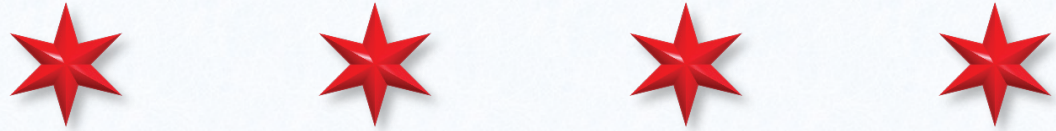


CHIMS | ELECTRONIC SYPHILIS CASE REPORTING

OCTOBER 2021



CHICAGO HEALTH INFORMATION MANAGEMENT SYSTEM



Lori E. Lightfoot
Mayor



Allison Arwady, MD, MPH
Commissioner

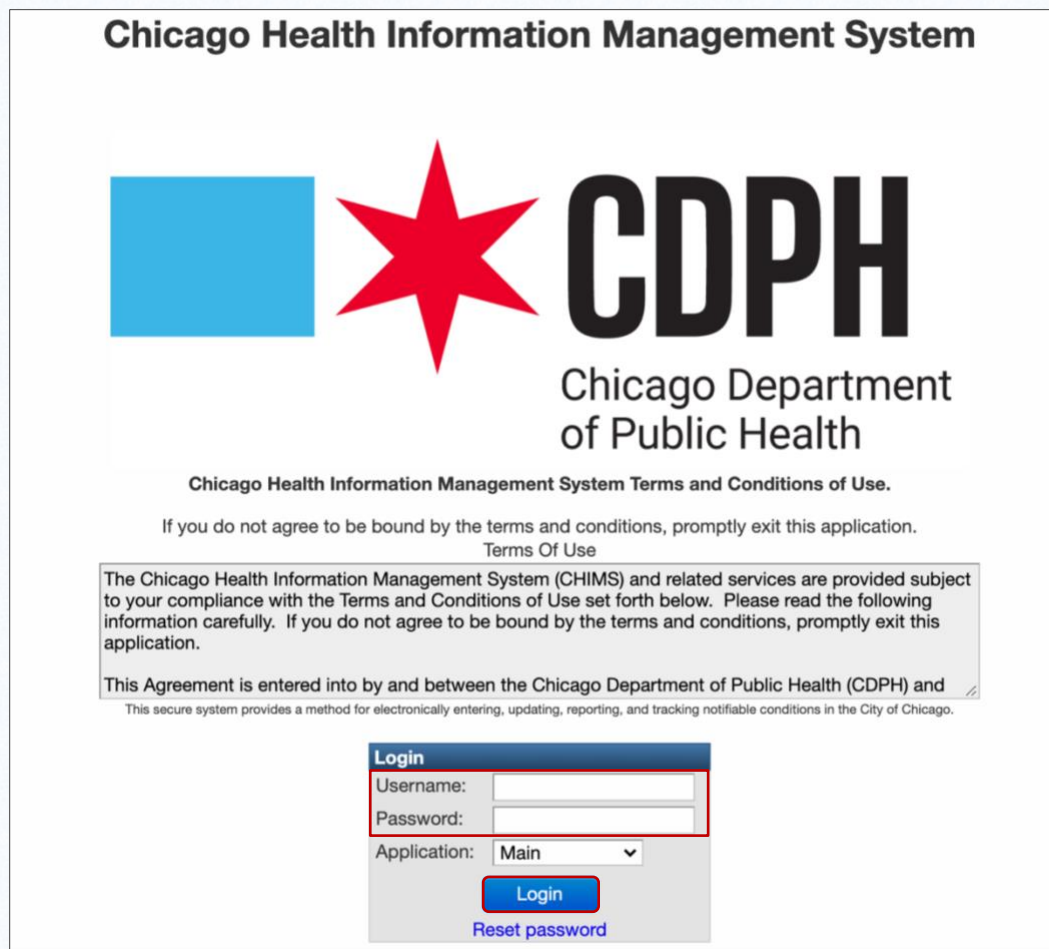
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CHIMS [Chicago Health Information Management System] is an electronic surveillance system utilized by the Chicago Department of Public Health [CDPH] for the mandated[†] case reporting of sexually transmitted infections [STIs] and HIV/AIDS by Chicago health care professionals.[‡] The following instructions detail the procedures for electronically submitting HIV/AIDS case reports via CHIMS.

