CalREDIE Provider Portal Submitter Workflow:

Tuberculosis Disease Incidents

TUBERCULOSIS CONTROL PROGRAM

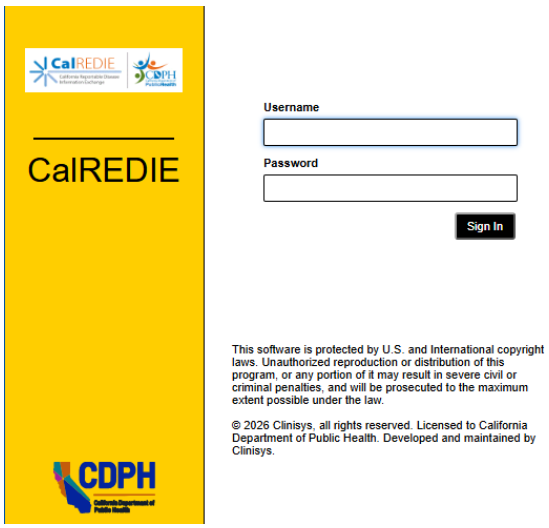
County of Los Angeles Public Health

Quick Reminder

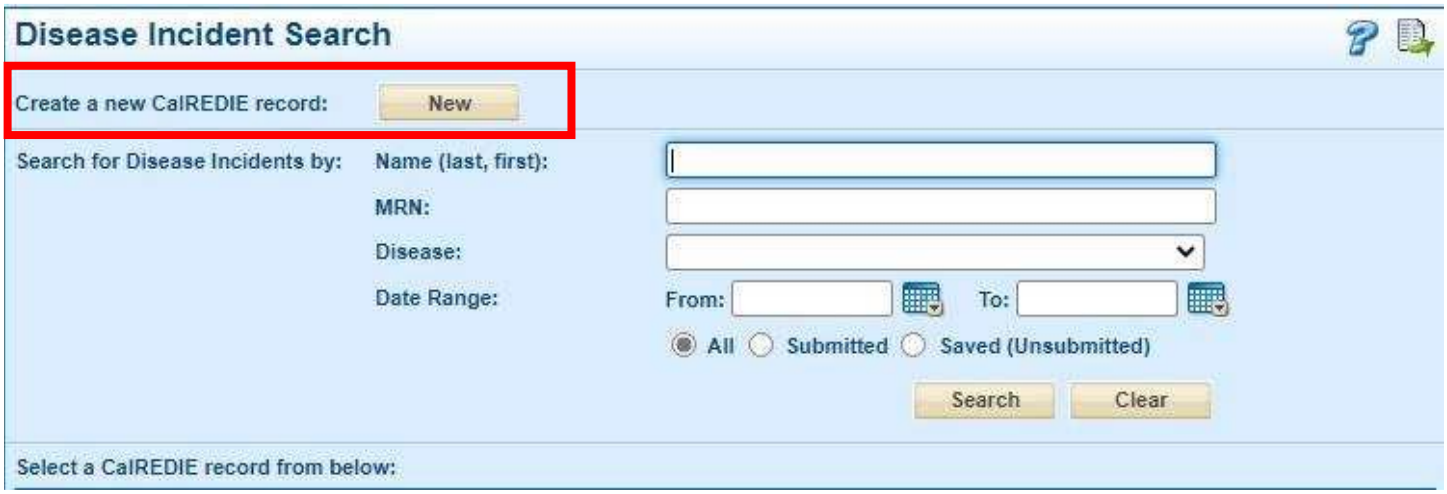
Do not enter HIV/AIDS co-infection information for conditions other than Hepatitis B, Hepatitis C, HIV/AIDS, Meningococcal Infection, Tuberculosis, Gonorrhea, Chlamydia, and Syphilis.

1. **To begin, enter https://calredie.cdph.ca.gov/ in your web browser address bar and press enter.**
   - Note Internet Explorer is not a supported browser.

2. **Enter your CalREDIE username and password and click Sign In.**



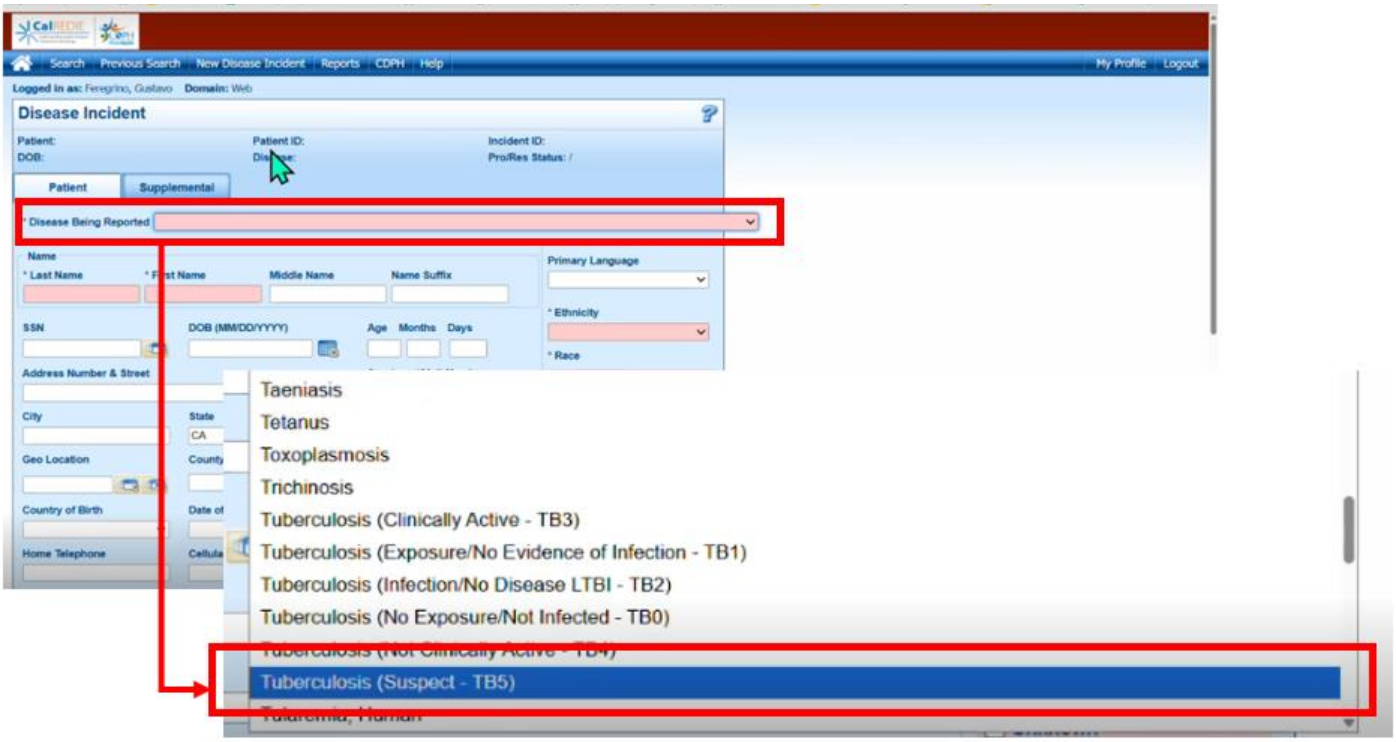
3. **Create New Incident or Select Existing record**
   - Using the main search page, click **New** to create a new CalREDIE record.
   - To view an existing record, search using the following criteria: Name (last, first,) MRN, Disease and/or Date Range; and filter by All, Submitted or Saved (Unsubmitted); then click **Search**.
   - Click the desired Case ID to access a previously saved or submitted incident.



