

CalREDIE Syphilis-Specific Tabs and Forms: Highlights & Helpful Hints

Revised 11/1/2017

Questions: STDCalREDIE@cdph.ca.gov

Patient tab

* Disease Being Reported Syphilis (Early Latent)

* Last Name SypTest * First Name Abigail Middle Name Name Suffix Primary Language

SSN DOB (MM/DD/YYYY) 03/01/1997 Age 20 Months Days * Ethnicity Not Hispanic or Latino

Address Number & Street 1616 Capitol Ave Apartment/Unit Number * Race

City Sacramento State CA Zip 95814 American Indian or Alaska Native

Census Tract 001101 County of Residence Sacramento Country of Residence Asian

Country Black or African American

Home Telephone Native Hawaiian or Other Pacific Islander

E-mail Address Other

Work/School Location Work/School Contact Unknown

* Gender Female Pregnant? Yes No Unknown Estimated Delivery Date 04/13/2017 White

Marital Status Medical Record Number Reported Race Native Hawaiian or Other Pacific Is

Occupation Setting Describe/Specify Gender(s) of Sex Partners (check all that apply)

Occupation Describe/Specify Occupation Location Male

Female

Transgender (M to F)

Transgender (F to M)

Unknown

The address should reflect where the patient resided when diagnosed, not where they may have moved to since then

- Never close as Syphilis: Initial Report (refer the [“Syphilis Case Closure: Acceptable Process and Resolution Statuses”](#) STD resource document)
- Should match the dispo'd disease found on the HDFU, regardless of whether it started as an Initial Report or Contact

Do not close female syphilis incidents (of childbearing age) with pregnancy status as unknown

Patient tab *continued*

* Disease Being Reported

* Last Name * First Name Middle Name Name Suffix

SSN DOB (MM/DD/YYYY) Age Months Days

Address Number & Street Apartment/Unit Number

City State Zip

Census Tract County 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? Yes No Unknown Estimated Delivery Date

Multiple Identities
(e.g., aka, alias)

Multiple Addresses
(e.g., home, school)

For females, document pregnancy status on the proper incident
(see [maternal incidents processing flowchart](#))

Patient tab – Multiple Identities

Multiple Identities 

Show All

Last Name	First Name	Middle Name	Identity Type	DOB	SSN	Source	Is Primary	Entry Date
SypTest	Abigail			03/01/1997			X	04/06/2017
SypTest	Abby		Alias/AKA	01/03/1997				04/06/2017

◀ PREV | NEXT ▶

Entry Date: 04/06/2017

Source:

* Last Name: SypTest

Date of Birth: 03/01/1997

E-mail Address:

Identity Type:

Source Identifier:

* First Name: Abigail

Gender: Female

Other Electronic Contact Information:

Primary Identity

Inactive

Source Description:

Account Number:

Middle Name:

Name Suffix:

Home Phone:

Cellular Phone / Pager:

From Date:

To Date:

Last Updated: 04/06/2017

SSN:

Work/School Telephone:

New Save Close

Only the “Primary Identity” appears in the Person Search screen, however if you click on “Additional Demographics” you will find Abigail when searching on Abby.

Patient tab – Multiple Addresses

Multiple Addresses 🔍

Show All

Address	Data Source	Address Type	Entry Date	Inactive	Primary Address
1616 Capitol Ave, Sacramento, CA, 95814			04/06/2017		X
34 Sacramento, CA		Temporary Address	04/06/2017		

◀ PREV | NEXT ▶

Entry Date

Primary Address

Inactive

Address Number and Street

Apt/Unit

*** Address Type**

Source

City

State

Zip

Census Tract

From Date

To Date

Only the “Primary Address” appears in the Person Search screen, however if you click on “Additional Demographics” you will find 1616 Capitol Ave when searching on 34 Sacramento. Multiple Addresses is where you can enter other known addresses for the patient.

Clinical Info tab (excl. CS)

CLINICAL SYPHILIS DIAGNOSIS

Clinical syphilis diagnosis
 Primary Neurologic involvement?
 Syphilis case definitions can be found at <http://www.cdph.ca.gov/programs/std/Pages/STDCaseDefinitions.aspx>.

