

## Multidrug-resistant organism (MDRO) modules in I-NEDSS

### Entry Protocol for Providers

Created 11/2019

**Purpose:** Public health departments collect epidemiologic data on certain MDROs as part of public health investigation and response. Providers can send these data to their local health departments through I-NEDSS for the following MDROs:

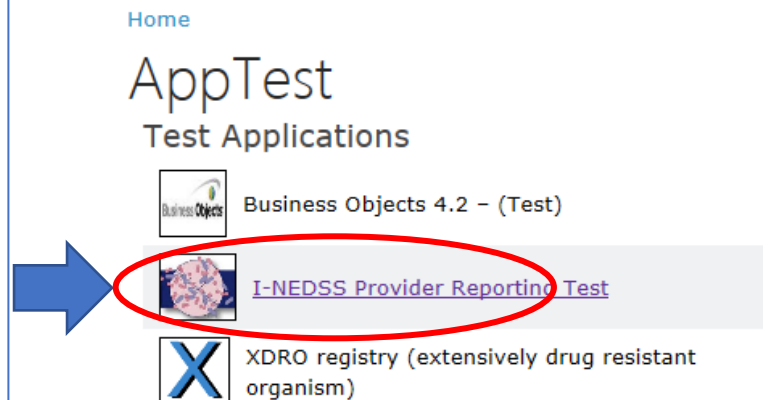
- Carbapenem-resistant *Acinetobacter baumannii* (CRAB),
- Carbapenem-resistant *Enterobacteriaceae* (CRE),
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA),
- *Candida auris*, clinical,
- *Candida auris*, screening.

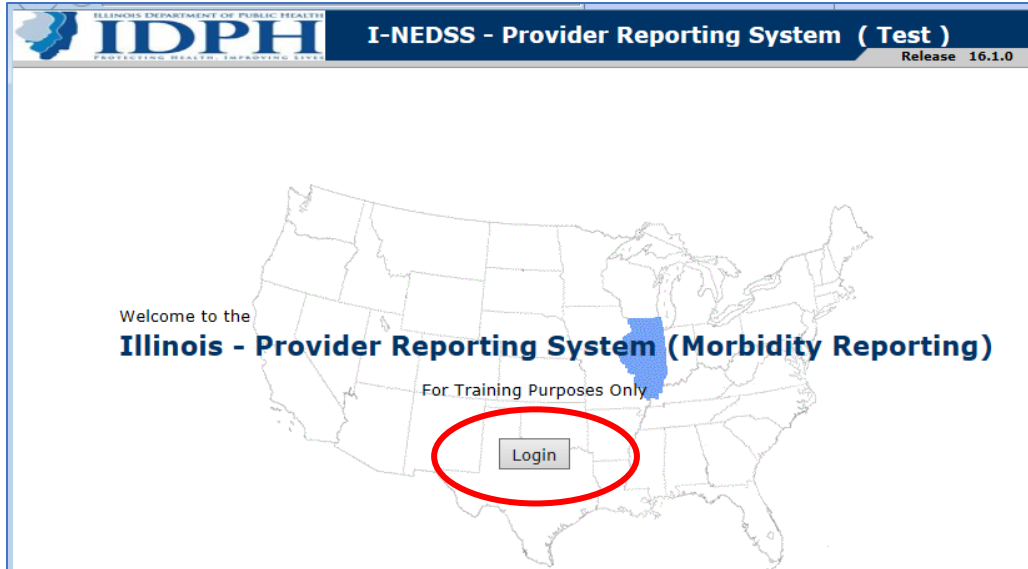
### Procedure:

1. Not every MDRO case needs information to be submitted to I-NEDSS. Your local health department will often contact you if it is needed.
2. Log into I-NEDSS through the State of Illinois Web Authentication Portal (<https://portalhome.dph.illinois.gov/>).
  - a. Click on **I-NEDSS Provider Reporting** icon under ‘**Production Applications**’ (Note: Test was used to obtain screenshots below, but real data should be entered in **Production**).
  - b. Click on the ‘Login’ to enter I-NEDSS Provider Reporting.