4. Entering Disease Incident & Patient Information

- Clicking New will direct you to the **Patient tab** to enter new Disease Incident
- Navigate to Disease Being Reported and select **Tuberculosis (Suspect – TB5)** from the drop-down box

**** TO AVOID DELAYS IN RECEIVING REPORTS WE REQUEST ALL INCIDENTS TO BE REPORTED AS "Tuberculosis (Suspect – TB5)" *****

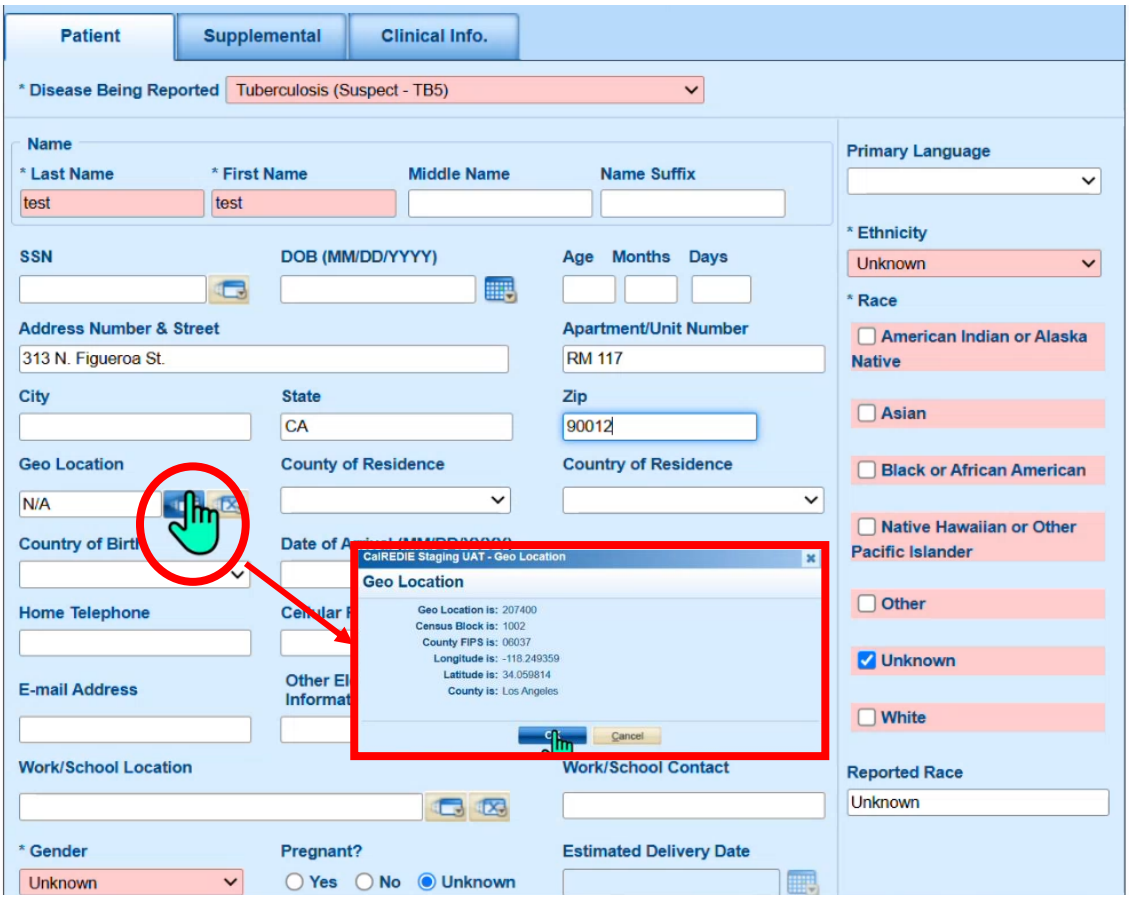


Complete the Patient tab by filling in all required red fields and any additional patient information available.

1. Enter **Disease Being Reported**
2. Enter patient **Last Name** and **First Name**
3. Enter patient's **physical address**, if available
4. Enter remaining demographic information, if available.
5. Enter **Gender**
6. Enter **Race/Ethnicity** information

***(Note for Address Information:** Include all address details for accurate geolocation and routing.)*

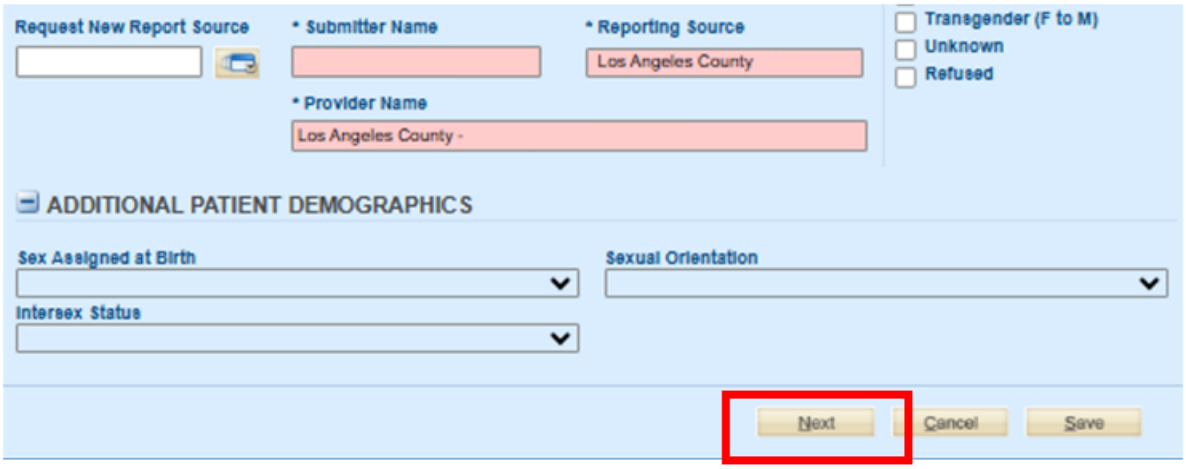
Once address information is entered, click the icon  near Geo Location to complete it, and click **OK** in the next window to confirm.



Certain information are pre-populated by your log-in credentials

- Submitter Name
- Reporting Source
- Provider Name
  NOTE: If the Provider name displays the name of the facility, replace it with the name of the provider that the patient saw.

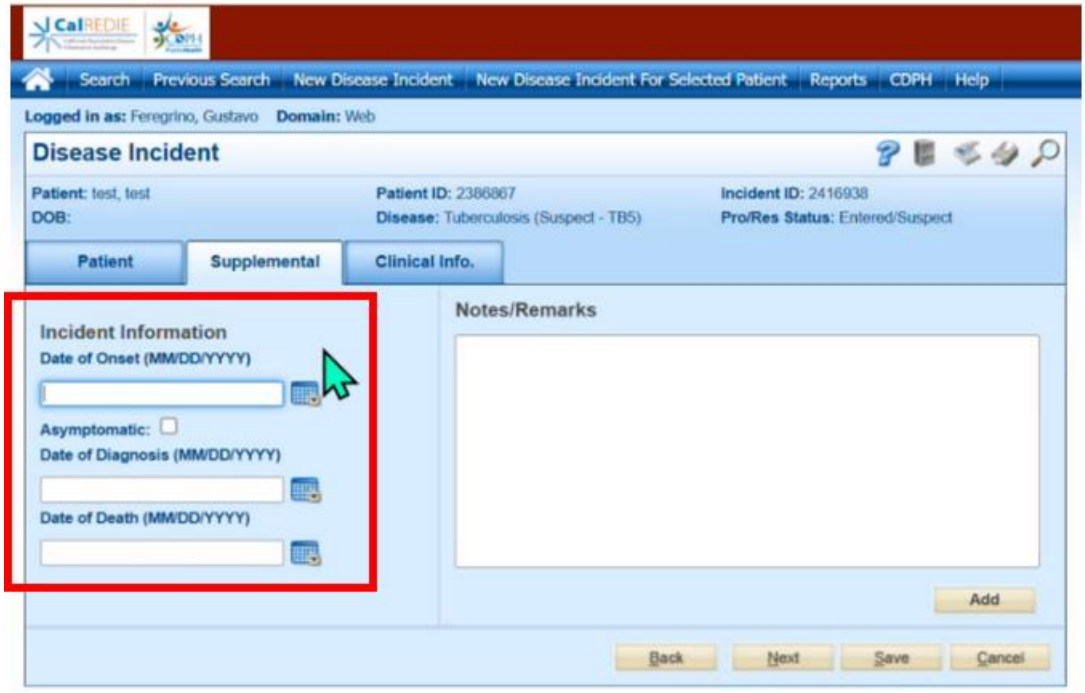
Once All Necessary Information is entered, scroll to the bottom of the page and click **Next**



