



Georgia Department of Public Health

Introduction to the Electronic Adult HIV/AIDS Case Report Form

Georgia Department of Public Health
HIV/AIDS Surveillance Program



We Protect Lives.

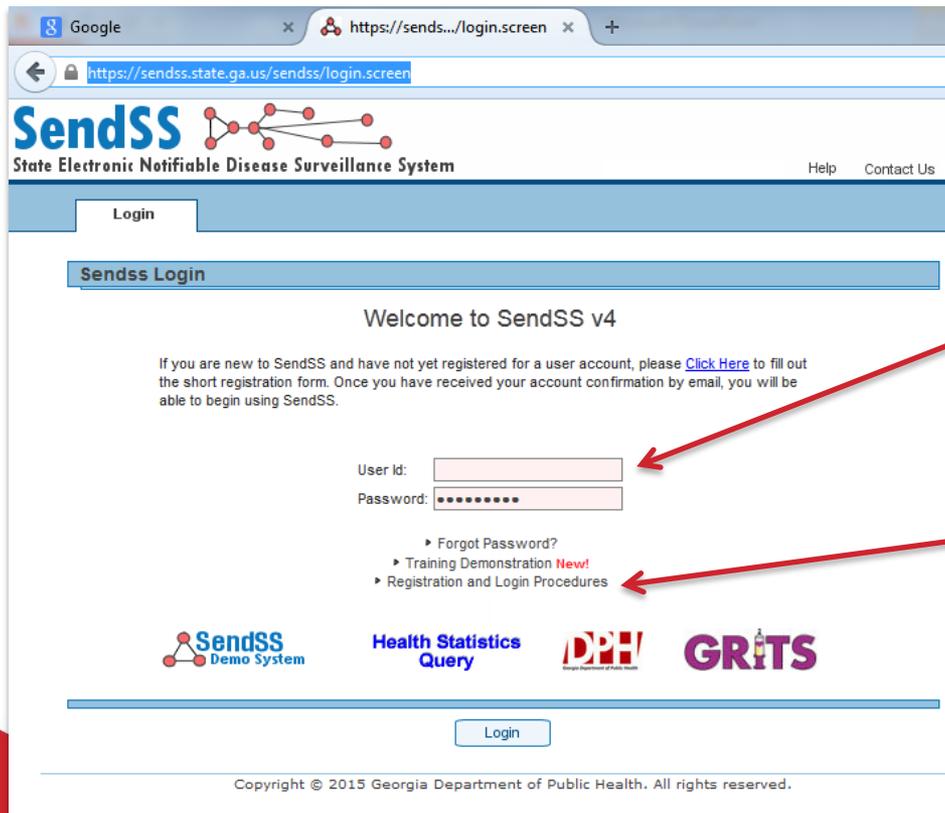


Introduction

- The Georgia Department of Public Health has developed the Electronic Adult Case Report Form (eACRF).
- This form is supported by State Electronic Notifiable Disease Surveillance System (SendSS).
- This form does not replaces the current avenues that are available for reporting HIV/AIDS.
- This presentation will provide generalized steps for accessing and submitting the eACRF.

Register or Login to SendSS

- To access the eACRF the reporter will have to login to SendSS .
- If you do not have a login, you will have to register.
- SendSS can be accessed at: <https://sendss.state.ga.us/sendss/login.screen>



Google <https://sendss.../login.screen>

<https://sendss.state.ga.us/sendss/login.screen>

SendSS

State Electronic Notifiable Disease Surveillance System

Help Contact Us

Login

Sendss Login

Welcome to SendSS v4

If you are new to SendSS and have not yet registered for a user account, please [Click Here](#) to fill out the short registration form. Once you have received your account confirmation by email, you will be able to begin using SendSS.