SYMPTOMS – CLINICIAN OBSERVED

Were there any clinician observed signs / symptoms?
 No

SYMPTOMS – CLINICIAN OBSERVED (click "ADD" for more)

ID-001

Symptom <input type="text"/>	If Other, specify <input type="text"/>
Observation date <input type="text"/>	
Anatomic site <input type="text"/>	If Other, specify <input type="text"/>

Do not change what the provider reported as the clinical diagnosis; it does not have to match the final case diagnosis.

Document all symptoms observed by the provider, including Neuro, Ocular, and Otic

Clinical Info tab (excl. CS) *continued*

[-] CURRENT TREATMENT

Was the patient treated?

Treatment guidelines can be found at <http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/STD-Treatment-Guidelines-Color.pdf> or through the CDC Treatment Guidelines App available at <http://www.cdc.gov/std/std-bx-app.htm>.

[-] CURRENT TREATMENT (click "ADD" for more)

ID-001

<p>Drug and dosage <input type="text" value="BENZATHINE PENICILLIN G 2.4 MU IM X 3"/></p> <p>Rx date #1 <input type="text" value="02/01/2017"/></p> <p>Rx date #3 <input type="text" value="02/15/2017"/></p> <p>Facility/Provider name <input type="text" value="Roseville Internal Medicine - Sutter Health"/></p>	<p>If Other, specify <input type="text"/></p> <p>Rx date #2 <input type="text" value="02/08/2017"/></p> <p>Facility type <input type="text" value="16 - Primary Care/Internal Medicine/Family Practice"/></p>
--	---

Document all treatments & dates associated with current infection

Laboratory Info tab

SYPHILIS LABORATORY RESULTS SUMMARY

ID-001

Type test (screening, treatment, follow-up)
 Screening test

Date collected
 01/28/2017

Age (at specimen collection date)

Sex
 Female

Requesting facility

RPR/VDRL test
 RPR

Treponemal test #1
 TP-PA

Treponemal test #2

Additional test

Reactor disposition

Reason for test
 Prenatal

Date lab report received at health department
 02/01/2017

Females only: Pregnant at time of test?
 Yes

Laboratory name

RPR/VDRL result
 1:32

Treponemal result #1
 Positive

Treponemal result #2

If Other, specify

Additional result

Reactor grid priority

- Negative results are not reported via ELR; they can be entered in the Syphilis Laboratory Results Summary section
- Do not re-enter ELR results in the Summary section

HDFU tab – Investigation sections

INVESTIGATION INITIATED

Date investigation initiated: 02/03/2017
 Date assigned to investigator: 02/03/2017
 Initiating agency: 34 - SACRAMENTO
 Investigating agency: 34 - SACRAMENTO
 Investigator name (if not NPJ or Out of State):

REFERRAL TO HEALTH DEPARTMENT

Basis for referral to health department: PT - Positive Lab Test

Complete this section if Basis for Referral is Partner (P1-3), Associate (A1-3), Suspect (S1-3), or OoJ Partner/Cluster (O1-2)

- Self disclosure: The Original Patient notified this client of possible exposure
- Dual disclosure: Original Patient notified this client of possible exposure, in the presence of a provider
- Anonymous 3rd Party Notification: Client was notified of possible exposure by Health Department staff anonymously, on behalf of the Original Patient

Notified of possible exposure by:

Named as a contact during:
 Original interview Re-interview

Original patient interviewer name (if not from NPJ or Out of State):

Was this client originally initiated as an internet investigation (i.e., screen name and/or email address only provided by the original patient)?