5. Supplemental Tab (Please provide if applicable/ available)

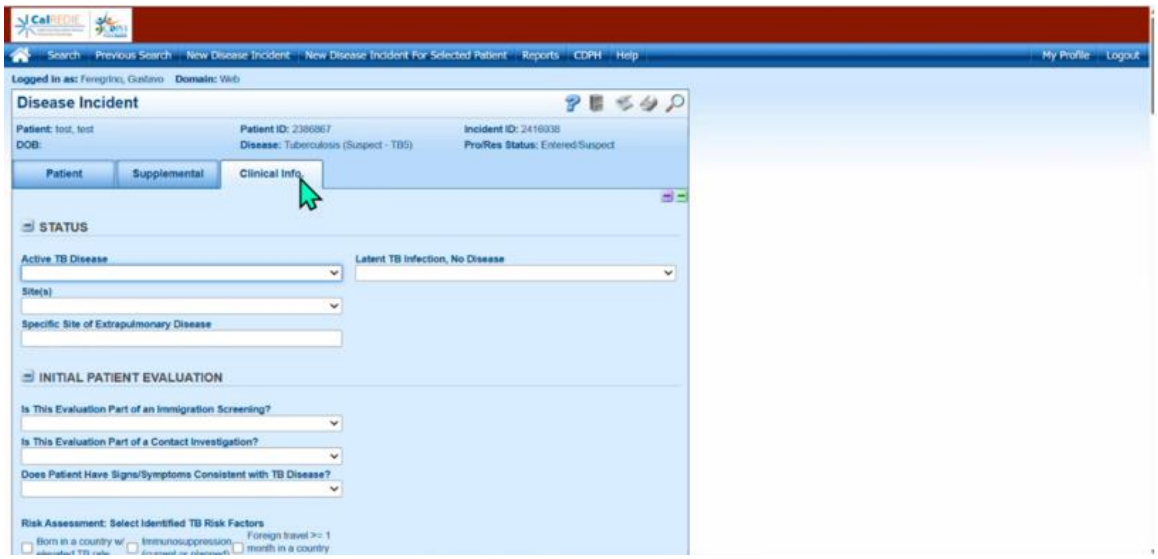
- Date of Onset (MM/DD/YYYY)
  - Option of Asymptomatic
- Date of Diagnosis (MM/DD/YYYY)
- Date of Death (MM/DD/YYYY)

Please utilize Notes/Remarks section for rationale for reporting, e.g., reporting mandate, request consultation, request patient management, patient has history of NTM)
(use the **Add** button).

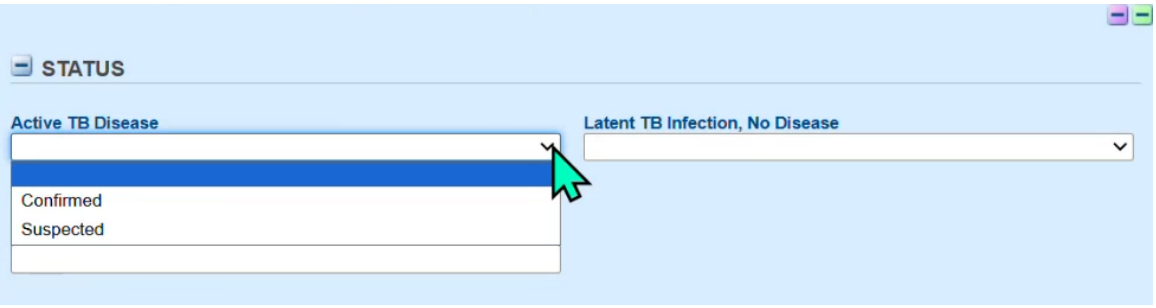


Click the Next button or select the **Clinical Info** tab.

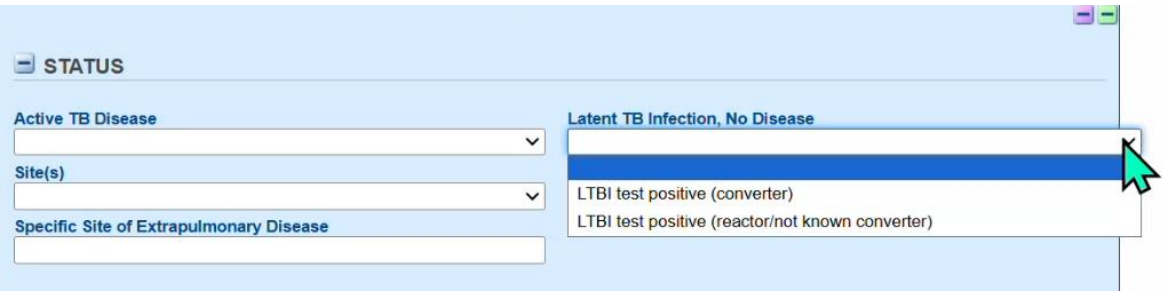
6. Clinical Info tab
Complete the Clinical Info tab fields as needed.



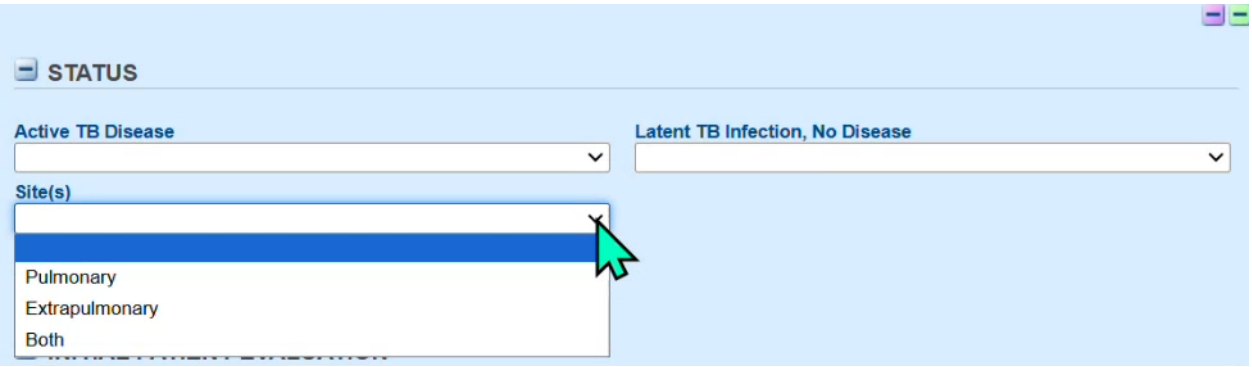
Active TB Disease



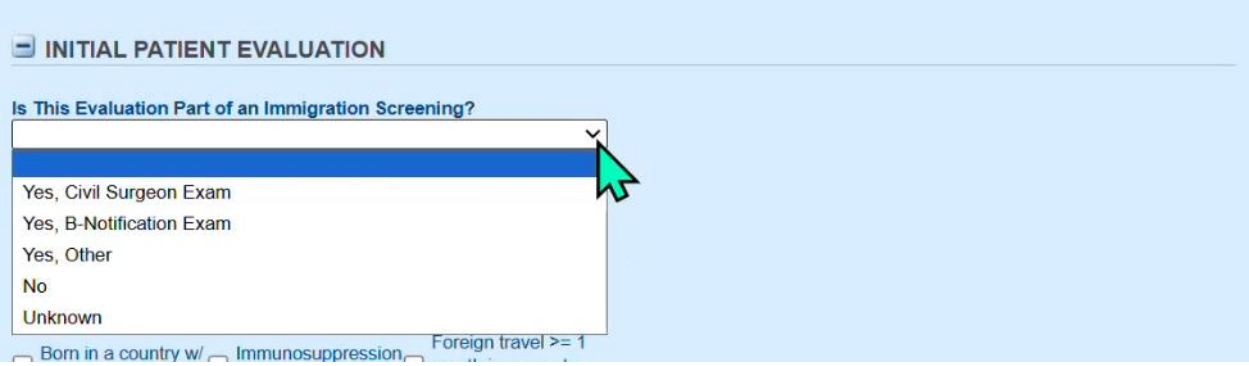
TB Infection (LTBI), No Disease
If children <2 with positive TB Test, please complete (Use LTBI test positive (converter) from the drop-down options)



