



Application for Notifiable Disease Surveillance (ANDS)

Business Procedures Document

Created by:
ANDS Business Procedures Working Group

1. INTRODUCTION

This ANDS procedures document is to be used in conjunction with other supporting resources (e.g. ANDS User Manual, Surveillance Guidelines, and CDC manual) to ensure consistent use of the application and to maintain accurate and complete entry of data. Quality data will help to ensure quality reporting from ANDS information.

2. GENERAL ASSUMPTIONS

- ANDS users understand public health work practice specific to communicable disease case management, notifiable conditions reportable by law, immunization, and surveillance guidelines.
- This document contains basic information regarding ANDS business procedures and will not answer all the questions that ANDS users may have.
- This is a 'living' document and will require regular updates (as required).
- Business procedure clarification will be done in consultation with representatives from the following:
 - Population Health Assessment and Surveillance Responsibility Centre
 - Communicable Disease Prevention and Control Responsibility Centre
 - CD Surveillance Subcommittee and Immunization Subcommittee
 - PH Managers (who manage CD programs)
- ANDS does not meet professional practice standards for documentation. Detailed immunization and notifiable disease records meeting district and professional documentation standards need to be maintained in the district. These records may include detailed case report forms, consent records (or other documentation of the event).
- Immunization records that are recorded in ANDS may not have been administered by PH staff.

3. MANAGING CLIENT RECORDS

3.1. SEARCHING RECORDS:

- **All records in ANDS must be searched prior to entering a new client into ANDS. For details on how to search for clients please refer to the latest version of the ANDS User Manual.**
- If your first search is unsuccessful, use other search criteria prior to creating a new record (refer to the ANDS user manual). This practice will help minimize duplicate records in ANDS.
- If the client exists in ANDS and there are no visible notifiable cases or immunization events further follow up is required. The ANDS Trainer will need to contact the PH Application Specialist to investigate (PHAPPSUPPORT@gov.ns.ca).

3.2. ENTRY OF CLIENT (SUBJECT) RECORDS (SUBJECT INFORMATION):

- Clients are only entered into ANDS when presenting as a notifiable case or with an immunization event.
- Do not enter clients into ANDS if DOB and initials are not obtainable (e.g. anonymous testing).
- **The Health Card Number must be entered without spaces in order to ensure accurate data entry and to help prevent duplicate clients in ANDS.**
- For RCMP or military personnel use their unique identifier in HCN field.
- Do not enter numbers into name fields.
- City or town of residence. If a client moves from one city or town to another, the changed information needs to be updated in the subject information screen (client demographics).
- For clients residing outside of Nova Scotia already entered into ANDS, ensure "OUT OF PROVINCE (OOP)" is selected as their City or Town/DHA. If a client is not already entered in ANDS, and the case proves to be residing out of province, it should not be counted as a Nova Scotia case and should be referred to DHW Surveillance for referral to the appropriate jurisdiction (see Table 1.)

3.3. DUPLICATE CLIENTS:

- If a duplicate client is found in ANDS, public health staff will contact the ANDS trainer, who will notify the PH Application Specialist by e-mail through PHAPPSUPPORT@gov.ns.ca. The notification will identify which client is the duplicate (to be removed), and which client is to be kept. The PH Application Specialist will work with district staff to validate that the client is in fact a duplicate, and ensure that any applicable immunization or notifiable disease records are moved to the appropriate client.
- If there is a new client record with the same HCN as a record already in ANDS and they are different clients, follow the steps outlined in the previous bullet.

4. IMMUNIZATION

Refer to the ANDS quick entry guide for further information regarding how to enter immunization records in the ANDS user manual and/or the Immunization Manual.

4.1. SEARCHING RECORDS:

- **All immunization records for a client must be searched within ANDS prior to entering a new immunization record to ensure there is no duplication of the immunization event.**
- All users with access to the immunization module only (and not the notifiable disease module) have access to immunizations entered in all DHAs.
- There is at least one role within each DHA that can search for immunization records for immunization events in all DHAs. This dedicated person can look up immunization records for other staff members as required.
- Immunizations are entered in the District Health Authority where the immunization was provided, or where the immunization is being first recorded if delivery was out of province or event is being back entered.
- **Do not re-enter or modify an immunization event that is already in ANDS from entry in another DHA.**