LOGGING IN TO THE CHIMS PROVIDER PORTAL

- ★ Go to the CHIMS Login Page at <https://chims.cityofchicago.org/maven/login.do>. Please only use Google Chrome  browser to access CHIMS.
- ★ Enter your **Username** and **Password** and click **Login**.



Chicago Health Information Management System

 **CDPH**
Chicago Department of Public Health

Chicago Health Information Management System Terms and Conditions of Use.

If you do not agree to be bound by the terms and conditions, promptly exit this application.
Terms Of Use

The Chicago Health Information Management System (CHIMS) and related services are provided subject to your compliance with the Terms and Conditions of Use set forth below. Please read the following information carefully. If you do not agree to be bound by the terms and conditions, promptly exit this application.

This Agreement is entered into by and between the Chicago Department of Public Health (CDPH) and
This secure system provides a method for electronically entering, updating, reporting, and tracking notifiable conditions in the City of Chicago.

Login

Username:

Password:

Application: Main

[Reset password](#)

[†]For more information regarding the requirements for mandated reporting of sexually transmitted infections (STIs) and HIV/AIDS in the State of Illinois, refer to the following websites:

<http://www.ilga.gov/commission/icar/admincode/077/07700693sections.html> (STIs)
<https://www.ilga.gov/commission/icar/admincode/077/07700697sections.html> (HIV/AIDS)



[‡]The Illinois Administrative Code defines a health care professional as a physician (MD or DO) licensed to practice medicine in all its branches, a licensed physician's assistant (PA), or a licensed advanced practice nurse (APN).

CREATION OF NEW SYPHILIS EVENT

★ To begin the process of creating a new Syphilis event, click on the **Paper Icon**.

Chicago Health Information Management System SHORTCUT BUTTONS [Home ? Enter Case ID Search Eric Warren v]

TOOLBAR

- Create Event** | Create a new event
- Search Event** | Search for an existing event based on various search criteria
- Reports** | View/print and export reports from data entered in CHIMS [limited functionality]
- Recent Events** | Provide access to the last 20 events the user has opened or created

Welcome to the CHIMS Reporting Site

Getting Started

- To create a new case report, use the Create Event button on the tool bar above (far left).
- Your most recent case reports are listed below. To find older case reports, use the Search tool (magnifying glass) on the tool bar above.
- Click the link in the CASE ID column to see detailed information about a specific case report.
- To update your professional information, click on your name in the My Professional Information section below.
- To update your contact information, choose Edit Profile in the drop-down after clicking your name at the top right of the screen.
- Link to [State of Illinois â€ Reportable STIs and Laboratory Results](#).
- Link to [State of Illinois â€ HIV/AIDS Confidentiality and Testing Code](#).

My Professional Information

Name	Date Created	Last Updated
Eric Warren	02/11/2021	02/12/2021

My Recent Cases

Case ID	Date Created	Patient Name	Condition	Status
100000121	02/20/2021	HIV Test4	900 - HIV	Open
100000120	02/19/2021	STD Test7	700 - Syphilis	Open
100000112	02/11/2021	STD Test6	700 - Syphilis	Open
100000109	02/11/2021	STD Test5	700 - Syphilis	Open
100000106	02/09/2021	700 Test2	700 - Syphilis	Open

Provider labs imported by CDPH

My Lab Tests

Case ID	Patient Name	Specimen Collection Date	Specimen Source	Test	Result	Titer	Result Notes
100000121	HIV Test4	02/08/2021	Blood	HIV 1 and 2 Ab [Identifier] in Serum or Plasma by Rapid immunoassay	Positive (10828004)		
100000121	HIV Test4	02/08/2021	Blood	HIV 1 RNA [# /volume] (viral load) in Plasma by Probe & signal amplification method	Detected	250	
100000096	700 Test1	02/01/2021		Reagin Ab [Titer] in Serum by RPR		1:16	
100000096	700 Test1	02/01/2021		Treponema pallidum Ab c in Serum by Immunoassay	Reactive (G-A497)		
100000096	700 Test1	02/01/2021		Reagin Ab [Presence] in Serum by RPR	Reactive (G-A497)		