Site

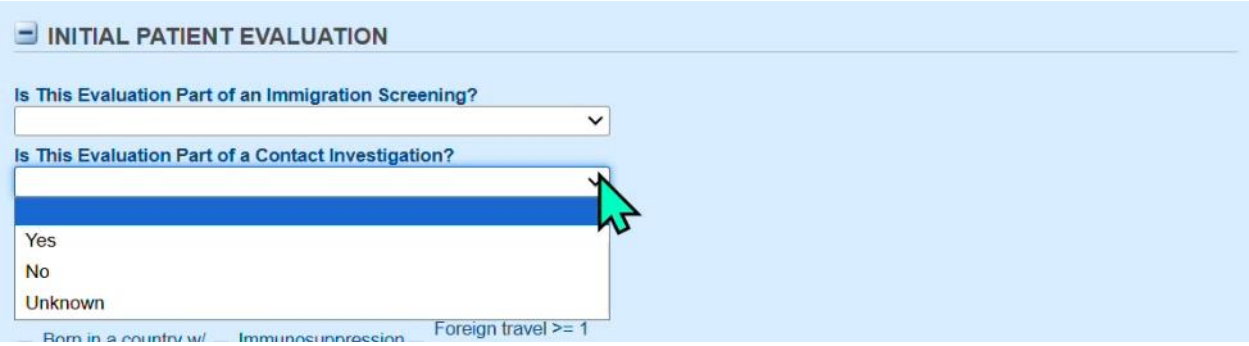


Is this Evaluation Part of an Immigration Screening
****For Civil Surgeons only****



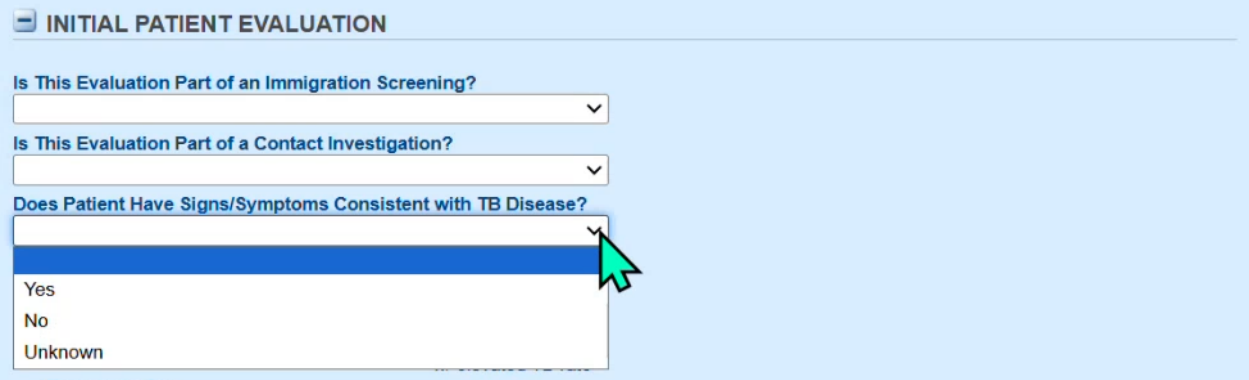
Is this Evaluation Part of a Contact Investigation

Report only if 'Yes'



Does Patient Have Signs/Symptoms Consistent with TB Disease?

TB Symptoms include cough greater than 2-3 weeks, fever, night sweats, unexplained weight loss, and abnormal chest x-ray



Enter the following TB Testing Information Associated with the Report

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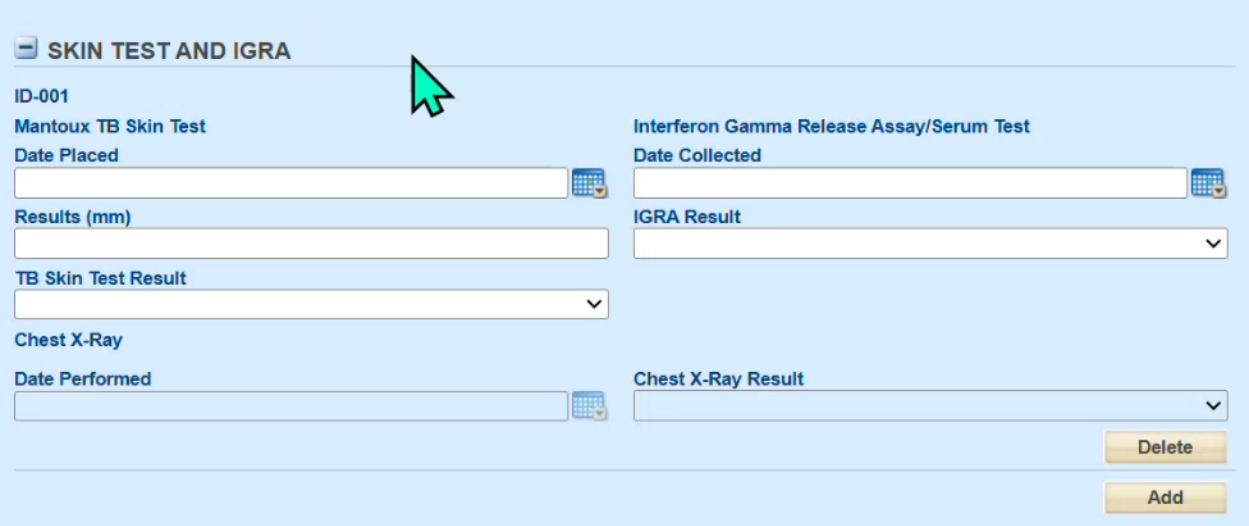
Skin test and IGRA

Please utilize the Add button to include additional TB Skin Tests and/or IGRA Tests

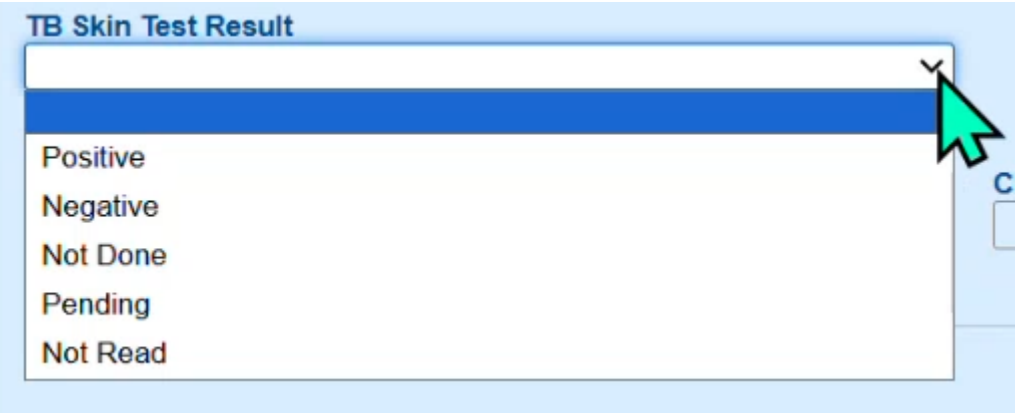


TB Skin Test Result

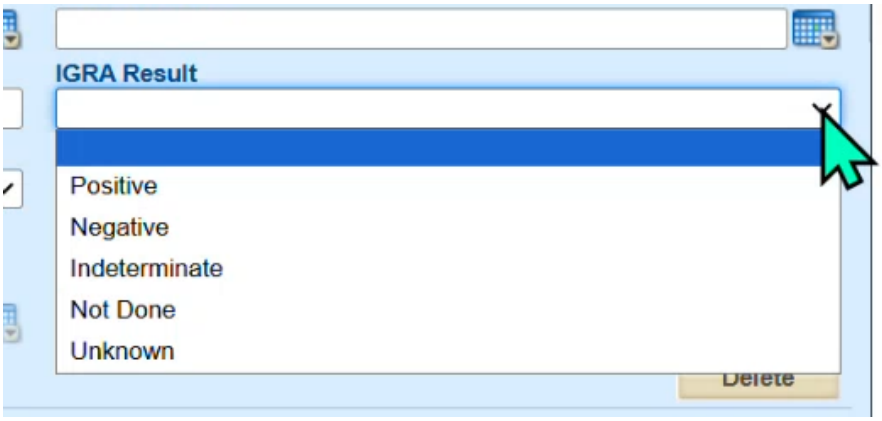
****Five (5) millimeters or more** of induration should be considered positive in the following persons:**

- Persons known or suspected to have HIV infection
- Recent contacts to an infectious case of TB
- Persons with an abnormal chest radiograph consistent with TB disease · Immunosuppressed individuals
- Children less than 5 years