User Id:

Password:

▶ [Forgot Password?](#)

▶ [Training Demonstration **New!**](#)

▶ [Registration and Login Procedures](#)

Login

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Login

Register for New Account

Agree with Disclaimer To move Forward

Google <https://sendss...in.disclaimer>

<https://sendss.state.ga.us/sendss/login.disclaimer>

SendSS 
State Electronic Notifiable Disease Surveillance System [Help](#) [Contact Us](#)

Sendss Privacy Statement

This system will allow persons authorized by DHR to access protected health information about individuals for reporting and treatment purposes. This information is entitled to significant privacy protections under federal and state law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits a covered entity to use and disclose protected health information without written authorization if the use or disclosure is for treatment, payment, or health care operations. However, HIPAA requires covered entities to have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information. The disclosure of this information to unauthorized persons or for unauthorized purposes is prohibited without the written consent of the person who is the subject of the information, unless specifically permitted by federal or state law. Unauthorized disclosures of this information may result in significant criminal or civil penalties, as well as punishment up to and including the termination of employment. Failure to properly logout of SENDSS can result in an unauthorized disclosure. Any unauthorized disclosures will be investigated promptly and thoroughly prosecuted.

Agreeing with the Privacy Statement confirms your status as an authorized SENDSS user who is accessing the database only for reporting and treatment purposes. Agreeing with the Privacy Statement also confirms that as an authorized SENDSS user you will reasonably safeguard protected health information from any use or disclosure that is in violation of the Privacy Statement or state and federal law.

Source: HIPAA, 45 CFR §§ 164.502, 164.506, 164.530.

[I agree with this statement](#) 

[I disagree with this statement](#)

Going to the eACRF

The screenshot shows the SendSS Home page in a web browser. The browser's address bar displays the URL <https://sendss.state.ga.us/sendss!/sendssv4.home?pFlag=1>. The page header includes the SendSS logo and the text "State Electronic Notifiable Disease Surveillance System". A user ID field shows "Uid: [redacted] 6/2/2015" with a refresh icon. Navigation links for "Help", "Contact Us", "My Account", and "Logout" are present. A main navigation bar contains tabs for "Home", "Case Reporting", "Analysis", and "Admin". The "Case Reporting" tab is selected, and its dropdown menu is open, listing options: "Report/Update Case", "View Patient History", "View Case Status", "Send a Message", and "HIV/AIDS Case Report". A "Messages" notification is visible on the left. At the bottom, a copyright notice reads "Copyright © 2015 Georgia Department of Public Health. All rights reserved."

Case Reporting Tab

HIV/AIDS Case Report

https://sendss.state.ga.us/sendss/hiv_reporting.hiv_disclaimer

State Electronic Notifiable Disease Surveillance System

Home Case Reporting Analysis Admin

Disease:HIV and AIDS

Form Requirements

A confidential HIV/AIDS Case Report Form should be completed for anyone who is:

- Diagnosed with HIV for the 1st time
- Diagnosed with AIDS for the 1st time (i.e., lab results categorizes patient as Stage 3)
- New to your facility as a HIV/AIDS patient
- Updated health status (i.e., Pregnancy, Name Change)
- Updated vital status

TO COMPLETE THE FORM YOU MUST HAVE:

Patient Identification (required)

- Patient Last Name
- Patient First Name

Patient Demographics (required)

- Current Sex
- Current Gender
- Date of Birth
- Vital Status
- Race
- Ethnicity

Facility Providing Information (required)

- Person Name Completing Form
- Person Phone Completing Form

Risk/Transmission Category (highly recommended but not required)

- MSM
- IDU
- Heterosexual Contact
- Other

Documented Laboratory Data

At least one of the following:

- Positive HIV Antibody Test and Date (screening and confirmatory test), AND/OR
- Positive HIV Detection Test and Date, AND/OR
- Physician Diagnosis and Date

PLEASE SAVE A COPY OF THIS REPORT FOR PATIENT CHART
QUESTIONS on e-ACRF? CALL 800-827-9769.

Do you have the information for the sections listed above? Yes No

Please notice there are a few required items you must have to submit a complete report. Without these the form will not save and submit.

WARNING: This form will time out. All information will be lost if form is not finalized inside the allotted time frame.

Once you verify you have all required information, click "Yes" here.