Filter:

Showing 1 to 5 of 5 entries First Previous **1** Next Last

SHORTCUT

Home | Depending on where the user was prior to using this button, it will either take the user back to the Dashboard Screen or to the patient's Event Summary Screen.

Help | Currently Not Functional

Search | Allows the user to quickly open an event by entering the Event ID. Users may also perform free-text searches.

Search

provider external v

Administration | Allows the user to edit their profile or log out of the system.

Edit Profile

- * In the Event Information section, select **700 – Syphilis** as the Disease.
- ATTENTION** | Before continuing, click [Search Person...](#) at the bottom of the page to ensure that the person does not have a pre-existing event.
- * Populate the fields for which you have information. Please ensure that you scroll down to view all of the fields.

Create Event - Person Information

Event Information

Disease:

Add Person

First Name: Middle Name: Last Name:

Maiden/Other Name:

Mother's Maiden Name:

Birth Date: Social Security Number:

Additional Demographics

Name Type: [Add New](#)

Alias Date of Birth: [Add New](#)

Sex at Birth: Current Gender Identity:

Race: Expanded Race: Ethnicity:

American Indian Alaskan Native
Asian
Black or African American
White

↓ SCROLL DOWN TO CONTINUE DATA ENTRY ↓

★ Once all of the available information has been entered, click **Save** at the bottom of the screen.

Emergency Contact First Name:	Emergency Contact Last Name:	
<input type="text"/>	<input type="text"/>	
Emergency Contact Relationship:		
<input type="text" value="▼"/>		
Emergency Contact Phone:		
<input type="text"/>		
Emergency Contact Street Address:	Emergency Contact Street Address 2:	
<input type="text"/>	<input type="text"/>	
Emergency Contact City:	Emergency Contact State:	Emergency Contact Zip Code:
<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>

Contact Information

Street:

City: State: Zip Code:

County: Country:

Home Phone: Mobile Phone: Work Phone:

Email:

Contact Method: Residence Type:

ENTERING SYPHILIS CASE INFORMATION

★ To begin the process of entering Syphilis case information, double click **Confidential Morbidity Report of STIs**.

Event Summary x

Basic Information	
Event ID:	103473182
Disease:	700 - Syphilis
Person:	Syphilis Case1 Birth Date: 09/08/1989 Phone: (999) 999-9999
Dates:	Create Date: 09/25/2021
Maven Status:	Open
Linked Events/Contacts:	0 linked event(s)/contact(s)
Notifications:	General Notifications (1) Lot Number: Not answered General Notifications (1) Diagnosis Date: Not answered General Notifications (1) Diagnosis Code: Not answered

Event Data
Person

Question Packages				
Question Package	Person	Last Update	Updated By	Status
▶ Confidential Morbidity Report of STIs	Syphilis Case1	09/25/2021	Test Physician2 [eric.warren@cityofchicago.org]	Incomplete
Laboratory Test Results (read only)	Syphilis Case1	09/25/2021	Test Physician2 [eric.warren@cityofchicago.org]	Completed

SECTION 1 | Reporter Identification

- ★ Select a **Reporting Facility** from the dropdown list. The location information will automatically populate in the **Provider Information** section.

Reporter Information			
* Date of report	09/25/2021		
* Reporting facility	Englewood Medical Center (Test)		
Person completing form	Test Physician2	* Reporter phone number	(773) 000-9996
		* Reporter Email	eric.warren@cityofchicago

SECTION 2 | Provider Information

- ★ Enter the **Attending Clinician** and the **Reason for Visit**.
- ★ Select **Testing Clinician**, **Treating Clinician**, or both.