****Ten (10) millimeters or more** should be considered positive for all other persons.**



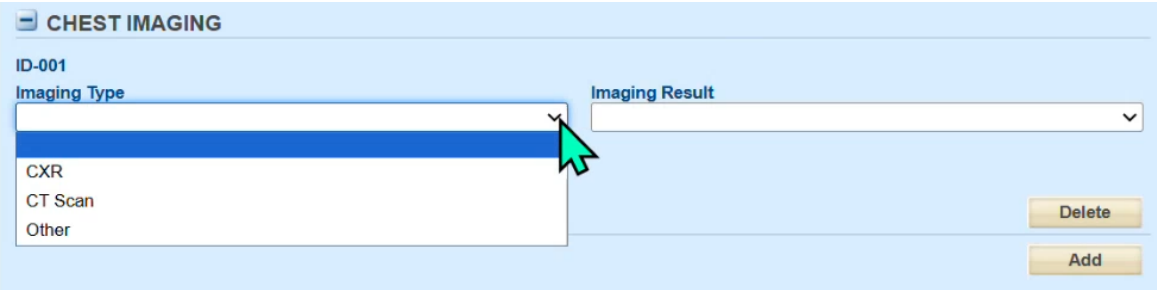
IGRA Result



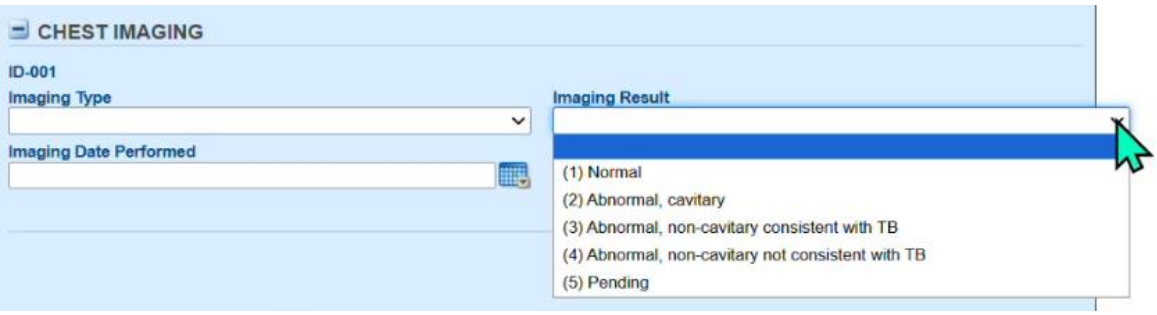
Enter Chest Imaging Information Associated with the Report

Imaging

Please utilize the Add button to include additional imaging and imaging results



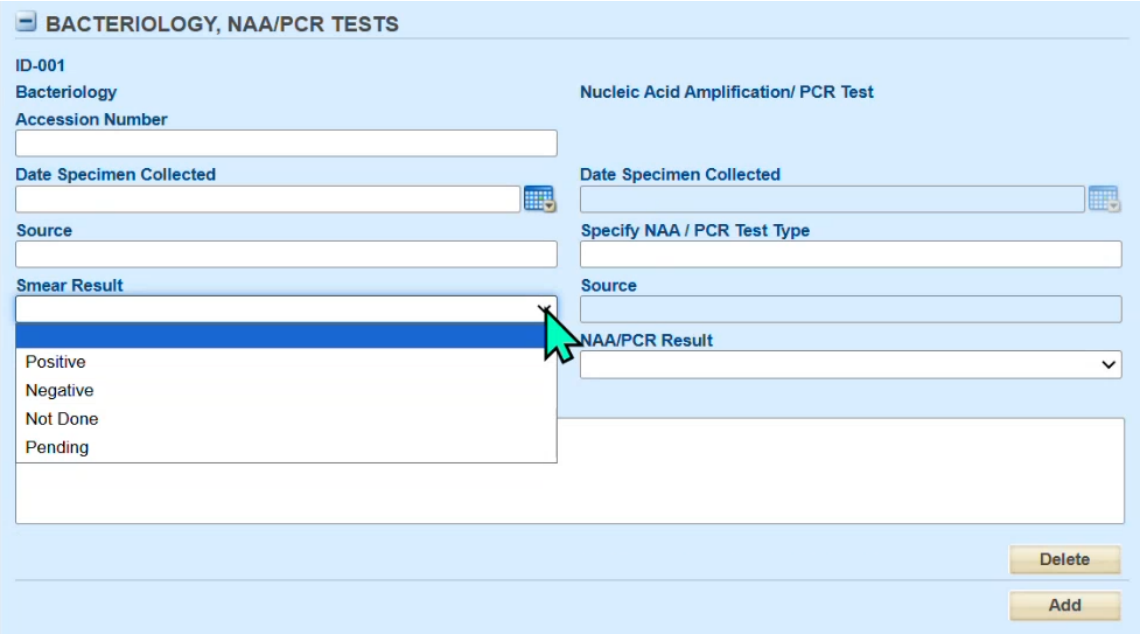
Imaging Result & Imaging Date Performed



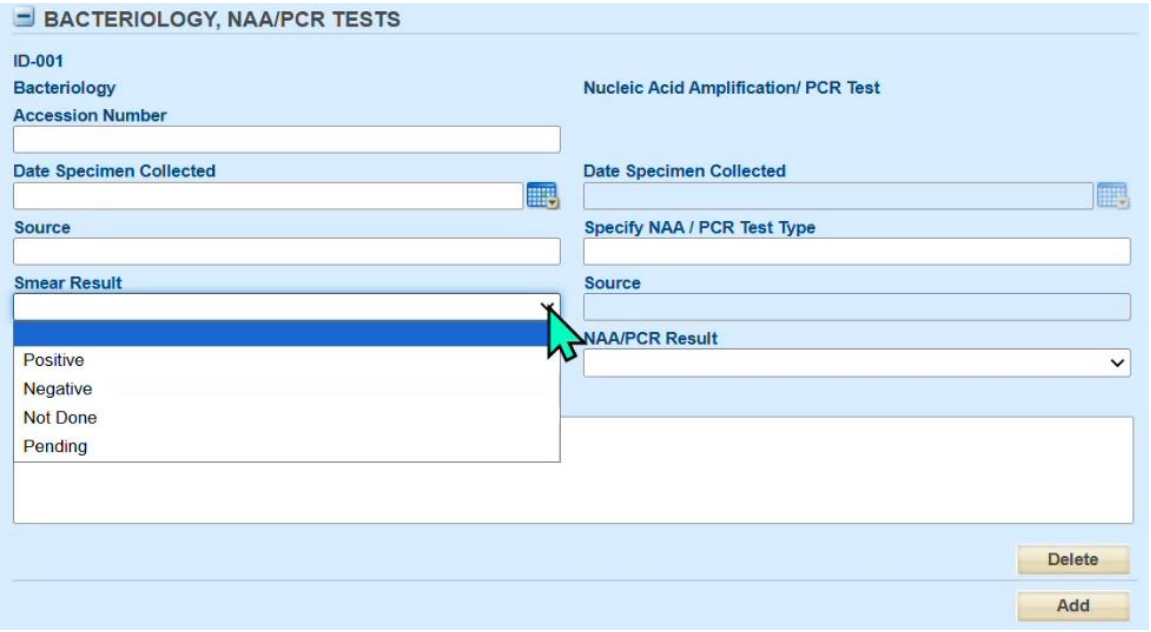
Enter Bacteriology Information Associated with the Report - Add for each additional specimen