Georgia Adult HIV/AIDS Confidential Case Report Form

(Patients ≥ 13 years of age at time of diagnosis)

Patient Identification

Patient Name

First Name: Middle Name/ MI:
 Last Name: Maiden Name:

Alternate Name(s) (shown Last, First)

Please enter each alias (Limit 5) one at a time and click on the "Add" button

Alias Name (First, Last):

Address Type: Current Street Address:
Phone:
Country: State:
City: County:
Zip: Medical Record #:
SSN: DL #:
Prison ID: Counseling & Testing #:

Patient Demographics

Sex Assigned at Birth: Male Female Unknown Country of Birth:
 Date of Birth: Alias Date of Birth:
 Vital Status: 1 - Alive 2 - Dead
 Date of Death: State of Death:
 Current Gender Identity:
 Ethnicity: Expanded Ethnicity:
 American Indian/ Alaska Native Asian
 Race: Black/ African American Native Hawaiian/Pacific Islander
 White Unknown
Expanded Race:

Facility Providing Information

Provider Facility and Address:

▸ Add/ Edit Facility Address

Facility Name: ()
Street Address: Country:
State: City:

Please do your best to complete every section of the form.

The only variables that are required to successfully submit the eACRF are the variables with the **RED dot** beside them.

This is NOT a Pediatric Case Report Form (PCRF)

SendSS
State Electronic Notifiable Disease Surveillance System

Uid: labarrineau

Help Contact Us My Account Logout

Home Case Reporting Analysis Admin

Georgia Adult HIV/AIDS Confidential Case Report Form (Patients \geq 13 years of age at time of diagnosis)

Patient Identification

Patient Name

First Name:

Last Name:

Alternate Name(s) (shown Last, First)

Alias Name (First, Last): Add

Address Type: Choose One

Phone:

Country: United States

City:

Zip:

SSN:

Prison ID:

Current Street Address:

State: GA

County:

Medical Record #:

DL #:

Counseling & Testing #:

Patient Demographics

Sex Assigned at Birth: Male Female Unknown

Country of Birth: Choose One

Date of Birth: /01/2016

Vital Status: 1 - Alive 2 - Dead

Date of Death:

State of Death: Choose One

Current Gender Identity: Choose One

Ethnicity: Choose One

Expanded Ethnicity:

sendss.state.ga.us says:

This DOB indicates a Pediatric Case Report Form must be used. You will not be allowed to save this form as it is an Adult Case Report Form. Please print off a PCRF from our website at <https://dph.georgia.gov/reporting-forms-data-requests> and mail it in or call 1-800-827-9769 to have it entered directly for you. WARNING: This form will not SAVE if there is a Pediatric DOB present.

OK

The page will not let you navigate anywhere until the Year of Birth is changed

Print, Mail, or Call to Report a Pediatric Case

Print

https://dph.georgia.gov/sites/dph.georgia.gov/files/Pediatric%20Proof%20Final%202013%20exp_02_29_2016.pdf

(NOTE: this link may expire when a new CDC form is issued. Please check <https://dph.georgia.gov/reporting-forms-data-requests> for link to new form)

Mail - Please do NOT write HIV or AIDS on the envelope

Results must be double enveloped and addressed to:

Georgia Division of Public Health, Epi Section
P.O. Box 2107
Atlanta, GA 30301

Phone

1-800-827-9769

Populating a Facility

Facility Providing Information

Provider Facility and Address:

▶ Add/ Edit Facility Address ◀ Please use this link to auto-fill the fields below

● Facility Name: ()

Street Address:

State:

County:

● Phone: --

Facility Type:

Country:

City:

Zip:

● Person Completing Form:

Date Form Completed: //2016

● Phone: --

● Subtype:

Physician Information

Physician Information

Last Name:

Middle Name:

Medical Record #:

First Name:

Phone: --

Hospital/ Facility:

Residence at Diagnosis

Add additional addresses in comments

Residence at AIDS Diagnosis

Address Type:

Click on Add/Edit Facility

Populating a Facility

Add/Edit Facility Providing Address - Google Chrome

https://sendss.state.ga.us/sendss!/hiv_reporting.hiv_facilityAddress?pString=%27CP%27+&pFacAIDS=&pFacHIV=

Facility Name:
State:

Your search returned the following facilities. Please click on the facility you want to add.