Provider Information			
* Attending clinician		Department/clinic	
Clinician Phone Number	(312) 747-8900	Alt. phone	
* Street address	641 W 63RD St	Street address 2	Lower Level
* City	Chicago	State	IL
* Reason for visit		* ZIP code	60621
* Testing or treating clinician	<input type="checkbox"/> Testing <input type="checkbox"/> Treating		

SECTION 3 | Patient Information

- ★ Indicate the **Sex of Sex Partners** [if known].
- ★ If the patient is a female [sex at birth], indicate if they are **Pregnant** [if known]. If **Yes** is selected, indicate the **Due Date** [if known].
- ★ Indicate the patient's **HIV Status** [if known].

Note | The case report will be flagged as incomplete if the fields highlighted in **Green** are not populated.

Patient Information			
* First name	Syphilis	Middle initial/name	
* Street address	2849 N Clark St	Street address 2	Apt. 123
City	Chicago	State	IL
County	Cook County	* Zip code	60657
Phone number	(999) 999-9999	Alternate phone number	
* Date of birth	09/08/1989		
* Age	32		
* Gender	Female		
* Hispanic ethnicity	Hispanic		
* Race	<input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Refused <input type="checkbox"/> Black or African American <input type="checkbox"/> Unknown <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Not asked <input checked="" type="checkbox"/> White		
* Sex of sex partners	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgendered: M-to-F <input type="checkbox"/> Transgendered: F-to-M <input type="checkbox"/> Unknown		
* Pregnant	Y - Yes		
Due date	MM/DD/YYYY		
* HIV status	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Unknown		

SECTION 4 | Diagnosis

- ★ If you are reporting a new case of syphilis, select a **Stage** [Diagnosis] from the dropdown list.
- ★ If **Signs/Symptoms** were present, indicate by checking the relevant **box[es]**.
- ★ For each sign or symptom checked, **Specify the Signs/Symptoms**, enter the **Onset** and the **Duration [days]**.
- ★ If **Neurological** signs/symptoms were present, but there is no CSF-VDRL or the CSF-VDRL is negative, select **Probable [Negative CSF-VDRL]**.
- ★ If **Neurological** signs/symptoms were present and the CSF-VDRL is positive, select **Confirmed [Positive CSF-VDRL]** and enter the test result in the Laboratory Tests section.
- ★ If this is not a new case of syphilis or has been previously reported, select Previous Infection. Please ensure that the **Stage** field is not populated and that no Signs/Symptoms boxes are checked.

Note | The case report will be flagged as incomplete if the fields highlighted in **Green** are not populated.

Diagnosis			
* Stage	710 - Primary syphilis		
* Signs/symptoms	<input checked="" type="checkbox"/> Lesion (ulcer) <input type="checkbox"/> Rash <input type="checkbox"/> Neurologic <input type="checkbox"/> Optic <input type="checkbox"/> Otic <input type="checkbox"/> Other <input type="checkbox"/> No signs/symptoms <input type="checkbox"/> Unknown		
Specify lesion (ulcer) signs/symptoms		Onset	MM/DD/YYYY
Neurological		Duration (days)	
Previous infection	<input type="checkbox"/> Yes		

SECTION 5 | Laboratory Tests [Provider Reported]

- ★ If laboratory tests are available, enter the **Specimen Collection Date**.
- ★ Select the **Specimen Source**, the **Test**, and the **Result**. If the **Test** is a quantitative [titer] RPR or VDRL, select the **Titer 1**.
- ★ If **CSF WBC** or **CSF Protein** tests were performed, enter the **Quantitative Results** in the relevant fields.
- ★ To enter additional laboratory tests, click **Add New**.

Laboratory Tests (Provider Reported)	
* Specimen collection date	09/24/2021 Add New
Specimen Information	
Specimen received date	MM/DD/YYYY
Specimen source	
Accession number	
Test and Result	
Test	
Test description	
Result	
* Titer 1	
CSF WBC	
CSF protein	
Result description	

SECTION 6 | Treatment

- ★ If the patient received treatment, select the **Medication Name** from the dropdown list.
- ★ Select the **Dose**, **Frequency**, **Duration**, **Route**, and enter the **Date Treatment Started**.
- ★ If the patient did not receive treatment, select **No Treatment Given**.
- ★ To enter additional treatment, click **Add New**.