Acid fast Bacilli - Smear Results

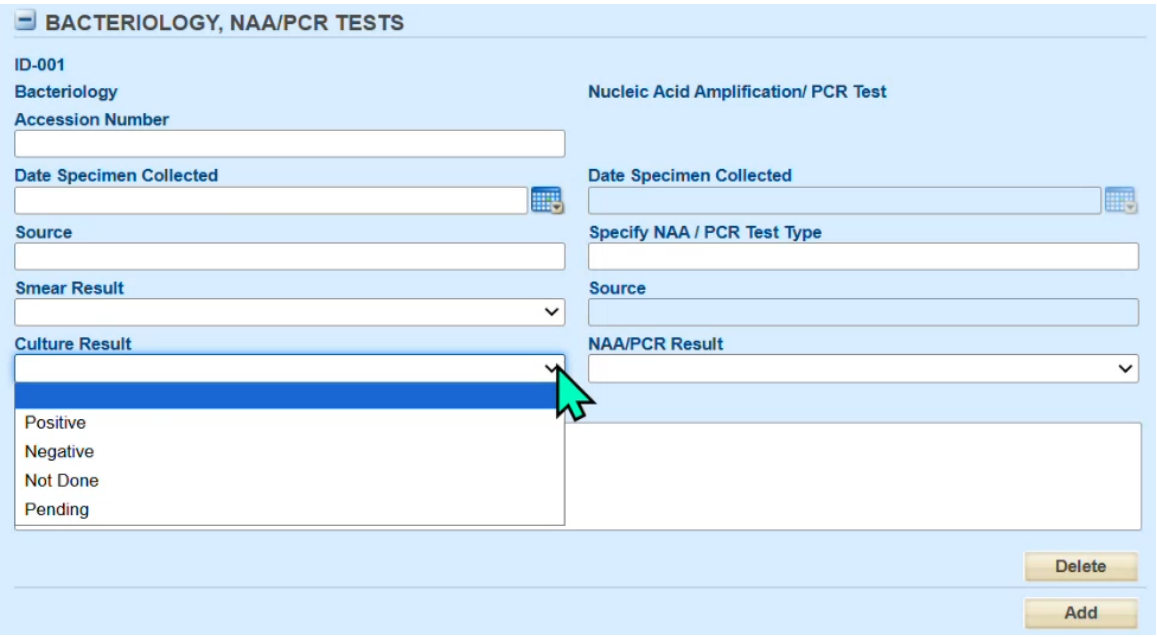
Please utilize the Add button to include additional specimens



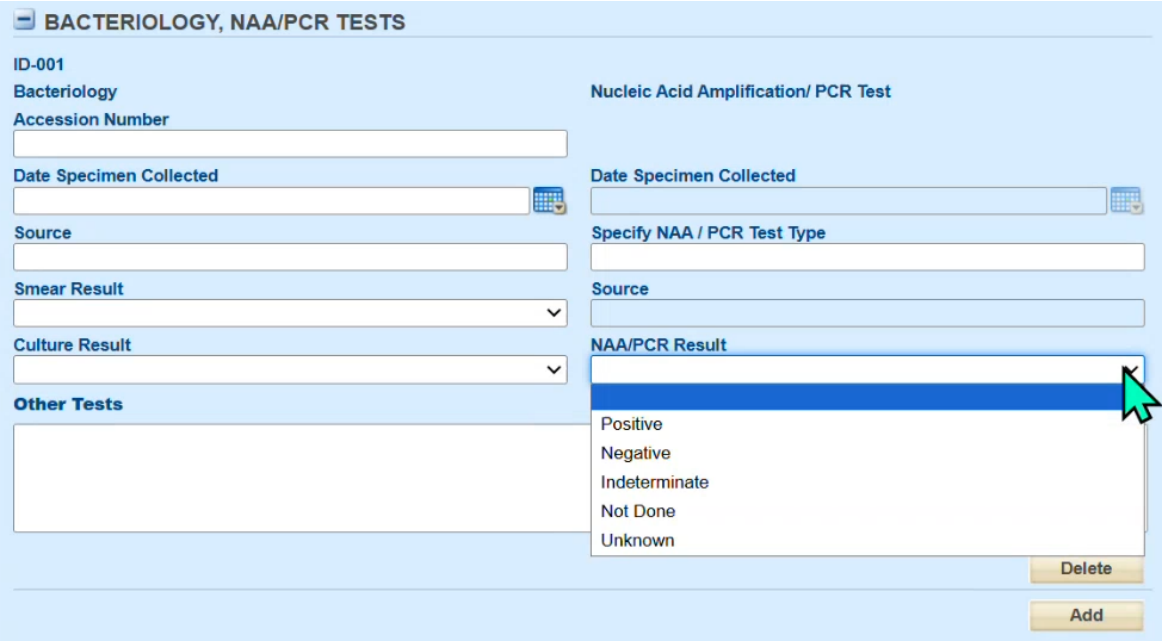
Acid Fast Bacilli – Smear Results



Acid Fast Bacilli - Culture Results



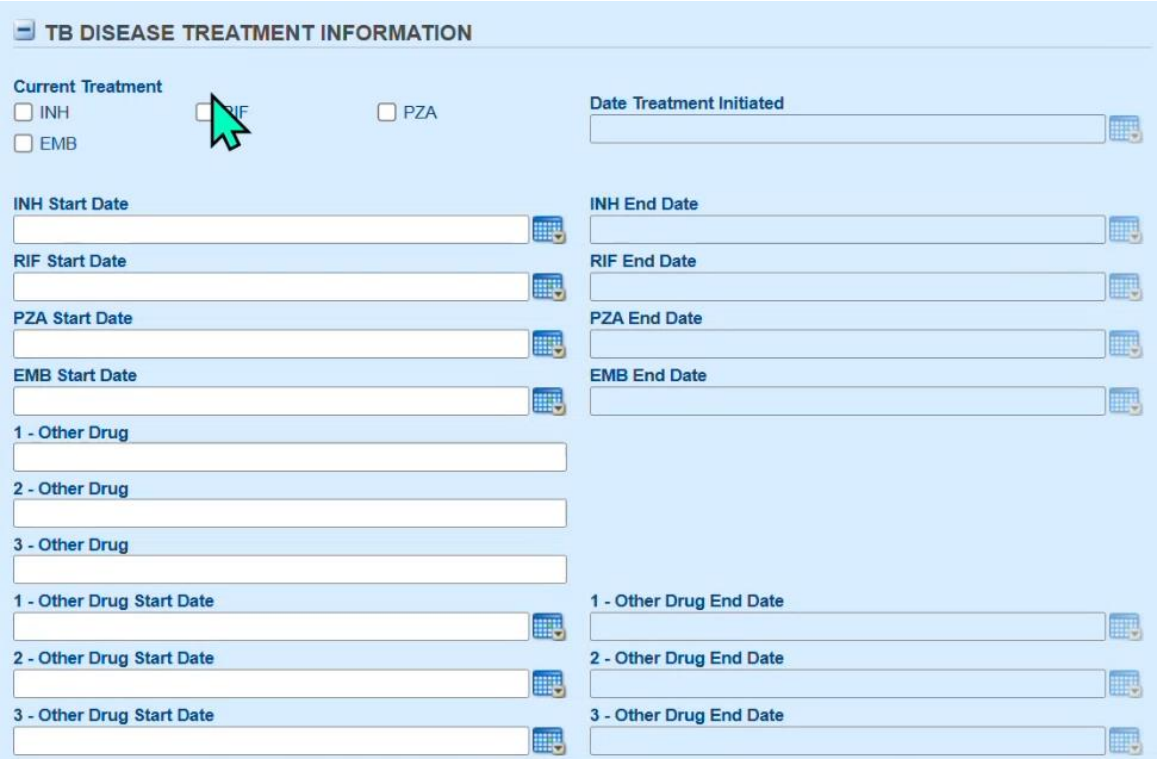
Nucleic Acid Amplification (NAA/PCR) Results