4.2. ENTRY OF RECORDS:

- **Use the new quick entry screen for entry of new immunization events.** For modifications to an existing record, this quick entry screen cannot be used.
- All immunization records (public and non public funded) from January 1, 2008 onward are to be entered into ANDS. This includes immunization from other provinces or countries.
- Do not enter TB testing data into ANDS.
- Documented immunization data will be entered into ANDS in order to create the most complete immunization record possible.
- In the event where no date is provided for an immunization, all reasonable efforts will be taken to obtain the date. (This may include follow up with a physician, nurse, individual, or other). If no date is confirmed for the immunization the record is not considered a valid immunization and is not recorded in ANDS.
- Partial dates: If only the month and year of the immunization date is known then the 15th day of the month is to be selected as the date of Immunization and the exact wording "estimated date" is to be entered in the free text field entitled: <Other site, specify>.
- Immunization records provided to district public health offices from other providers such as First Nations, family physicians, travel clinics and occupational health are entered into ANDS.
- School based immunization data will be entered into ANDS by December 31st of each year.
- Immunization records to be updated at the time of primary school registration, in addition to other Public Health encounters with clients.
- Immunizations are entered in the District Health Authority where the immunization was provided, or where the immunization is being first recorded if delivery was out of province or event is being back entered.
- If a client has moved from OOP and provides PH with immunization information (e.g. HPV) enter the district where the client made contact with PH.
- **Do not re-enter or modify an immunization event that is already in ANDS from entry in another DHA.**
- For immunizations delivered through the school-based immunization program, enter the school and grade of the individual at the time of immunization delivery.
- For immunizations delivered as part of a series, enter the dose number (e.g. dose #1 of 3 doses of Twinrix).

4.3. IMMUNIZATION RECORDS OF CLIENTS WHO LIVE OUT OF PROVINCE:

- In the event a client resides out of the province (OOP) and receives an immunization in Nova Scotia, the immunization record will be entered in ANDS by the district where the immunization was provided.
- In the event that a NS resident receives a vaccine out of province, the immunization record will be entered into ANDS.

4.4. ADVERSE EVENTS FOLLOWING IMMUNIZATION:

- Upon confirmation of an AEFI (following the NS AEFI guidelines), the ANDS field titled "was there an AEFI following this immunization event" will be updated to "yes".
- It is also necessary to create a record in the notifiable disease section of ANDS as outlined in the AEFI Quick Reference Guide.
- If there is no record in ANDS of the immunization event which the adverse event followed, obtain appropriate details to enter the immunization event into ANDS. Once the immunization event is entered in ANDS, create an AEFI event, and link it to the appropriate immunization.

5. NOTIFIABLE DISEASES AND CONDITIONS (AEFIs)

Refer to the ANDS quick entry guides for further information regarding how to enter notifiable events (in the ANDS user manual and/ or Surveillance Guidelines).

5.1. SEARCHING RECORDS

- **All notifiable records on a client must be searched in ANDS prior to entering a new notifiable record to ensure there is no duplication of the event.**

5.2. CASE ENTRY

- Reporting through ANDS is required for reporting of all notifiable diseases and conditions (except HIV/AIDS) from the DHAs to DHW. Enhanced and urgent notification of diseases and conditions occurs through other procedures. See the Surveillance Guidelines for disease-specific reporting requirements.
- All cases with an episode date from January 1st 2009 onwards must be entered in ANDS. These cases are updated real-time through ANDS, and no notification is required to NS DHW when updates are made to cases with episode dates from 2009 onwards.
- Cases with an episode date earlier than January 1st 2009 may be entered into ANDS in consultation with NS DHW Surveillance Team in order for these data to be accurately captured.
- Case counting guidelines have been developed to ensure that notifiable disease cases are not reported and counted twice, and to provide consistency in how cases are reported and counted. Please refer to Table 1 below.

TABLE 1: Description of various residency scenarios for notifiable disease cases and guidelines for determining the reporting jurisdiction. **Please Note: For AEFIs, all cases are counted where the immunization was received.**

Residency scenario	Examples	Where the case is reported
Case with residence(s) in one DHA in NS	<ul style="list-style-type: none"> • NS resident with one permanent address 	Place of residence
Case with residences in different DHAs in NS (excluding students)	<ul style="list-style-type: none"> • Person who lives in one DHA most of the year but spends part of the year in another DHA (e.g. cottagers) • Person living in one DHA while working, returning to another DHA when not working (includes military personnel) 	Place where the case spends most of the year
Students living away from home	<ul style="list-style-type: none"> • Students studying within the province 	Place of diagnosis
Institutionalized cases (excluding incarcerated persons)	<ul style="list-style-type: none"> • Person who is institutionalized for a short term (e.g. patients in general hospitals or wards) 	Place of residence
	<ul style="list-style-type: none"> • Person who is institutionalized for a long term (e.g. residents of a nursing home) 	Facility where case is staying at time of diagnosis