Note | The case report will be flagged as incomplete if the fields highlighted in **Green** are not populated.

Treatment	
Please see CDC STI treatment guidelines	
* Specify medication name	<input type="text" value=""/> Add New
* Dose	<input type="text" value=""/>
* Frequency	<input type="text" value=""/>
* Duration	<input type="text" value=""/>
* Route	<input type="text" value=""/>
* Date treatment started	<input type="text" value="MM/DD/YYYY"/>
No treatment given	<input type="checkbox"/> Yes

SECTION 7 | Partner[s] Treatment

- ★ Indicate if the patient's partner[s] received treatment or were referred for treatment by checking the relevant **Partner Treatment** box[es].

Partner(s) Treatment	
Partner treatment	<input type="checkbox"/> Yes: Treated in clinic <input type="checkbox"/> Yes (other) <input type="checkbox"/> No: Instructed patient to refer partner(s) <input type="checkbox"/> No: Partner(s) referred to... <input type="checkbox"/> Unknown

SECTION 8 | Comments

- ★ If additional or other relevant information is available regarding the case, enter in the **Comments** field.

Comments	
Comments Note written by: Date and time:	<input type="text"/>

SUBMISSION OF SYPHILIS CASE REPORT

- ★ Once you have entered all available information and are ready to submit the Syphilis case report to the Chicago Department of Public Health:
 - ◆ Select **Yes** for **Submit Now to the DPH?**
 - ◆ Click **Save**.

Report Submission

* Submit now to the DPH? **Yes** ▾

Date submitted 10/09/2021

* Indicates required field

Save Cancel Help

LOGGING OUT OF THE CHIMS PROVIDER PORTAL

- ★ To log out of the CHIMS Provider Portal:
 - ◆ Click on your **Username** in **blue**.
 - ◆ Click **Logout**.

Chicago Health Information Management System

Home ? Enter Case ID Search Test Physician2 ▾

Edit Profile

Logout

TEST	CHIMS TEST EQUIVALENT
Non-Treponemal	
CSF-VDRL [Qualitative]	Reagin Ab [Presence] in Cerebral Spinal Fluid by VDRL
CSF-VDRL [Quantitative]	Reagin Ab [Titer] in Cerebral Spinal Fluid by VDRL
RPR [Qualitative]	Reagin Ab [Presence] in Serum by RPR
RPR [Quantitative]	Reagin Ab [Titer] in Serum by RPR
STAT RPR [Qualitative]	STAT RPR
Treponemal	
Darkfield	Microscopic Observation: Dark Field Examination
DFA-TP	Microscopic Observation: IF
EIA	<i>Treponema pallidum</i> Ab c in Serum by Immunoassay
EIA [Total Antibody]	<i>Treponema pallidum</i> IgG + IgM Ab c in Serum by Immunoassay
FTA-ABS	<i>Treponema pallidum</i> Ab c in Serum by Immunofluorescence
MHA-TP	<i>Treponema pallidum</i> Ab c in Serum by Hemagglutination
TP-PA	<i>Treponema pallidum</i> Ab c in Serum by Agglutination
Other	
CSF WBC [Manual] ¹	Leukocytes [# /Volume] in Cerebral Spinal Fluid by Manual Count
CSF WBC [Automated] ¹	Leukocytes [# /Volume] in Cerebral Spinal Fluid by Automated Count
CSF Protein ²	Protein [Mass/Volume] in Cerebral Spinal Fluid

¹ CSF WBC Normal Values: 0-5 cells/mL | ² CSF Protein Normal Values: 15-60 mg/dL [0.15-0.6 mg/mL]