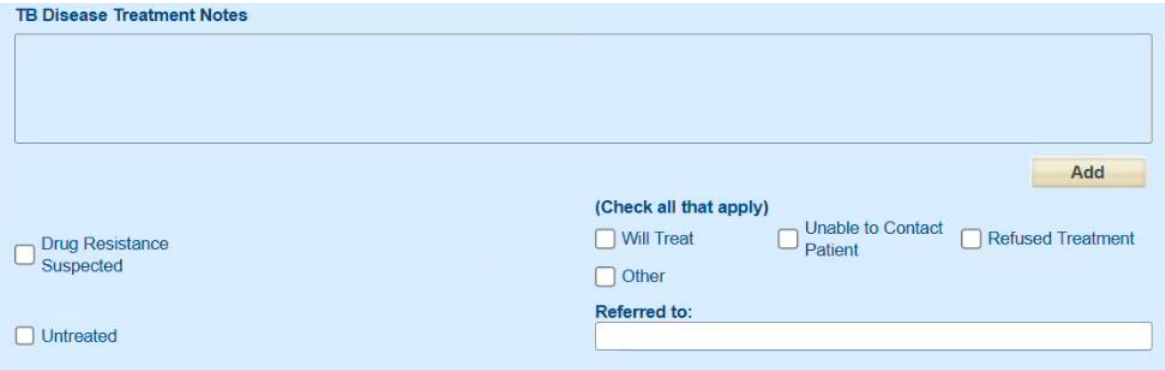
TB Infection Treatment Information

DISREGARD THIS SECTION OF THE CLINICAL TAB

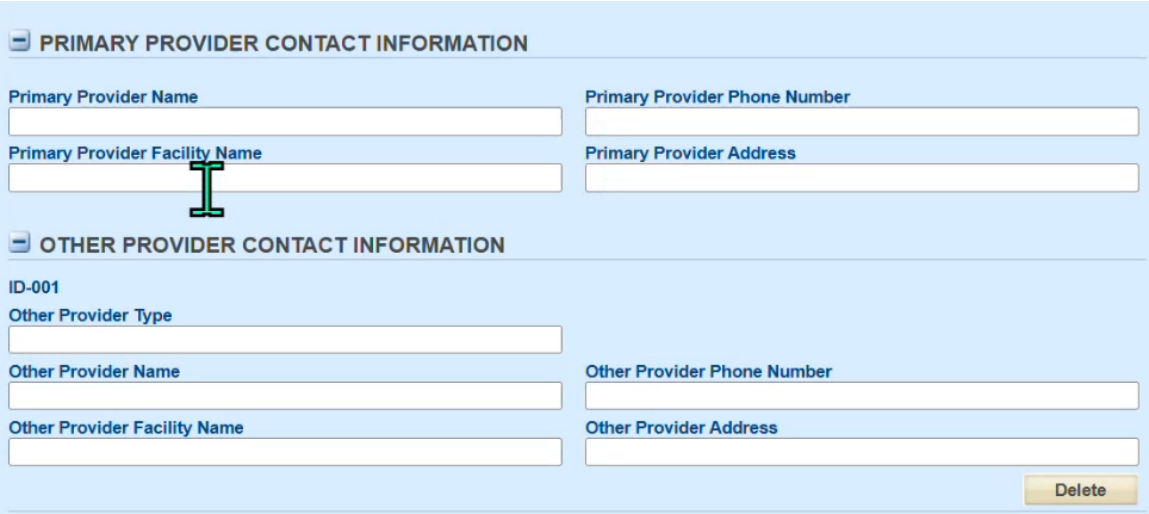
TB Disease Treatment Information



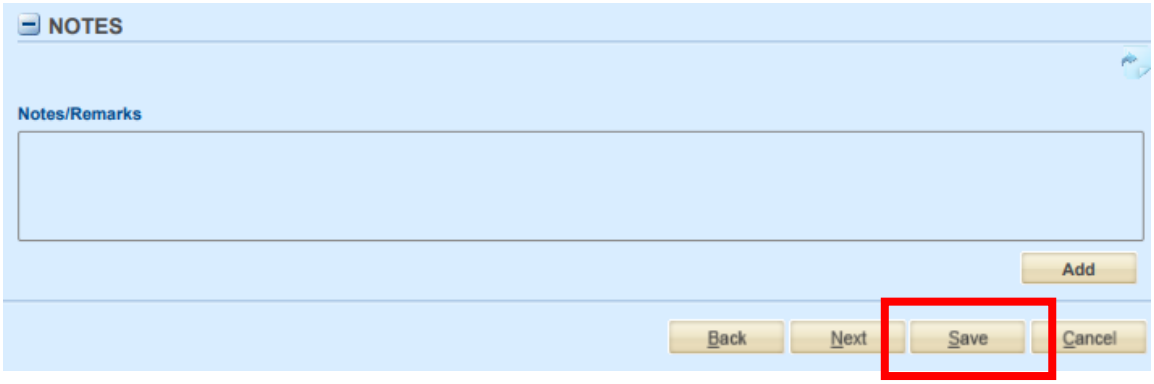
Please utilize TB Disease Treatment Notes to include daily dose for each TB medication (use the **Add** button).



Primary Provider Information / Other Provider Contact Information



At the bottom of the Clinical Tab click Save to reserve pertinent patient information.



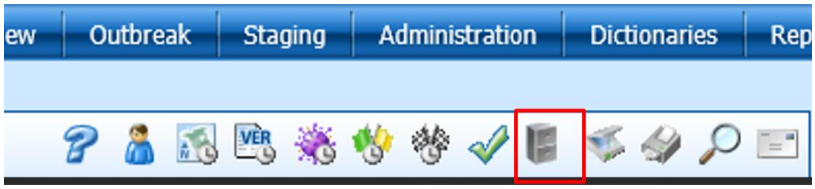
Saving here will provide you with the following window. Click OK to continue.

Please attach the following

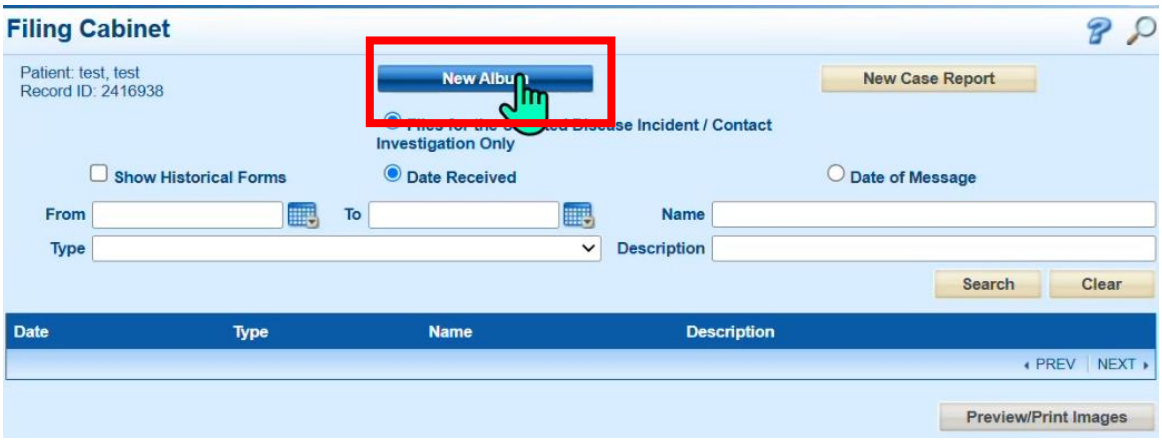
- Patient insurance face sheet
- Clinic notes
- Radiology report
- Bacteriology (AFB smear, culture, culture identification) report
- Mtb NAAT/PCR report
- Pathology report

Once Patient Information is saved the Electronic Filing Cabinet can be accessed from the incident record itself, located at the top of the incident. To Upload files to the EFC, continue the following:

1. Access the EFC located at the top right corner of the patient incident.



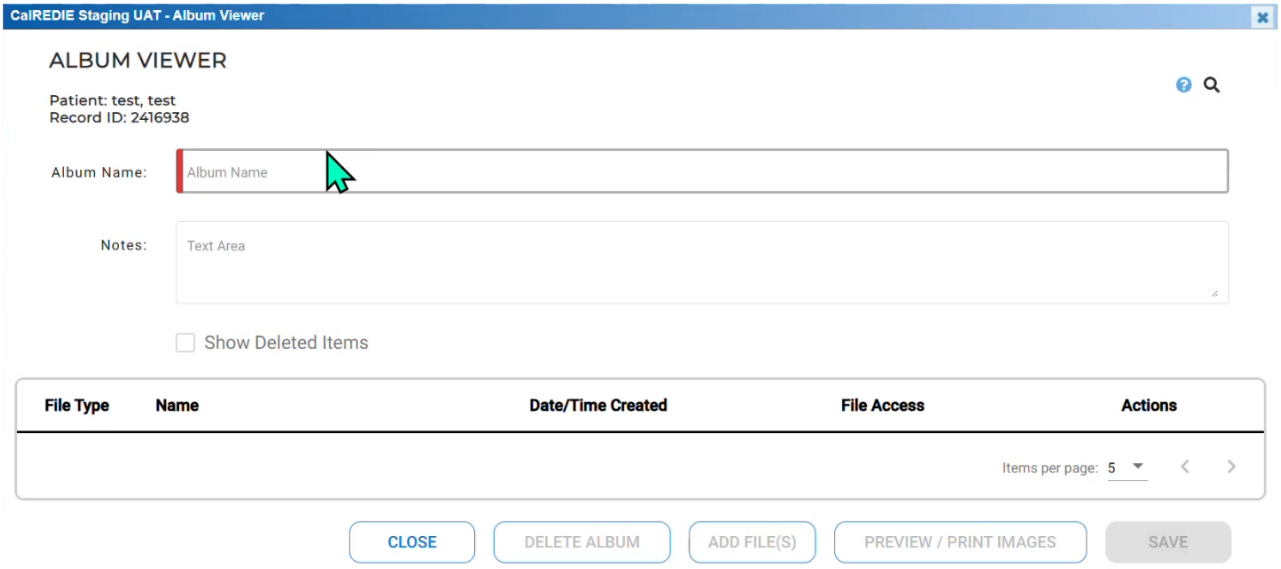
2. From the pop-up window, click New Album