First date of exposure to original patient:
 Last date of exposure to original patient:
 Original patient ID number:

Frequency of exposure:

INVESTIGATION OUTCOMES

ID-001

Disease being investigated: 700 - Syphilis Reactor
 Disposition: E - Previously Treated for This Infection
 Diagnosis: 730 - Early Latent Syphilis

For contacts, this would be the disease of the original patient who named the contact
 Disposition date: 02/01/2017

INVESTIGATION INITIATED

Complete this form for ALL syphilis-related incidents:

- **Positive tests** (referral basis PT, O3)
- **Contacts/clusters** (referral basis P1-P3, A1-A3, S1-S3, O1-O2)
- **Congenital syphilis** (referral basis CS)

INVESTIGATION OUTCOMES

- **Disease being investigated should be:**
 - 700 for positive tests
 - Original patient's diagnosis for contacts/clusters
 - Mom's diagnosis for CS
- **Do not use HIV dispositions for syphilis or vice-versa**
- **Do not disposition CS as "L"**
- **Diagnosis should match the Disease on the Patient tab**

HDFU tab – HIV section

HIV TEST & LINKAGE TO CARE

HIV TEST HISTORY

Did patient know their HIV status prior to this STD diagnosis?
 Yes Never Tested

If positive, month of diagnosis Year of diagnosis (yyyy); enter 9999 if unknown

"Most recent HIV test" is defined as testing more than 30 days prior to STD specimen collection.

If not positive, month of most recent test Year of most recent test (yyyy); enter 9999 if unknown

CURRENT HIV TEST:

"Current HIV test" is defined as testing from 30 days prior to STD specimen collection to the current date.

Date of current HIV test Result

No current test done

Is this patient receiving pre-exposure prophylaxis to reduce HIV risk?

LINKAGE TO CARE

HIV data may be collected from the patient or the provider

Status of HIV care

If not already in care, was the patient linked to care?

Facility where patient is receiving HIV care

Complete at least one of the following dates as confirmation for patient's link to care:

Date of first HIV care visit (new diagnosis) or most recent care visit (previous diagnosis)

Date of first lab test (new diagnosis) or most recent lab test (previous diagnosis) for CD4/viral load

Receiving ART medicines to treat HIV infection?

Complete the HIV data for ALL syphilis (& CGSS) related incidents

Contacts tab

ID	Last Name	First Name	DOB	Jurisdiction
ID-001	SypTest	Baby Boy	03/28/2017	Sacramento
ID-002	SypTest	Roger	04/05/1996	Sacramento

Count : 2 Page 1 of 1 10 Add

Contacts (system)

ID-001

* Last Name * First Name Middle Name Name Suffix DOB Age Gender Phone Number

SypTest Baby Boy ? 03/28/2017 0 Male

Street Address Apartment City State Zip Jurisdiction Investigator

1616 Capitol Ave Sacramento CA 95814 Sacramento

Race

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander Other Unknown White

Specify

Reported Race Type of Contact Date of Contact Exposure Event Cluster ID

Native Hawaiian or Other Pa

Priority Status Medication Used E-mail Address Other Electronic Contact Information

DI 2373682

Link Patient

Create Incident Create Investigation Delete

OK Cancel Add

Always use the “Link Patient” button to search for a person.

In the above example, an incident was created from the contact widget for the baby only because a CalREDIE search revealed that an incident did not already exist for the baby.

Contacts tab *continued*

Contacts (system)

ID-002

* Last Name	* First Name	Middle Name	Name Suffix	DOB	Age	Gender	Phone Number
SypTest	Roger	?		04/05/1996	21	Male	

Street Address	Apartment	City	State	Zip	Jurisdiction	Investigator
1616 Capitol Ave		Sacramento	CA	95814	Sacramento	

Race

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Other
 Unknown
 White

Reported Race	Type of Contact	Date of Contact	Exposure Event	Cluster ID
	Sexual			

Priority	Status	Medication Used	E-mail Address	Other Electronic Contact Information

DI 2373687

Link Patient 

Always create a contact incident for non-CS contacts/clusters, even if a positive test incident is already being investigated. If a positive test incident is already being investigated, then the contact incident can be closed as previously reported with the condition the same as on the contact's positive test incident. In addition, the HDFU should still be completed, regardless of the existence of a positive test incident.

This is necessary for partner service performance measures.