APPENDIX B | SYPHILIS TREATMENTS

MEDICATION	DOSE	FREQUENCY	DURATION	ROUTE
Syphilis Stage Primary, Secondary, Early¹ [Non-Primary/Non-Secondary]				
Benzathine PCN G [<i>Bicillin</i>]	2.4 mu	Single Dose	1 Day	IM ⁵
Doxycycline [<i>Vibramycin</i>]	100 mg	BID [2x/day]	14 Days	PO ⁶
Syphilis Stage Late² or Unknown Duration				
Benzathine PCN G [<i>Bicillin</i>]	7.2 mu ³	1-Week Interval	3 Weeks	IM ⁵
Doxycycline [<i>Vibramycin</i>]	100 mg	BID [2x/day]	28 Days	PO ⁶
Syphilis Stage Any with Neurological, Ocular or Otic Involvement				
Aqueous Crystalline PCN G	18-24 mu ⁴	Q 24 Hrs	10-14 Days	IV ⁷
Procaine PCN G + Probenecid	2.4 mu	QD [per day]	10-14 Days	IM ⁵
	500 mg	QID [4x/day]	10-14 Days	PO ⁶

¹ Syphilis with duration of less than 12 months | ² Syphilis with duration of greater than 12 months

³ 7.2 mu total, administered as 3 doses of 2.4 mu each at 1-week intervals

⁴ 18-24 mu total, administered as 3-4 mu IV every 4 hours | ⁵ Intramuscular | ⁶ Oral | ⁷ Intravenous

NOTE

For more information about syphilis treatments, refer to the *2021 CDC STI Treatment Guidelines* at <https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>

Incomplete Case Report in CHIMS



o chims@cityofchicago.org <chims@cityofchicago.org>

Yesterday at 2:31 PM

To: o Eric Warren

08/02/2021
University Of Chicago Medical Center

Dear Dr. Black,

Thank you for submitting a recent report in CHIMS (Chicago Health Information Management System). Per Illinois Administrative Code, sexually transmitted infections (STIs) and HIV/AIDS must be reported within seven (7) days and should include information such as demographics, diagnosis, and treatment. For information about STI and HIV/AIDS reporting in Illinois, please refer to the following: <https://www.ilga.gov/commission/jcar/admincode/077/07700693sections.html> (STIs) and <https://www.ilga.gov/commission/jcar/admincode/077/07700697sections.html> (HIV/AIDS).

For information regarding the Centers for Disease Control and Prevention's (CDC) STD Treatment Guidelines, please refer to the following:

<https://www.cdc.gov/std/tg2015/default.htm>

Your efforts to provide complete and accurate STI and HIV/AIDS reporting information are critical, as these reports serve many vital public health purposes, including monitoring trends in disease morbidity and antibiotic resistance, targeting public health prevention efforts, etc.

Your recently submitted report is missing some important information. Please see below for more details. ("X" indicates missing or incomplete data):

CHIMS Event ID (last four digits): xxxxx6387

Data Field	Missing Value (X)
Sex of patients' sex partners	
Stage (diagnosis)	
Signs / symptoms	X
Treatment	X
Lab Tests	
Pregnancy (Yes/No & Due date)	
HIV status	

Please login to the CHIMS Provider Portal (<https://chims.cityofchicago.org/maven/login.do>) to update and save your report with the additional information. If you have questions regarding STI and HIV/AIDS reporting or the contents of the message, please email chims@cityofchicago.org.

Incorrect treatment reported in CHIMS



o chims@cityofchicago.org <chims@cityofchicago.org>

Today at 11:47 PM

To: o Eric Warren

08/03/2021
University Of Chicago Medical Center

Dear Dr. Black,

Thank you for submitting a recent report in CHIMS (Chicago Health Information Management System). Per Illinois Administrative Code, sexually transmitted infections (STIs) and HIV/AIDS must be reported with seven (7) days and should include information such as demographics, diagnosis, and treatment. For information about STI and HIV/AIDS reporting in Illinois, please refer to the following: <https://www.ilga.gov/commission/jcar/admincode/077/07700693sections.htm> (STIs) and <https://www.ilga.gov/commission/jcar/admincode/077/07700697sections.htm> (HIV/AIDS).