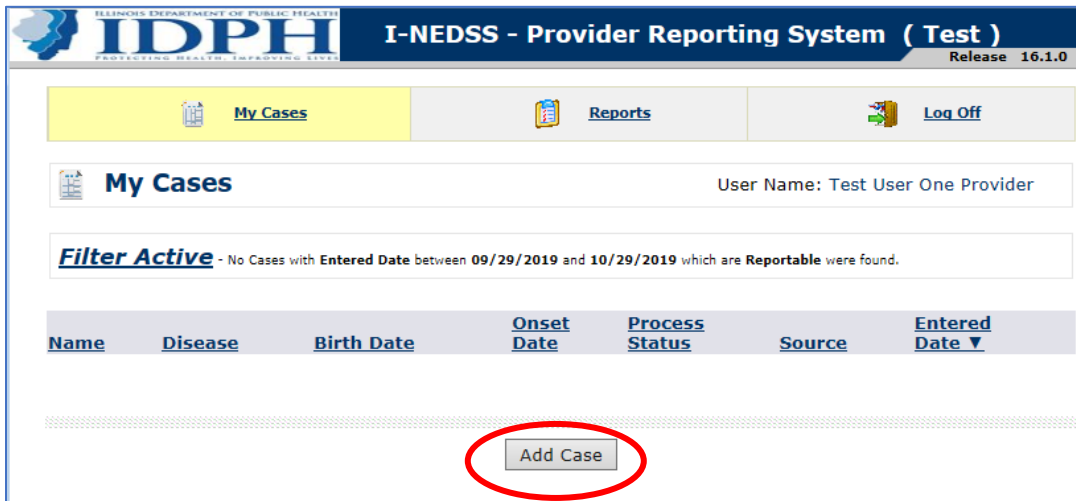


The screenshot shows the State of Illinois Web Authentication Portal. At the top left is the State of Illinois seal. The page title is "State of Illinois Web Authentication Portal". Below the title is a "Security" section with radio buttons for "This is a public or shared computer" (selected) and "This is a private computer". There is a checkbox for "I want to change my password after logging on". A red warning message states: "\*\*Warning! Unauthorized access is prohibited\*\*". Below the warning is a disclaimer: "Further access is limited to authorized users only. By accessing or using this system you are consenting to monitoring and recording, which may be disclosed for administrative, disciplinary, civil, or criminal actions, penalties, or prosecution. Users should have no expectation of privacy when accessing or using this system or any of its components." The login form includes a "Domain" dropdown menu set to "DPH Employees", a "User name" field with "UserID", and a "Password" field with four asterisks. A "Log On" button is at the bottom right of the form. At the bottom left, there is a link for "Don't have an Illinois.gov ID? Sign up". The footer contains the copyright notice: "© 2007 State of Illinois. All rights reserved."





3. Once logged in, click “Add Case”



4. Select the disease from the list on the left. It will then appear to the right under “Selected disease”. Click OK.
- If reporting CRE, click the “+” to expand the CRE folder. Select the correct mechanism and organism combination. If more than one CRE type was identified for the same person (e.g., a case was NDM-*E. coli* and KPC-*K. pneumoniae* positive), you can copy the case (covered later).
  - There are two types of *C. auris* cases, clinical and screening.
    - Clinical cases are based on specimens collected during clinical care for the purpose of diagnosing or treating disease. For clinical cases, complete all sections in the module.
    - Screening is when swabs were collected from patients to determine whether they were colonized with the organism. For screening cases, fill out the patient and case information, laboratory tests, and healthcare facility encounter

page for the facility where the specimen was collected and the facility where the patient was admitted from, if applicable.