Case Investigation tab

Case Information	Dates	Statuses
<p>* Jurisdiction</p> <p>Sacramento</p> <p>Secondary Jurisdiction</p> <p></p> <p>Investigator</p> <p>Training01, CR</p>	<p>Date of Onset</p> <p></p> <p>Lab Specimen Collection Date</p> <p>01/28/2017</p> <p>Lab Specimen Result Date</p> <p>01/29/2017</p> <p>Date of Diagnosis</p> <p>01/28/2017</p> <p>Date of Death</p> <p></p> <p>Date Received</p> <p>02/03/2017</p> <p>* Date Created</p> <p>04/06/2017</p> <p>Episode Date</p> <p>01/28/2017</p> <p>Date Closed</p> <p></p>	<p>* Process Status</p> <p>Under Investigation</p> <p>Set to the Next Status</p> <p>Set to: Not a Case</p> <p>Reported by:</p> <p><input checked="" type="checkbox"/> Web Report</p> <p><input checked="" type="checkbox"/> Lab Report</p> <p>Imported Status</p> <p></p> <p>Resolution Status</p> <p>Probable</p> <p>Final Disposition</p> <p></p> <p>Transmission Status</p> <p></p> <p>Date Sent</p> <p></p>
<p>Reporting Source</p> <p>Provider</p> <p>Calkins, Beverly M., MD</p> <p>Provider Name: Calkins, Beverly M., MD</p> <p>Submitter Name: Gilson, Denise</p> <p>Lab</p> <p>ELR - SUTTER HEALTH SACRAMENTO SIERRA REGION L</p> <p>Additional Provider</p> <p></p> <p>Additional Lab</p> <p></p>		

Case Investigation tab

Case Information & Reporting Source

Case Information

* Jurisdiction
 Sacramento

Secondary Jurisdiction

Investigator
 Training01, CR

Reporting Source

Provider
 Calkins, Beverly M., MD

Provider Name Calkins, Beverly M., MD

Submitter Name Gilson, Denise

Lab
 ELR - SUTTER HEALTH SACRAMENTO SIERRA REGION L

Additional Provider

Additional Lab

CASE INFORMATION

- Ensure the proper jurisdiction has been selected
 - Should not be Los Angeles or San Francisco (both are non-participating jurisdictions) – refer to the [CalREDIE Reference Guide](#) (pages 59-60)
 - Should also not be Out of State – refer to the [CalREDIE Reference Guide](#) (page 58)
- Assign to the appropriate investigator

REPORTING SOURCE

- Select the provider who ordered the test
 - ELR data may initially populate this field, but you should revise it
- Select the lab name if not already populated with the ELR lab's name

Case Investigation tab – Dates

Dates

Date of Onset
 

Lab Specimen Collection Date
 

Lab Specimen Result Date
 

Date of Diagnosis
 

Date of Death
 

Date Received
 

* Date Created
 

Episode Date

Date Closed
 

- **Date of Onset**
 - STDCB not really concerned about an entry in this field
- **Lab Specimen Collection Date**
 - Should be manually entered if incident based on a paper lab report
 - If ELR, will be auto-populated, but occasionally may need manual entry due to bad format in ELR message
- **Lab Specimen Result Date**
 - Should be manually entered if incident based on a paper lab report
 - If ELR, will be auto-populated, but occasionally may need manual entry due to bad format in ELR message
- **Date of Diagnosis**
 - May be auto-populated from a web-based provider report
 - Should be the date the doctor diagnosed or if not provided, then date of treatment
- **Date of Death**
 - Should always be left blank for syphilitic stillbirths
- **Date Received**
 - Is auto-populated with the date the incident was created, however can be edited to reflect an actual receipt date
- **Date Created**
 - Is auto-populated with the date the incident was created

Case Investigation tab – Statuses

Statuses

* Process Status

Under Investigation ▼

Set to the Next Status

Set to: Not a Case

Reported by:

