| 📃 News 📃 Work   |                    |              |                        |
| Maven Disease Surveillance Suite - Training   |                    | <b>a</b> 0 9 | Enter Case II)         |
| Workflow Queues   |                    |              | Show Empty Workfl      |
| Boston Specific   | The state is a set | 814. T.      |                        |
| Workflow Queue  | Total Count        | Priority     | Last Update            |
| 17 Lyme teleform print - Boston   | 4                  | Medlum       | 11/04/2019 02:37 PM () |
| \$\sigma r\$         Varicella teleform print - Boston                                | 1                  | Medlum       | 11/04/2019 02:37 PM () |
| Epidemiology Program  |                    |              |                        |
| Workflow Queue  | Total Count        | Priority     | Last Update            |
| ☆ EpiEOD Follow up  | 113                | Very High    | 11/04/2019 02:37 PM 8  |
| ☆         CRF needs review Active Surveillance  | 22                 | High         | 11/04/2019 02:37 PM 8  |
| ☆ CRF needs review Enteric and Waterborne Diseases                                    | 48                 | High         | 11/04/2019 02:37 PM 8  |
| ☆ Enterie and Waterborne Lab Review   | 2                  | High         | 11/04/2019 02:37 PM 8  |
| ☆ HUS For Review  | 3                  | High         | 11/04/2019 02:37 PM 8  |
| Food Protection Program   |                    |              |                        |
| Workflow Queue  | Total Count        | Priority     | Last Update            |
| ☆ FPP - Notification of newly ercated FBI events                                      | 46                 | Vary High    | 11/04/2019 02:37 PM 8  |
| ☆ FPP - Events with an open WCFIC disposition   | 1                  | Modium       | 11/04/2019 02:37 PM 8  |
|   |                    |              |                        |
| Workflow Queue  | Total Count        | Priority     | Last Update            |
| ☆ HIV - CRF Received, Need Confirmatory Lab   | 1                  | Medium       | 11/04/2019 02.37 PM () |
|   | 3                  | Medium       | 11/04/2019 02.37 PM () |
| ☆ HIV - HIV/AIDS needs complete CRF   | 3                  | Medium       | 11/04/2019 02.37 PM () |
|   | 2                  | Medium       | 11/04/2019 02.37 PM () |
| ☆ HV - Missing required demographic information                                       | 2                  | Medium       | 11/04/2019 02 37 PM () |
| ☆ HIV - Missing residence and facility at HIV diagnosis                               | 2                  | Medium       | 11/04/2019 02 37 PM 🚯  |
| HIV - Suspect AIDS progressors  | 1                  | Medlum       | 11/04/2019 02:37 PM () |
| Hepatitis Team - Epidemiology   |                    |              |                        |
| Workflow Queue  | Total Count        | Priority     | Last Update            |
| 2 Acute HBV Identification  | 7                  | High         | 11/04/2019 02:37 PM () |
| 2 Revoked HCV Events with Positive NAT Results for Review                             | 1                  | High         | 11/04/2019 02:37 PM () |
| 12 Acute HBV Pending Investigation  | 3                  | Medium       | 11/04/2019 02:37 PM () |
|   |                    | Modlum       | 11/04/2010 02:37 DM @  |

#### **Disease Event/ Question Packages**

#### Event Summary

| Basic Information   |   | Notes   |            |
|---|---|---|------------|
| Case ID:  | 100033778                               | Scott Troppy [stroppy] - (Generic) 03/29/2020 | 05:37 PM   |
| Event:  | Novel Coronavirus (SARS, MERS, etc)     | Notes go here                                 |            |
| Name:   | TEST CASE COVID #3                      |   |            |
| Birth Date:   | 03/25/1975                              |   |            |
| Gender:   | Female                                  |   |            |
| Home Phone:   | (617) 555-1369                          |   |            |
| Investigation Status:   | Open                                    |   |            |
| Linked Events/Contacts:   | 0 (View)                                |   |            |
| Attachments:  | 0 (Add)                                 |   |            |
| Notifications         Event/Status/Date/Type Notifier ③         Event Status: Confirmed         Event Date: 03/19/2020         Event Type: Symptom Onset Date         Workflow Status ①         Event ID is in workflows [View List]         Case Classification ②         Age at time of event: 44.98         Age unit: Years         Edit Event Properties       Copy Event |   |   |            |
| Event Data Labs A Concerns  | ♣ Participants  Tasks  Event Properties | ⊘ Event History Trail                         |            |
| Question Package  |   | 1ª Person                                     |            |
| 1. Administrative   |   | Event ID                                      | 03/29/2020 |
| 2. Demographic  |   | TEST CASE COVID #3                            | 03/24/2020 |
| 3. Clinical   |   | TEST CASE COVID #3                            | 03/29/2020 |
| 5. Risk/Exposure/Control & Prevention   |   | TEST CASE COVID #3                            | 03/26/2020 |
| 6. Contact Monitoring   |   | TEST CASE COVID #3                            | 03/29/2020 |
| 6. Epi-linked and Outbreak Information  |   | TEST CASE COVID #3                            | 03/24/2020 |
| 8. ECR Information  |   | TEST CASE COVID #3                            | 03/24/2020 |