**Disease Selection** User Name: Test User One Provider

**Disease**

Available Diseases

- [-] A
- [-] B
- [-] C
  - [-] Campylobacteriosis
  - [-] Candida auris\_clinical
  - [-] Candida auris\_screening
  - [-] Carbapenem Resistant Acinetobacter Baumannii
  - [-] Carbapenem Resistant Enterobacteriaceae
  - [-] Carbapenem Resistant Pseudomonas Aeruginosa
  - [-] CE - California Neuroinvasive Disease
  - [-] CE - California Non-Neuroinvasive Disease
  - [-] CE - Jamestown Canyon Neuroinvasive Disease
  - [-] CE - Jamestown Canyon Non-Neuroinvasive Disease
  - [-] CE - Keystone Neuroinvasive Disease
  - [-] CE - Keystone Non-Neuroinvasive Disease
  - [-] CE - LaCrosse Neuroinvasive Disease
  - [-] CE - LaCrosse Non-Neuroinvasive Disease
  - [-] CE - Snowshoe hare Neuroinvasive Disease
  - [-] CE - Snowshoe hare Non-Neuroinvasive Disease
  - [-] CE - Trivittatus Virus Neuroinvasive Disease
  - [-] CE - Trivittatus Virus Non-Neuroinvasive Disease
  - [-] Chikungunya Neuroinvasive Disease
  - [-] Chikungunya Non-Neuroinvasive Disease
  - [-] Chlamydia
  - [-] Congenital Rubella
  - [-] Creutzfeldt-Jakob Disease (CJD)
  - [-] Cryptosporidiosis
  - [-] Cyclosporiasis
- [-] D
- [-] E
- [-] F

Selected Disease: \*

(\*) Mandatory

**Disease**

- [-] Carbapenem Resistant Acinetobacter Baumannii
- [-] Carbapenem Resistant Enterobacteriaceae
  - [-] CRE-IMP-Citrobacter freundii
  - [-] CRE-IMP-Citrobacter koseri
  - [-] CRE-IMP-Citrobacter spp.
  - [-] CRE-IMP-Enterobacter cloacae
  - [-] CRE-IMP-Enterobacter spp.
  - [-] CRE-IMP-Escherichia coli
  - [-] CRE-IMP-Klebsiella (Enterobacter) aerogenes
  - [-] CRE-IMP-Klebsiella oxytoca
  - [-] CRE-IMP-Klebsiella pneumoniae
  - [-] CRE-IMP-Klebsiella spp.
  - [-] CRE-IMP-Morganella morganii
  - [-] CRE-IMP-Pantoea agglomerans
  - [-] CRE-IMP-Proteus mirabilis
  - [-] CRE-IMP-Proteus spp.
  - [-] CRE-IMP-Providencia spp.
  - [-] CRE-IMP-Providencia stuartii
  - [-] CRE-IMP-Raoultella spp.
  - [-] CRE-IMP-Salmonella spp.
  - [-] CRE-IMP-Screen only (organism unknown)
  - [-] CRE-IMP-Serratia marcescens
  - [-] CRE-IMP-Serratia spp.
  - [-] CRE-IMP-Shigella spp.
  - [-] CRE-IMP-Yersinia spp.
  - [-] CRE-KPC-Citrobacter freundii
  - [-] CRE-KPC-Citrobacter koseri
  - [-] CRE-KPC-Citrobacter spp.
  - [-] CRE-KPC-Enterobacter cloacae
  - [-] CRE-KPC-Enterobacter spp.
  - [-] CRE-KPC-Escherichia coli
  - [-] CRE-KPC-Klebsiella (Enterobacter) aerogenes

Selected Disease: \*

Carbapenem Resistant Enterobacteriaceae - CRE-NDM-Escherichia coli

(\*) Mandatory

- Enter as many case details as you can, starting with Patient Information. Under Address, put the patient's address at disease/colonization onset. For patients who reside in a long-term care facility, enter the facility's address.

**Case Details**

User Name: Test User One Provider

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**Patient Information**

First: \*

Middle:

Last: \*

Suffix:

DOB: (mm/dd/ccyy)  /  /   Current Age:  Years

Sex at Birth:  Current Gender:

Ethnicity:

Deceased:  Deceased Date: (mm/dd/ccyy)  /  /

Available Selected

Races: 

American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander

Address Line 1:   
(Enter street address only. Example: 1234 W Main Street)

Address Line 2:   
(Enter PO Box#, Suite#, Apt#, Room#, etc.)