Web Report

Lab Report

Imported Status

Resolution Status

Probable ▼

Final Disposition

Transmission Status

- **Process Status** (Typical workflow)
 - Entered
 - Under Investigation
 - In LHD Review
 - Closed by LHD
 - Closed by State (CS and late with clinical manifestations)
 - *Notes: Out of State will trigger an alert to STDCB ICCR; Jurisdiction Transfer requires direct contact (phone/email with the other LHJ)*
- **Reported by**
 - Web Report should be checked if provider reported via CMR or provider portal
 - Lab Report should be checked if ELR or paper lab received
- **Import Status**
 - Optional: May be used to indicate if the incident was indigenous or imported from another area (LHJ, state, country)
- **Resolution Status**
 - Case countable values are Confirmed, Probable, Suspect, Unknown and missing (*last 2 are typically data entry errors*)
 - Refer to the “[Syphilis Case Closure: Acceptable Process and Resolution Statuses](#)” STD resource document
- **Final Disposition**
 - Optional: May be used to document Administrative Closure, Follow-up Completed, Lost to Follow-up, No Follow-up Needed, and Record Search Closure

Case Investigation tab – Notes

Notes/Remarks

- **All notes are user, date and time stamped when entered, and are not editable. There is a total size limit for this field of 7,000 characters.**
- **Include information related to medical observations, plans of action, including planned follow-up serologies (if any). If this information is captured in a notes section elsewhere in the incident (e.g., IR form Investigation Plans & Supervisory Review), then indicate that in the Notes/Remarks section on the Case Investigation tab.**
- **Document incident numbers of any other related cases to mother, father, or baby's cases as reference.**

Electronic Filing Cabinet (EFC)

Filing Cabinet

Patient: SypTest, Abigail
Record ID: 2373681

Files for the Selected Incident / Contact Investigation Only
 Date Received Date of Message

Show Historical Forms

Date	Type	Name	Description	
04/06/2017 5:55:06 PM	File Album	Syphilis Summary Report		Delete
04/06/2017 5:52:45 PM	Case Report	Interview Record	Interview Record (SYPIR) v0.5	Delete

◀ PREV | NEXT ▶

Medical chart notes, syphilis summary report, and various other documents can be scanned and placed in the EFC.

- For CS cases, be sure to upload a copy of the mother's syphilis summary report
- The Syphilis Interview Record is also available for completion through the EFC

Syphilis Interview Record (EFC form)

Interview Record

Description: Interview Record (SYPIR) v0.5

Patient: SypTest, Abigail

Record ID: 2373681

STAGE OF SYPHILIS

Working

Syphilis (Early Latent)

The working stage of syphilis is not editable

Final

Syphilis (Early Latent)

Changes to the final stage of syphilis must be done in the Disease Being Reported field on the Patient tab

Neurosyphilis?

No

Neurologic symptoms?

Interview record ID

02373681

Lot number

CURRENT CO-INFECTIONS

Co-infections (this event)?

If Yes, list co-infections in the section below

Interview record ID is the CalREDIE Incident ID padded with leading zeros to make it 8 characters

IR is required for all early syphilis cases & pregnant late syphilis cases, even if not interviewed (form includes fields to indicate if not interviewed and why)

Syphilis Interview Record *continued*

FEMALES ONLY – PREGNANCY STATUS

<p>Currently pregnant? (from system patient tab)</p> <input type="text" value="No"/>	<p>Number of weeks pregnant</p> <input type="text"/>
	<p>Currently in prenatal care?</p> <input type="text" value="v"/>

<p>Other pregnancy in last 12 months?</p> <input style="width: 90%;" type="text" value="No"/>	<p>If yes, outcome</p> <input type="text" value="v"/>
	<p>Date of outcome</p> <input type="text" value="v"/>

Date unknown

If mom had no labs done during pregnancy, then “Pregnant” on the Patient tab should be NO, and Other pregnancy in last 12 months on the IR should be YES. The minimal information on the IR must be completed, even if the mom was not interviewed.