#### **Contact Tracing Assistance**

| Local Health and Investigation Steps (1 - 5)                        |  |
|---|--|
| COVID Assistance Requested:<br>Yes<br>Date Requested:<br>04/13/2020 |  |
| Step 1 - LBOH acknowledged.   | Please answer <b>Yes</b> if you would like<br>contact tracing assistance<br>or <b>No</b> if you do not require<br>assistance for your COVID-19 cases |
| Step 4 - Case Report Form Completed:                                |  |
| Save Save & Stay Cancel Help  |  |

### Investigation

#### S. Clinical - TEST CASE COVID #3 - Novel Coronavirus (SARS, MERS, etc)

| Training Cita                       | T as      |           | Cilo        | Taoir  |
|-------------------------------------|-----------|-----------|-------------|--------|
|                                     |           |           |             |        |
| Diagnosis date:                     |           |           |             |        |
| 03/22/2020                          | <b>**</b> |           |             |        |
| Did case have symptoms?             |           |           |             |        |
| Yes                                 | •         |           |             |        |
| Symptom onset date:                 |           |           |             |        |
| 03/19/2020                          | 🗎 🗰 Tr    | aining    | ı Site      | Trair  |
| Abdominal pain:                     |           | annig     |             | 11011  |
| No                                  | •         |           |             |        |
| Chills:                             |           |           |             |        |
| Yes                                 | •         |           |             |        |
| Cough:                              |           |           |             |        |
| Yes                                 | •         |           | 0.1         |        |
| Diarrhea:                           | - Ir      | aining    | Site        | l rair |
| No                                  | •         |           |             |        |
| Difficulty breathing/Shortness of t | preath:   |           |             |        |
|                                     | •         |           |             |        |
| Fever:                              |           |           |             |        |
| Yes                                 | •         |           |             |        |
| Highest temperature:                | Tr        | aininc    | <b>Site</b> | Trair  |
| 101.1                               |           | Farenheit |             | •      |
| Fever onset date:                   |           |           |             |        |
| 03/26/2020                          | <b>#</b>  |           |             |        |
| Duration (days):                    |           |           |             |        |
| 7                                   |           |           |             |        |
| THeadache: in a Cita                |           |           | Cite        | Tuein  |
|                                     | •         | aining    | Joile       | irair  |

### **Contact Monitoring**

#### C 6. Contact Monitoring - TEST CASE COVID #3 - Novel Coronavirus (SARS, MERS, etc)

|   | 55.                 |                               |                | Contact Monitoring |
|---|---------------------|-------------------------------|----------------|--------------------|
| Contact monitoring status:  |                     |                               |                |                    |
| Completed   | •                   |                               |                |                    |
| Contact established within 72 ho  | ours:               |                               |                |                    |
| Yes   | ۲                   |                               |                |                    |
| Risk status:  |                     |                               |                |                    |
| Medium  | ٠                   | Training Site                 | Training Site  | Training S         |
| Symptomatic at time of initial as   | sessment?           |                               |                | rearring_s         |
| Symptomatic   | •                   |                               |                |                    |
| Did contact receive official notific  | cation of isolation | n or quarantine requirements? |                |                    |
| Yes   | •                   |                               |                |                    |
| Date received:  |                     |                               |                |                    |
| 03/22/2020  |                     |                               |                |                    |
| Recommended monitoring  | е                   | Training Site                 | I raining Site | Fraining a         |
| Self-monitoring with public hea   | alth supervision    | •                             |                |                    |
| Last potential exposure date:   |                     |                               |                |                    |
| 03/26/2020  |                     |                               |                |                    |
| Date arrived in USA:  |                     |                               |                |                    |
| mm/dd/yyyy  | <b>m</b>            |                               |                |                    |
| First day of required monitoring.   | е                   | Training Site                 | Training Site  | Training S         |
| mm/dd/yyyy  |                     |                               |                |                    |
| Last day of required monitoring:  |                     |                               |                |                    |
| mm/dd/yyyy  | *                   |                               |                |                    |
| Any scheduled out-of-state trave  | el planned during   | g the monitoring period?      |                |                    |
|   | ۲                   |                               |                |                    |
| Assessment date: Cit  |                     | Training Site                 | Training Site  | Training           |
| and an Andrew Collins and a start of the Andrew Start Start and and a start of the second | <b>61</b>           | fraining one                  | fraining one   | rianning c         |

#### **Disease Case Classification** confirmed, probable, suspect, revoked

- CRF (Case Report Form) data submitted by LBOH
- All CRF data reviewed by an MDPH epidemiologist
   case definitions based on clinical and laboratory information
- Data submitted to CDC

|               |               |          | status: * | Disease classification s |
|---------------|---------------|----------|-----------|--------------------------|
|               |               | •        |           | Confirmed                |
|               | 2010 pCoV     |          |           | nCoV Strain              |
|               | MERS          | •        |           | 2019-nCoV                |
|               | Other         |          |           | Suspect/RUI status:      |
| Training      | Training Site | •        |           |                          |
|               | 0             |          |           | CDC ID:                  |
|               |               |          |           | MA123456                 |
|               |               |          |           | Reporting source:        |
|               |               | •        |           |                          |
|               |               |          |           | CRF reviewed:            |
| The intervent | Tupining Oite | •        |           | Yes                      |
| Iraining      | Fraining Site |          | Jone      | CRF reviewed date:       |
|               |               | <b>m</b> |           | 03/29/2020               |
|               |               |          |           | Reviewer Name:           |
|               |               |          |           |                          |

1. Administrative - TEST CASE COVID #3 - Novel Coronavirus (SARS, MERS, etc)