City:

State:  Zip Code:  -

County:  Country:

Community Area:  (Applicable for Chicago only.)

Home Phone #: (  )  -  Cell Phone #: (  )  -

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**Case Information**

Disease: Carbapenem Resistant Enterobacteriaceae - CRE-NDM-Escherichia coli

Earliest Report Date: (mm/dd/ccyy)  /  /

Disease/Onset Date: (mm/dd/ccyy)  /  /

Was the patient seen in an emergency department?

ER Hospital:

If ER hospital not found, enter information here:

Was the patient admitted to a hospital?

**Note:** If you cannot complete the module at once, scroll to the bottom of the page and hit 'Save as draft'. To return to the case, go to My Cases, find the correct person and disease, and click on the hyperlinked name.

**Other Information**

Comment:  
(Include any additional pertinent information.)

**Additional Required Information**

[Medical History](#) - Add or update patients medical history information.  
[Healthcare Facility Encounter](#) - Add or update healthcare facility encounter information.  
[Laboratory Tests](#) - Add or update laboratory test information.  
[Epidemiologic Data](#) - Add or update all epidemiologic data.

**\*\*Please fax the laboratory confirmation report to your local health department (LHD).\*\***

(\*) Mandatory

Submit to LHD **Save As Draft** Cancel

My Cases Reports Log Off

**My Cases** User Name: Test User One Provider

**Filter Active** - Showing All Cases with Entered Date between 09/29/2019 and 10/29/2019 which are Reportable. Cases: 1 - 1 of 1

Name	Disease	Birth Date	Onset Date	Process Status	Source	Entered Date
<a href="#">Case Test</a>	Carbapenem Resistant Enterobacteriaceae - CRE-NDM-Escherichia coli	01/01/1950	10/20/2019	D	P	10/29/2019 <a href="#">View</a> <a href="#">Delete</a>

Add Case

6. On the Case Details page, under “Additional Required Information,” there are links to other pages (e.g., Medical History, Healthcare Facility Encounter) that also need to be filled out. These pages, and the questions on each page, may vary depending on the disease.

**Jurisdiction**

Select a Jurisdiction: Chicago Department of Public Health

**Other Information**

Comment:  
(Include any additional pertinent information.)

**Additional Required Information**

[Medical History](#) - Add or update patients medical history information.  
[Healthcare Facility Encounter](#) - Add or update healthcare facility encounter information.  
[Laboratory Tests](#) - Add or update laboratory test information.  
[Epidemiologic Data](#) - Add or update all epidemiologic data.

**\*\*Please fax the laboratory confirmation report to your local health department (LHD).\*\***

(\*) Mandatory

Submit to LHD Save As Draft Cancel

7. Medical History – fill out as much detail as you can, then hit Save at the bottom of the page.

User Name: Test User One Provider

Name	Birth Date	Current Age	Sex	Disease	Onset Date
Test Case	01/01/1950	69 Years	Female	Carbapenem Resistant Enterobacteriaceae - CRE-NDM- Escherichia coli	10/20/2019

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**Medical History**

Ambulatory Status:

Cardiovascular Disease:

Chronic Kidney Disease:

Chronic Respiratory Failure:

Diabetes Mellitus:

Immunosuppression:

Specify:

Malignancy:

Stroke:

Clostridioides Difficile:

Other:

Specify Other:

Available
Selected

Multidrug-resistant Organism (MDRO):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="button" value="Add &gt;&gt;"/> <input type="button" value="&lt;&lt; Remove"/>	
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8. Healthcare Facility Encounter

- a. Enter healthcare facility encounters from the last 6 months. Even if the case was seen as an outpatient, the outpatient encounter should be recorded. Select “Yes” from the drop-down and click “Add Encounter Detail”.