- ▶ DEKALB **GRADY**:INTERVIEWER (GA00I000400995-7)
1864 Memorial Dr Se
ATLANTA, GA
- ▶ DEKALB **GRADY**:OB/GYN (GA00I000398700-7)
1865 Memorial Dr Se
ATLANTA, GA
- ▶ **GRADY** - CRESTVIEW NURSING HOME (GA00H00000000536)
2800 Springdale Rd Sw
ATLANTA, GA 30315
(404) 616-8177
- ▶ **GRADY** - EAST POINT NHC (GA00I000394355-7)
1595 W. Cleveland Avenue
EAST POINT, GA 30344
(404) 616-2886
- ▶ **GRADY** - KIRKWOOD NHC FAMILY MEDICINE/LABORATORY (GA00I001185161-3)
1863 Memorial Dr Se
ATLANTA, GA 30317
(404) 616-9304
- ▶ **GRADY** - NORTH DEKALB HEALTH CENTER (GA00I000378071-4)
3807 Clairmont Road
CHAMBLEE, GA 30341
(770) 454-1144
- ▶ **GRADY** - NORTH FULTON NHC (GA00I000392250-3)

Type in a keyword to look for your facility.

Select the best option.

If no selections are accurate or the facility is OUT OF STATE please exit, return to previous screen and manually enter

Populating a Facility

Georgia Adult HIV/AIDS Confidential Case Report Form - Google Chrome
https://sendss.state.ga.us/sendss/hiv_reporting.hiv_case_entry

Expanded Race: _____

Facility Providing Information

Provider Facility and Address:

► Add/Edit Facility Address

● Facility Name: _____ ()
Street Address: _____
State: GA
County: _____
● Phone: _____
Country: United States
City: _____
Zip: _____
Facility Type: Choose One
Subtype: Choose One

● Person Completing Form: _____ Date Form Completed: 09 / 16 / 2016
● Phone: _____

Physician Information

Physician Information

Last Name: _____ First Name: _____
Middle Name: _____ Phone: _____
Medical Record #: _____ Hospital/ Facility: _____

Residence at Diagnosis

ⓘ Add additional addresses in comments

Residence at AIDS Diagnosis

Address Type: Choose One
Street Address: _____
Country: United States
City: Choose One
State: Georgia
County: Choose One
Zip Code: _____

Residence at HIV Diagnosis

Address Type: Choose One
Street Address: _____
Country: United States
City: Choose One
State: Georgia
County: Choose One
Zip Code: _____

Facility of Diagnosis

ⓘ Add additional addresses in comments

● Adult HIV: _____

Manually enter in the boxes provided

Repeat for Facility at HIV Diagnosis and Facility at AIDS Diagnosis

Facility of Diagnosis

Add additional addresses in comments

Adult HIV:
HIV Diagnosis Facility and Address:

Add/ Edit Facility Address *Please use this link to auto-fill the fields below*

Check if SAME as Facility Providing Information

Facility: ()

Street Address: Country:

State: City:

County: Zip:

Phone:

Facility Type: Subtype:

Provider Name (First, Last): Provider Phone:

Provider Speciality:

#x25A0; Adult AIDS:
AIDS Diagnosis Facility and Address:

Add/ Edit Facility Address

Check if SAME as Facility Providing Information

Facility: ()

Street Address: Country:

State: City:

County: Zip:

Phone:

Facility Type: Subtype:

Provider Name (First, Last): Provider Phone:

Provider Speciality:

Ever had previous positive HIV test?

Yes No Unknown

? Date of first positive HIV test:

 / /

Ever had a negative HIV test?

Yes No Unknown

? Date of last Negative HIV test:

 / /

Number of Negative HIV tests within 24 months before first positive test:

 Refused Dont Know/Unknown

Comments

Comments:

Save

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Once all the information is entered, click the "Save" button at the very bottom of the form.

If any mistakes are made, this box will be appear.

The image shows a screenshot of a web form with a modal error message box. The error box is titled "SendSS System Message:" and contains the text "Form Is Invalid - Cannot Continue". Below this title, there are three error messages, each preceded by a red circle with a white dot:

- Demographics - Sex Assigned at Birth is a required field and must be entered.
- Demographics - Vital Status is a required field and must be entered.
- Lab Tests - At least one Lab Test must be entered or have Physician diagnosis.

A red arrow points from the text at the top of the page to the error message box. The background form includes a "Comments" section with a text area and a "Save" button at the bottom. Other visible form elements include "Dates ART Taken:" with dropdowns for "Date first began" and "Date of last use", and several radio button options for "Unknown" and "Dont Know/Unknown".