Incarcerated persons	<ul style="list-style-type: none"> • Person incarcerated within NS 	Facility where case is staying at time of diagnosis
Case with residences in both NS and another province	<ul style="list-style-type: none"> • Person who lives in one province most of the year but spends part of the year in another province (e.g. cottagers) • Person living in one province for part of the year while working, returning to another province when not working 	Place where the case spends most of the year
Case without housing	<ul style="list-style-type: none"> • Homeless persons 	Place of diagnosis
Unknown residency - unable to contact client	<ul style="list-style-type: none"> • Cases lost to follow-up 	Place of diagnosis
Case residing outside of NS, within Canada	<ul style="list-style-type: none"> • Canadian travelers to NS 	Province of residence
Case residing outside of Canada	<ul style="list-style-type: none"> • International travelers to NS 	Place of diagnosis (Determined on a case-by-case basis)

Reference: Surveillance Guidelines 2011-Table 6.1

5.3. TIMING

- Initial case entry, including client information and mandatory fields pertaining to the notifiable diseases and conditions must be entered immediately, with the exceptions of Hepatitis B and C. Please see the Surveillance Guidelines for information on data entry for these two diseases.

5.4. EPISODE DATE AND TYPE

- ANDS allows the entry of only one episode date per case. Entry of subsequent dates obtained during case management over-ride the existing episode date in the system. Epidemiologically, the earliest date associated with a case of illness is preferred; that is, the date closest to the onset of symptoms.
- The earliest episode date and associated type is to be entered during initial case entry (often specimen collection date). Throughout the course of public health follow up and upon closing of the case, the episode date and type should be updated when new information on the case is obtained.
- The following episode date types are available in ANDS, to be used in the following order of preference:
 1. Onset date of symptoms – use as preferred episode date
 2. Clinical diagnosis date – use if onset date not available
 3. Specimen collection date – use if onset date and clinical diagnosis date not available
 4. Lab test result date – use if onset date, clinical diagnosis date and specimen collection date not available

5.5. RISK FACTORS

- Risk factors are not entered for any notifiable diseases and conditions.

5.6. CASE OUTCOME IN ANDS:

- The possible outcomes in ANDS are as follows:
 1. Alive – Hospitalized (definition: hospitalized for any reason during follow up)
 2. Alive – Hospitalized ICU (definition: hospitalized in ICU for any reason during follow up)
 3. Alive – Not Hospitalized (definition: not hospitalized for any reason during follow up)
 4. Deceased
 5. Unknown
- For any existing notifiable disease cases in ANDS where a client has been entered with an 'Outcome' of 'Alive-Hospitalized', do not make further changes to this 'Outcome' status unless recording a death.
- For example if you select "Alive-Hospitalized", do not change the outcome status to "Alive-Not Hospitalized" after the client has been released from hospital.
- This field is relied upon to report on hospitalizations, so it's imperative that if a client is hospitalized that the Outcome status remains unchanged, so this is reflected in reports.
- The only exception, as mentioned above, where you would change the 'Outcome' field would be for recording a death.

Deceased cases:

- Ensure 'Deceased' is selected in '**Outcome' field in ANDS.**

Hospitalized cases (not deceased):

- Ensure 'Alive –hospitalized' or 'Alive – Hospitalized ICU' are selected in 'Outcome' field in ANDS. This field will remain 'Alive – hospitalized' or 'Alive – Hospitalized ICU' if the case was ever known to be hospitalized during case follow up for any reason. Do not change if discharged alive from hospital.

5.7. CLOSING OF CASES (INVESTIGATION STATUS):

- Left to discretion of DHA to use as applicable to case management. However, once complete, all investigations are to be **closed** in ANDS. Please ensure all fields are updated prior to closing as indicated in the ANDS user manual.

5.8. CASE RESIDENCE AND PLACE OF LIKELY ACQUISITION

The '**City or Town**' field in ANDS reflects the city or town of residence of the client. If the client is determined to be from out of province, ensure 'OOP' is selected in client 'City or Town' field.

The field in ANDS '**Where was case's illness most likely acquired?**' indicates the place of likely acquisition of illness. It is possible to select from the following:

- In province
- Outside of province – in Canada
- Outside of Canada
- Unknown

By appropriately entering the city or town of residence of the client as well as the place where illness was most likely acquired, reports can be created to reflect the data of interest (i.e. all cases in NS residents, all reported cases of enteric illness or Lyme disease stratified by acquired inside NS and outside NS, etc.).

5.9. TRANSFERRING BETWEEN DISTRICTS:

- To facilitate transfer between districts of notifiable events, the ANDS Trainer will contact the PH Application Specialist by email (PHAPPSUPPORT@gov.ns.ca).