Syphilis Interview Record Required Entry

- **Minimal fields required to save the form**
 - Stage of Syphilis: Neurosyphilis
 - Additional Address Details: Residence type
 - Additional Demographics: Gender at birth
 - Reporting of Case: Date of 1st specimen collection, Date lab report received, Date Provider first reported/contacted, Reported via, Date case was first assigned & DIS
 - Basis for Early Stage: Basis & If history in past 12 months
- **Additional fields are required once a data closed is entered on the IR form**
- **OK to leave unasked fields blank if not required**

Patient tab – Baby’s incident

* Disease Being Reported

* Last Name × * First Name

SSN DOB (MM/DD/YYYY)

Address Number & Street

City State Zip

Middle Name Name Suffix

Age Months Days

Apartment/Unit Number

- Correct baby’s name to his/her actual name before incident is Closed by LHD
- If twin births (or more), be sure to enter a unique name for each infant; if actual names are not yet known, then enter something like Baby Girl 1 and Baby Girl 2, or Baby Girl and Baby Boy

CS Case Report tab

To expedite case review/closure, the entire form should be completed, even if BFP/not a case

LOCAL USE

Case ID number This number is assigned by the CDPH STD Control Branch ICCR desk.

Mother's name Mother's CalREDIE Incident ID#

Delivery Hospital

MATERNAL INFORMATION

1. Report date to health department

Unknown

- Enter the “Mother’s CalREDIE Incident ID#” exactly as it appears in CalREDIE
 - Should be the mother’s incident associated with this pregnancy, not one from a year or more prior
- Do not enter
 - Multiple CalREDIE Incident IDs
 - Other characters like pound signs, commas, or semicolons
 - Names
 - Leading zeros

- “Report date to health department” should not be prior to the baby/child’s DOB

CS Case Report tab *continued*

15. Did mother have a non-treponemal test (e.g., RPR or VDRL) in pregnancy, at delivery, or within 3 days of delivery?

If No or Unknown, go to question 17.

16. Indicate dates and results of non-treponemal tests: (list the most recent first)

a. Date

Unknown

Result

b. Date

Unknown

Result

c. Date

Unknown

Result

d. Date

Unknown

Result

- Only enter non-treponemal test dates and results from during the pregnancy and/or delivery
- Dates should be in descending order, i.e., most recent first
- At minimum, be sure to document the most recent test and the first (oldest) test from during the pregnancy and/or delivery
 - If only one test, then you need to enter it only once
- The most recent test should always be recorded in the “a. Date” section
- If more than four non-treponemal tests were done during pregnancy:
 - Enter the first (oldest) test in the “d. Date” section
 - Enter the next test with a titer drop in the “c. Date” section
 - Enter the test just prior to the most recent test in the “b. Date” section

CS Case Report tab *continued*

17. Did mother have confirmatory treponemal test result (e.g., EIA, TP-PA)?



If so, when was the test performed?



Enter the mother's first treponemal result and date from during the pregnancy (or delivery if none during pregnancy)

CS Case Report tab *continued*

INFANT INFORMATION

22. Date of delivery This field will auto-populate from the DOB on the Patient tab. Check the Unknown box if the date is unknown.
 Unknown

23. Vital status If Alive or Unknown, go to question 25. If Stillborn, go to question 26.

24. Date of death This field will auto-populate from the DOB on the Patient tab. Check the Unknown box if the date is unknown.
 Unknown

25. Sex The infant's sex will auto-populate from the Patient tab.

26. Birthweight (in grams) (9999 if unknown)

27. Estimated gestational age (in weeks) (99 if unknown) If Infant was stillborn, go to question 36.

“Date of death” should be blank for syphilitic stillbirths

Birthweight should always be obtainable from the delivery hospital; enter whole numbers only, i.e., 3285 (not 3,285, not 3285g, not 3.285, not 3.285 kg)

Enter numbers only for gestational age, i.e., 38 (not 38w) or 38.57 (not 38 4/7, not 38w 4d). Can also just enter 38 instead of 38.57.