User Name: Test User One Provider

Name	Birth Date	Current Age	Sex	Disease	Onset Date
Test Case	01/01/1950	69 Years	Female	Carbapenem Resistant Enterobacteriaceae - CRE-NDM- Escherichia coli	10/20/2019

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**Please identify and enter all healthcare exposures for the past 6 months from date of onset/positive test result. Include the index facility where this culture was obtained.**

Is there a healthcare facility encounter to report?

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Facility Name	Date Admitted	Date Discharged

- b. You will be taken to the Healthcare Facility Encounter Detail page to complete
  - i. Note that for numeric fields, 0 is not a valid option and will not be saved. For example, under Contact Screening, if 0 tested positive, write that in the comments section.
  - ii. For cases that visited multiple facilities in the last 6 months, start by entering information for the most recent facility encounter, then work in reverse chronological order (most recent to oldest). Once you have completed this page, hit “Add Another” if there is another facility encounter to report.
  - iii. If there are no other encounters, hit “Save”.

# Healthcare Facility Encounter

User Name: Test User One Provider

Name	Birth Date	Current Age	Sex	Disease	Onset Date
Test Case	01/01/1950	69 Years	Female	Carbapenem Resistant Enterobacteriaceae - CRE-NDM-Escherichia coli	10/20/2019

Facility Name	Date Admitted	Date Discharged
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Please complete an encounter page for each facility.

Facility Name:   
Facility Type:   
Other Type of Facility:   
Address:   
City:   
State:   
Country:   
Number of Licensed Beds:   
Does this facility have a staff member who is dedicated solely to infection control (i.e., an infection preventionist)?   
Does this facility have a water management program?

	Available		Selected
What cleaning/disinfection products are used for isolation rooms?	<input type="text" value="Hydrogen Peroxide"/> <input type="text" value="Quaternary Ammonium"/> <input type="text" value="Other"/>	<input type="button" value="Add &gt;&gt;"/> <input type="button" value="Remove &lt;&lt;"/>	<input type="text" value="Bleach - liquid"/> <input type="text" value="Bleach - wipes"/>

If other product, specify:   
Medical Record Number (MRN):   
Date of Admission: (mm/dd/ccyy)  /  /   
Reason for Admission:   
Date of Discharge: (mm/dd/ccyy)  /  /   
Reason for Discharge:   
If Transferred, Specify Facility:

### Room 1 Information

Room Number:   
Room Type:   
Admit Date for Room 1: (mm/dd/ccyy)  /  /   
Discharge Date for Room 1: (mm/dd/ccyy)  /  /   
Was patient on transmission-based precautions during this timeframe?   
Did patient have roommates during this time?   
Name and Current Location of Roommate 1:   
Name and Current Location of Roommate 2:   
Name and Current Location of Roommate 3:   
Approximate number of patients on this floor:

	Available		Selected
Infection Control Actions in Place and/or Taken:	<input type="text" value="Cohorted staff"/> <input type="text" value="Cohorted with roommate(s) with like MDROs"/> <input type="text" value="Designated dedicated equipment"/> <input type="text" value="Educated staff on MDRO control"/>	<input type="button" value="Add &gt;&gt;"/> <input type="button" value="Remove &lt;&lt;"/>	<input type="text" value="Bathed patient with chlorhexidine (CHG)"/>

If Other Type of Infection Control Action, Specify:

### Contact Screening

Were screening cultures performed on contacts?   
If yes:  
Association to Case:   
Other Association:   
Number Tested:   
Number Tested Positive:   
Date of Screening of Roommates/Facility: (mm/dd/ccyy)  /  /   
Contact Screening Comments:   
\*If any contacts tested are positive, please enter as a case.  
Date facility notified of possible MDRO exposure: (mm/dd/ccyy)  /  /   
Date facility initiated transmission-based precautions: (mm/dd/ccyy)  /  /   
Name of DON or IP at Facility:

- c. You will be taken back to the Encounter main page, where all facilities you entered will be listed.