HIV Testing and Antiretroviral Use History

 If required by Health Department

Ever taken any antiretrovirals (ART)?

Yes No Refused Dont Know/Unknown

If Yes, ART Medications:

Dates ART Taken:  Date first Began: //  Date of last use: //

 Date patient reported information:

//

Ever had previous positive HIV test?

Yes No Unknown

 Date of first positive HIV test:

//

Ever had a negative HIV test?

Yes No Unknown

 Date of last Negative HIV test:

//

Number of Negative HIV tests within 24 months before first positive test:

Refused Dont Know/Unknown

Comments

Comments:

This information has been saved

Edit

Print Version

Finalize Now



Once all information is saved, you will be given the chance to review the information you entered. If you see any mistakes, click "Edit" to return to the document. If all is correct, click "Finalize".

Once you click "Finalize", the system will tell you that this is your last opportunity to review the form before it is submitted

The screenshot shows a web form with a modal dialog box titled "SendSS System Message:". The dialog box contains the following text: "You are about to finalize this case, after which you will not be able to make any changes to it. If you wish to proceed, please click the 'Finalize Now' button again. If have more changes to make, please click the 'Edit' button." Below the text is a "Close" button. The background form includes a "Country: United States" field, a "Dont Know" field, and several sections with radio button options: "Patient reported information:", "Previous positive HIV test?" (Yes, No, Unknown), "First positive HIV test:" (Yes, No, Unknown), "Last Negative HIV test:" (Refused, Dont Know/Unknown), and "Negative HIV tests within 24 months before first positive". At the bottom of the form, there is a blue bar with the text "This information has been saved" and three buttons: "Edit", "Print Version", and "Finalize Now".

Press "Edit" if you see a mistake.

Print a copy for your records.

Click "Finalize Now" to complete submission .

Example of Print

The screenshot shows a web browser window with a print dialog on the left and a confidential case report form on the right. The print dialog includes options for destination, pages, copies, layout, and options. The form is titled "Georgia Adult HIV/AIDS Confidential Case Report Form" and contains sections for Patient Identification, Patient Demographics, Facility Providing Information, Physician Information, and Residence at Diagnosis. Red arrows point to the back arrow in the browser and the print/cancel buttons in the dialog.

Print Dialog:

- Total: 4 sheets of paper
- Buttons: **Print**, Cancel
- Destination: Dell 2350dn Laser Print... (Change...)
- Pages: All (e.g. 1-5, 8, 11-13)
- Copies: 1 (+, -)
- Layout: Portrait
- Options: Simplify page, Two-sided
- More settings
- Print using system dialog... (Ctrl+Shift+P)

Form Sections:

- Patient Identification:** Patient Name (First: TEST, Last: TEST, Middle: //, Alternate: //), Address Type, Current Street Address, State: GA, City, Zip, Medical Record #, SSN, DL #, Counseling & Testing #.
- Patient Demographics:** Sex Assigned at Birth: FEMALE, Date of Birth: 01/01/1900, Vital Status: 1 - ALIVE, Date of Death: //, Current Gender: Female, Ethnicity: Hispanic/Latino, Race: Black/African American, Expanded Race: //, Country of Birth: Choose One, Alias Date of Birth: //, State of Death: Choose One, Expanded Ethnicity: American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, Unknown.
- Facility Providing Information:** Provider Facility and Address: Facility Name: Dekalb Grady:Ob/Gyn (GA00000398700-7), Street Address: 1865 Memorial Dr Se, State: GA, Country: United States, City: ATLANTA, Zip: //, Phone: (999) 999-9999, Facility Type: Choose One, Subtype: Choose One, Person Completing Form: testing, Phone: (999) 999-9999, Date Form Completed: 02/09/2016.
- Physician Information:** Physician Information (Last Name, Middle Name, Medical Record #, First Name, Phone, Hospital Facility).
- Residence at Diagnosis:** Add additional addresses in comments.

Once you completed the eACRF and successfully submitted it, this box will appear



Contact Us - Georgia HIV Surveillance Section
1-800-827-9769

No Faxing Permitted

Georgia Department of Public Health, Epi Section

P.O. Box 2107

<http://dph.georgia.gov/georgias-hiv-aids-epidemiology-surveillance-section>