CS Case Report tab *continued*

28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)?	b) When was the infant/child's first reactive non-treponemal test for syphilis?
<input type="text"/>	<input type="text"/>
	c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis: 1:
	<input type="text"/>
29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., EIA, TP-PA)?	b) When was the infant/child's first reactive treponemal test for syphilis?
<input type="text"/>	<input type="text"/>

Dropdown values for questions 28a and 29a have been revised to clarify that “No” is for capturing tested with a negative result:

Prior Values

Yes, serum

Yes, cord blood only

No

No test

Unknown

Revised Values

Yes, serum reactive

Yes, cord blood reactive

No, result non-reactive

Not tested

Unknown

CS Case Report tab *continued*

☒ CASE CLASSIFICATION

36. Classification

Complete the CS case classification utilizing the CS algorithm. Also update the Resolution Status on the Case Investigation tab appropriately:

CS Classification

Not a case

Confirmed case

Syphilitic stillbirth

Probable case

Resolution Status

Not A Case

Confirmed

Probable

Probable

Merges

Patient

- **User marks patients for merge**
 - Full instructions available on the [CalREDIE Help](#) page under “User Guides & Reference Materials”
- **User completes the Patient Merge Request Form and emails it to CalREDIE Help**
 - Form available on the [CalREDIE Help](#) page under “Additional Forms & Resources”
- **CalREDIE Help completes the requested merge**
- **CalREDIE Help sends a confirmation to the user**

Incident

- **User marks incidents for merge (must be of the exact same condition)**
 - Full instructions available in the Reference Guide on the [CalREDIE Help](#) page under “User Guides & Reference Materials”
- **User completes the incident merge**

Out of State Requests

Syphilis Record Searches

Requests for Out of State record searches should be faxed (916-440-5348) or secure emailed (stdsurv@cdph.ca.gov)

- Must specify state(s) to be searched (no nationwide registry)
- Instructions are available on the [STD CalREDIE Resources FAQs](#) page under Frequently Asked Questions (see #8)
- Responses may take anywhere from a few hours to a few weeks, depending on the state and their available resources

Out of State Requests *continued*

Initiating Contacts

Requests to initiate Out of State contacts may be done through the CalREDIE incident that has been created for the contact

- Patient tab – complete as much demographic information as available
- HDFU tab - complete the INVESTIGATION INITIATED and REFERRAL TO HEALTH DEPARTMENT sections, as well as the “Disease being investigated” in the INVESTIGATION OUTCOMES section (use the Add button if a contact to more than one disease)
- Case Investigation tab
 - Keep your jurisdiction as the Primary Jurisdiction – this allows you to retain edit rights which are needed for documenting partner outcomes once received back from out of state
 - Set the Secondary Jurisdiction to “Out of State” (*optional*)
 - Keep yourself as the Investigator
 - Set the Process Status to “Out of State” – this will trigger an alert to the STDCB ICCR desk
 - Set the Resolution Status to “Out of State”
 - Add any relevant notes to the Notes/Remarks section that might help in locating the contact

Out of State Requests *continued*

Initiating Contacts *continued*

- Upload all relevant documents into the EFC
- Send an email with the Incident number and City/State to the STDCB ICCR desk
 - Do not include any personal identifiers in this email
- STDCB ICCR desk will initiate the contact to the other state
- STDCB ICCR desk will update the incident once disposition information is received back from the other state
- STDCB ICCR desk will then email the requesting investigator

Jurisdiction Transfers

To a CalREDIE Participating Jurisdiction

- Upload all relevant documents into the EFC
- Select the proper jurisdiction on the Case Investigation tab (your jurisdiction will become the secondary jurisdiction)
- Set Process Status to “Jurisdiction Transfer”
- Add any notes you might have to the Notes/Remarks field
- Click on Submit
- Contact the jurisdiction that the incident was transferred to via fax, phone or email, using the Incident ID to reference the incident

Jurisdiction Transfers *continued*

Los Angeles or San Francisco Morbidity

- Keep your jurisdiction as the Primary Jurisdiction
 - This allows you to retain edit rights
- Set the Secondary Jurisdiction to Los Angeles (or San Francisco)
- Set the Resolution Status to “NPJ Incident”
- Fax and/or mail lab/CMR/notes to Los Angeles (or San Francisco)
- Once done with the incident, revise Process Status to “Closed by LHD”