User Name: Test User One Provider

Name	Birth Date	Current Age	Sex	Disease	Onset Date
Test Case	01/01/1950	69 Years	Female	Carbapenem Resistant Enterobacteriaceae - CRE-NDM-Escherichia coli	10/20/2019

**Please identify and enter all healthcare exposures for the past 6 months from date of onset/positive test result. Include the index facility where this culture was obtained.**

Is there a healthcare facility encounter to report? Yes

Facility Name	Date Admitted	Date Discharged		
Hospital A	10/20/2019		<a href="#">Edit</a>	<a href="#">Delete</a>
Nursing Home C	09/01/2019	10/20/2019	<a href="#">Edit</a>	<a href="#">Delete</a>
Ltch F	08/10/2019	09/01/2019	<a href="#">Edit</a>	<a href="#">Delete</a>

9. Laboratory Tests – answer all sections as applicable.
- a. Labs main page – fill out then hit ‘Add Lab Specimen’.
    - i. For all MDROs, fill out “Were human laboratory tests conducted,” “Specimen type”, and “Case meets criteria for XDRO alerting”. The answer to the first and last questions will be “yes” in most cases.
    - ii. Mechanism: not applicable for *C. auris*; complete for other MDROs.
    - iii. Phenotypic test: not applicable for CRAB or *C. auris*; complete for other MDROs.

User Name: Test User One Provider

Name	Birth Date	Current Age	Sex	Disease	Onset Date
Test Case	01/01/1950	69 Years	Female	Carbapenem Resistant Enterobacteriaceae - CRE-NDM-Escherichia coli	10/20/2019

Were human laboratory tests conducted?

Specimen Type:

Mechanism of Resistance:

If Other/Unknown:

Phenotypic Test Performed:

If Other:

Result of Phenotypic Test:

Case meets the criteria for XDRO alerting?

**For Public Health Use Only**

Pan-resistant?

Collection	Specimen	Laboratory	Ordering Facility	Facility Phone
Specimen Number				
	Test Type		Test Result	



- b. Lab specimen page – you will need to fill out unless your lab uses electronic laboratory reporting (ELR) to I-NEDSS. ELR is currently only available for CRAB, CRPA, and *C. auris*.
  - i. In most cases, ordering facility is more important and more readily available than provider.
  - ii. Make sure to include specimen source and collection date.
  - iii. Select the laboratory that performed the testing. If the Lab does not appear in the drop-down menu select the ‘Search’ link and search for the lab. Once you click the appropriate lab you will return to this page.
  - iv. Then, click on ‘Add Lab Result’.

Name	Birth Date	Current Age	Sex	Disease	Onset Date
Test Case	01/01/1950	69 Years	Female	Carbapenem Resistant Enterobacteriaceae - CRE-NDM-Escherichia coli	10/20/2019

Collection	Specimen	Laboratory	Ordering Facility	Facility Phone
Specimen Number	Test Type	Test Result		
Specimen Number: <input type="text" value="123456789"/>	Specimen Source: <input type="text" value="Blood"/>	Other: <input type="text"/>	Specimen Collection Date: (mm/dd/yyyy) <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2019"/>	Laboratory: <input type="text" value="Illinois Dept Of Public Health Lab - Chicago; CHICAGO, IL: (312) 793-4760"/>
			<a href="#">Search</a>	Other: <input type="text"/>

**Ordering Facility**

Name:

Address Line 1:  (Enter street address only. Example: 1234 W Main Street)

Address Line 2:  (Enter PO Box#, Suite#, Apt#, Room#, etc.)

City:

State:  Zip Code:  -

Phone: (  )  -  Extension:

**Ordering Provider**

First Name:

Last Name:

Degree:

Phone: (  )  -  Extension:

Reason for Study:

- c. Lab result page – Again, you will need to fill out unless your lab uses ELR.
  - i. Lab Report Date – date of final lab and reported to facility.
  - ii. Test Type – for each test performed, a new lab result must be entered. Add as many lab results as necessary by clicking on ‘Add Another’.