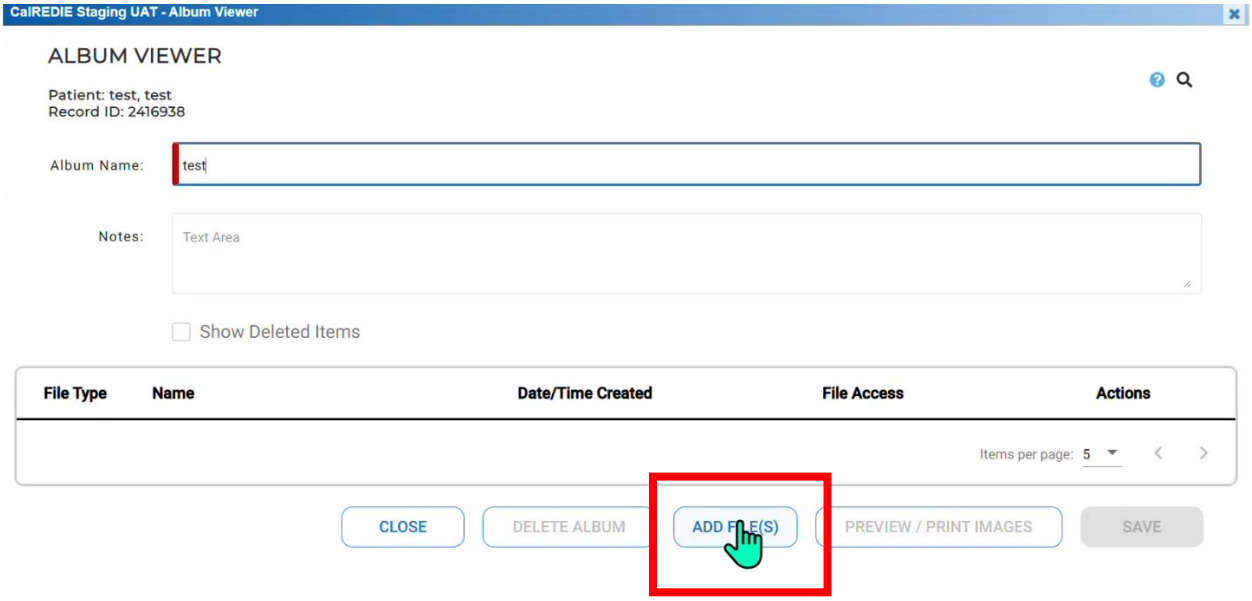
3. Enter the album name

(E.g. TB Disease Incident – (Report Date) – Clinic Note)

- Enter **Notes** as needed. Keep in mind that non-alphanumeric characters are not allowed.

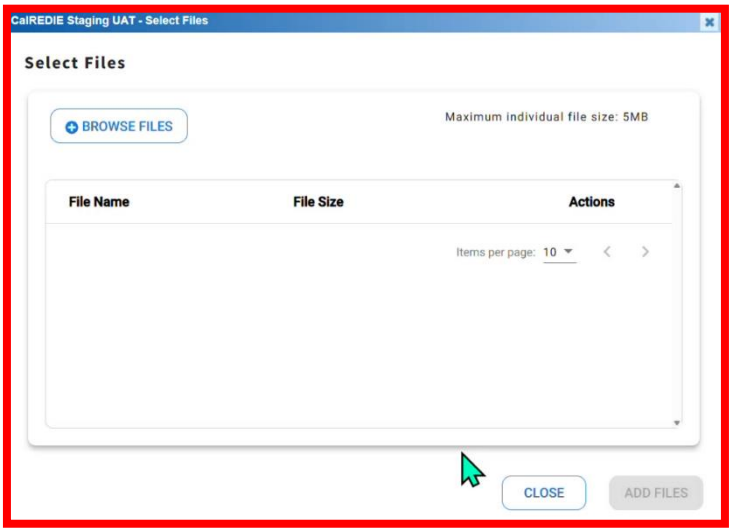


4. Click Add Files(s) to Album



Files that are to be added can be browsed from your PC or dragged and dropped into the pop-window.

Note: Maximum individual file size is 5MB



****IMPORTANT****

Be sure to promptly upload pertinent records to the EFC after hitting the 'save' button.

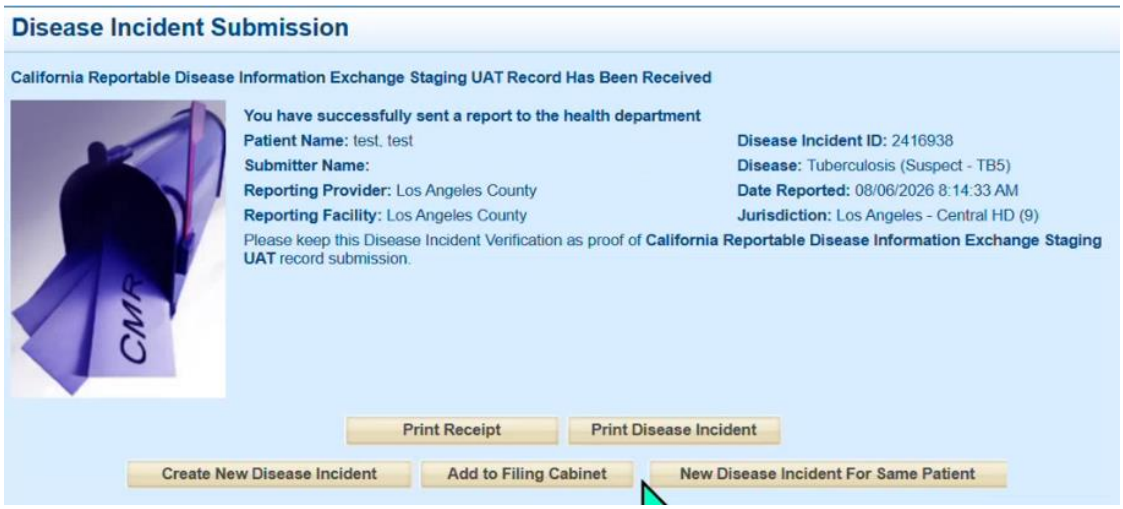
*****We recommend SAVING the incident, UPLOADING records to the EFC and waiting to hit 'submit' until everything has been uploaded.*****

Submit to Create a New Disease Incident

Once records to the EFC are submitted, return to the bottom of the last tab (Clinical) and click **Submit** to complete New Disease Incident.

Submitting here will provide you with **Incident Submission Screen**

1. To print the receipt, click **Print Receipt**
2. To print a report of the incident, click **Print Disease Incident**
3. To create a new incident, click **Create New Disease Incident**
4. To upload documents to the Electronic Filing Cabinet, click **Add to Filing Cabinet**
5. To create a new incident for the same patient, click **New Incident for Same Patient**



***Important* – Filing Cabinet Upload Window**

Upon submission of a disease incident, providers have a restricted time frame (e.g., 30 minutes to 1 hour) to continue uploading documents to the EFC or modify patient incident tabs, including Patient Info, Supplemental, and Clinical Info.

Once LA County accepts the submission (within 30 minutes to 1 hour), any document uploaded to the EFC will not be received by LA County. If updates are not completed within the allotted time, subsequent information must be submitted via fax at (213) 749-0926.

Any updates submitted outside the provider portal must include a Confidential Morbidity Report (CMR) form containing complete patient demographics, provider details, with the additional comment of "CMR UPDATE" noted in the remarks section.

Frequently Asked Questions

- Questions about registration to California Reportable Disease Information Exchange (CalREDIE) Provider Portal, can be answered by visiting the link below:

  Http://publichealth.lacounty.gov/clinicians/report/ProviderPortal.htm

- For technical assistance such as usernames or passwords, or any questions regarding reporting details, post-login please direct your questions to the email address below:

  LAC_PPSupport@ph.lacounty.gov

- For privacy concerns using the CalREDIE Provider Portal, please contact the CalREDIE help desk using the email address below:

  CalREDIEHelp@cdph.ca.gov

END OF GUIDE