Contacts in Los Angeles or San Francisco

- Keep your jurisdiction as the Primary Jurisdiction
- Set the Secondary Jurisdiction to Los Angeles (or San Francisco)
- Set the Resolution Status to “NPJ Incident”
- Initiate contact via fax, phone or mail to Los Angeles (or San Francisco)
- Upon receipt of partner investigation outcome from Los Angeles (or San Francisco) :
 - Update the Patient, Clinical Info, and HDFU tabs
- Once done with the incident, revise Process Status to “Closed by LHD”

Jurisdiction Transfers *continued*

Out of State Morbidity

- Upload all relevant documents into the EFC
- Keep your jurisdiction as the Primary Jurisdiction
- Set the Secondary Jurisdiction to “Out of State” (*optional*)
- Set the Process Status to “Out of State”
 - This will trigger an alert to the STDCB ICCR desk
- Set the Resolution Status to “Out of State”
- STDCB ICCR desk will print & mail all relevant documents to the other state
- STDCB ICCR desk will then close the incident

STD CaIREDIE Resources

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-CalREDIE-Resources.aspx>

SEXUALLY TRANSMITTED DISEASES CONTROL BRANCH

[STD Control Branch Home](#)

[About Us](#)

[California STD Extranet Portal](#)

[Clinical Guidelines and Job Aids](#)

[Data and Statistics](#)

STD Control Branch: CaIREDIE Resources

This webpage provides STD Control Branch CaIREDIE users with up-to-date announcements and resources related to CaIREDIE for timely and effective surveillance, case management, and disease prevention activity.

CaIREDIE Training Materials

- [Syphilis Reactor Algorithm and Charts \(PDF\)](#)

Internet Partner Notification (IPN) Resources

- [IPN Referral Process & CaIREDIE Documentation Procedures for LHJs \(PDF\)](#)
- [IPN Documentation Procedures for IPN Liaisons \(PDF\)](#)
- [Making Screen Names Searchable \(PDF\)](#)

Manuals/Guidelines

- [Chlamydia Data Entry by Tier \(PDF\)](#)
- [Chlamydia & Gonorrhea 30-day Guidance \(PDF\)](#)
- [Congenital Syphilis: Initiating Neonates Investigations Step-by-Step \(PDF\)](#)
- [Initiating Partner Investigations: Step-by-Step \(PDF\)](#)
- [Processing Maternal Incidents & Prenatal/Delivery Syphilis Lab Results in CaIREDIE \(PDF\)](#)

CalREDIE Help

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CalREDIE-HELP.aspx>

CALIFORNIA REPORTABLE DISEASE INFORMATION EXCHANGE

(866) 866-1428

CalREDIEHelp@cdph.ca.gov

[CalREDIE Home Page](#)

[About CalREDIE](#)

[CalREDIE Help](#)

[CalREDIE PP](#)

[CalREDIE ELR](#)

[CalREDIE eCR](#)

[CalREDIE Contact Us](#)

CalREDIE HELP

Contact CalREDIE for the password

CalREDIE Help refers to the resources available to CalREDIE users to facilitate their use of the system.

The CalREDIE team is committed to providing the best level of support for all CalREDIE users and stakeholders.

Help Desk staff, located in Sacramento, provide the following services:

- Technical support via email and phone to all CalREDIE users
- New account request creation and updates to existing accounts
- Communications to CalREDIE users, including notifications of system modifications, training opportunities, and information about various resources

New and current CalREDIE users can find information here on how to obtain an account, request training, and access documentation such as the CalREDIE user guides and reference materials. Users can also find valuable forms including: the Patient Merge Request Form, Location & Report Source Dictionary Request Form, and the ELR Issue Reporting Template. This page is updated frequently, and we encourage CalREDIE users to bookmark it and refer to it often.

Accessing CalREDIE

- [Getting Started with CalREDIE Flyer \(PDF\) Aug 2017](#)
- [Local Health Department Account Request Form](#)

User Guides & Reference Materials

- [CalREDIE User Guide \(PDF\) Sep 2017](#)
- [CalREDIE Reference Guide - FULL \(PDF\) Sep 2017](#)