For information regarding the Centers for Disease Control and Prevention's (CDC) STD Treatment Guidelines, please refer to the following:

<https://www.cdc.gov/std/tg2015/default.htm>

Your efforts to provide complete and accurate STI and HIV/AIDS reporting information are critical, as these reports serve many vital public health purposes, including monitoring trends in disease morbidity and antibiotic resistance, targeting public health prevention efforts, etc.

Your recently submitted report contains potentially incorrect treatment information.

CHIMS Event ID (last four digits): xxxxx6387

Reason: First medication dosage

Medications:

1) Benzathine Penicillin G 1.2 mu single dose 1 day IM

Please login to the CHIMS Provider Portal (<https://chims.cityofchicago.org/maven/login.do>) to update and save your report with the correct treatment information. If you have questions regarding STI and HIV/AIDS reporting or the contents of the message, please email chims@cityofchicago.org.

APPENDIX E | CHICAGO HEALTH INFORMATION MANAGEMENT SYSTEM TERMS AND CONDITIONS OF USE

The Chicago Health Information Management System [CHIMS] and related services are provided subject to your compliance with the Terms and Conditions set forth below. Please read the following information carefully. If you do not agree to be bound by the terms and conditions, promptly exit this application.

This AGREEMENT is entered into by and between the Chicago Department of Public Health [CDPH] and you, the User of the Department's Health Information Management System.

1. Applicability § This Agreement states certain terms that apply to User's access to CHIMS. User agrees to comply with, and be bound by, this Agreement, and to use CHIMS only for the purposes for which it is intended. CDPH may revise these Terms and Conditions at any time without notice. User's continued use of CHIMS after the Terms and Conditions are changed indicates User's acceptance of those new Terms and Conditions.

2. Privacy and Confidentiality of Identifiable Personal Information § CDPH and the organizations and individuals that use CHIMS are required by law to protect the privacy and security of the identifiable personal information [personal data] in CHIMS. CDPH reserves the right to exercise complete control over the access, use, disclosure, and disposition of the personal data in CHIMS. User agrees to use all personal data in compliance with this Agreement, and all other applicable state and federal laws concerning the confidentiality of personal data.

3. Unauthorized Access: User Responsibilities § User agrees: [a] to use its best efforts and to take all steps reasonably necessary to prevent unauthorized access to, use of, or disclosure of personal data; [b] to notify CDPH both orally and in writing as soon as possible about any unauthorized access to, use of, or disclosure of personal data, and [c] to take such measures, in consultation with CDPH, as are reasonably necessary to mitigate or address any unauthorized access to, use of, or disclosure of personal data. None of the foregoing shall be construed to waive any rights or remedies that CDPH possesses in the event of unauthorized access to, use of, or disclosure of personal data.

4. Use of Personal Data within User's Organization § User is responsible for limiting access to personal data obtained from the CHIMS to those employees, contractors, and agents that need such information in furtherance of a legitimate business purpose related to the CHIMS, and that are allowed by law to access such information. User is responsible for ensuring that its employees, contractors, and agents that use personal data produced by or associated with the CHIMS are aware of, and comply with, the applicable provisions of this Agreement, and all other applicable state and federal laws concerning the confidentiality of personal data. User is responsible for the acts or omissions of its employees, contractors, and agents.

5. User IDs and Passwords § User IDs and passwords will only be granted at the direction of CDPH. User's assigned ID and password are non-transferable and may not be shared with any other employee or individual.

6. Termination of Access § CDPH may terminate any User's or authorized user's right to access CHIMS at any time, with or without cause, without notice and without penalty. None of the foregoing shall be construed: [1] to relieve User of any of the responsibilities imposed by this Agreement or by applicable law; or [2] to waive any rights or remedies that CDPH possesses in the event of unauthorized access to or use of CHIMS.

7. Governing Law § Any actions arising out of User's access to CHIMS shall be governed by the laws of Illinois and shall be brought and maintained in a state or federal court in Illinois which shall have exclusive jurisdiction thereof.