- 1) Organism ID, phenotypic, and PCR results need to be entered as separate results.
- 2) Each antibiotic tested counts as an individual lab result and can be selected on the test type list. This can be cumbersome and is not required for manual entry. ELR, if used, would populate automatically.

**Lab Result**
User Name: Test User One Provider

Name	Birth Date	Current Age	Sex	Disease	Onset Date
Test Case	01/01/1950	69 Years	Female	Carbapenem Resistant Enterobacteriaceae - CRE-NDM- Escherichia coli	10/20/2019

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Collection Specimen Number	Specimen Laboratory	Ordering Facility	Facility Phone
10/20/2019 123456789	Blood Illinois Dept Of Public Health Lab - Chicago	Hospital A	

[Add Result](#) [Edit](#) [Delete](#)

---

Lab Report Date: (mm/dd/ccyy)  /  /

Test Type:  ▼

Other:

Test Method:  ▼

Other:

**Lab Result (Select one)**

Organism Identified:  ▼

Other:

Test Result:  ▼

Other:

Measured Result:  Units:

Reference Range:

Comment:

- iii. Test Method – choose the appropriate option based on the Test Type previously selected (i.e. susceptibility vs PCR vs culture).
- iv. Lab Result – If the organism was identified, choose the ‘Organism Identified’ option, otherwise enter the appropriate information in ‘Test Result’ (for molecular or phenotypic testing) or ‘Measured Result’ (for susceptibilities).

Collection	Specimen	Laboratory	Ordering Facility	Facility Phone
10/20/2019	Blood	Illinois Dept Of Public Health Lab - Chicago	Hospital A	
123456789				
		Bacteria identified	Escherichia coli	<a href="#">Add Result</a> <a href="#">Edit</a> <a href="#">Delete</a>
				<a href="#">Edit</a> <a href="#">Delete</a>

Lab Report Date: (mm/dd/ccyy)  /  /

Test Type:    
 Other:

Test Method:    
 Other:

**Lab Result (Select one)**

Organism Identified:   
 Other:

Test Result:    
 Other:

Measured Result:  Units:

Reference Range:

Comment:

v. Click Save when finished. All results should appear on the Lab main page

Collection	Specimen	Laboratory	Ordering Facility	Facility Phone
10/20/2019	Blood	Illinois Dept Of Public Health Lab - Chicago	Hospital A	
123456789				
		Bacteria identified	Escherichia coli	<a href="#">Add Result</a> <a href="#">Edit</a> <a href="#">Delete</a>
		Bacterial carbapenem resistance blaNDM gene	Positive	<a href="#">Edit</a> <a href="#">Delete</a>

vi. Lab Result Examples

- 1) An NDM-*E. coli* is identified by PCR (also refer to screenshot above).  
 Result 1: Test Type = Bacteria identified, Test Method = Organism specific culture, Organism Identified = Escherichia coli  
 Result 2: Test Type = Bacterial carbapenem resistance blaNDM, Test Method = Probe.Amplification.Target, Test Result = Positive
- 2) A *C. auris*, clinical case is identified by MALDI-TOF.  
 Result 1: Test Type = MALDI-TOF, Test Method = MS.MALDI-TOF, Organism Identified = Candida auris

10. Epidemiologic Data – fill out travel history. XDRO report ID (RID) can be obtained from the XDRO registry, facility submission history if your facility reported the case. Otherwise, it can be obtained by conducting a search in XDRO.

User Name: Test User One Provider

### Epidemiologic Data

Name	Birth Date	Current Age	Sex	Disease	Onset Date
Test Case	01/01/1950	69 Years	Female	Carbapenem Resistant Enterobacteriaceae - CRE-NDM-Escherichia coli	10/20/2019

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XDRO Registry ID:

**Travel History**

Did the patient travel outside the U.S. in the last 12 months?

Available Selected

If yes, what country(ies)?

Afghanistan

Africa (Not Further Specified)

Albania

Algeria

↑

↓

Add >>

<< Remove

Was medical care received outside the U.S. in the last 12 months?

Available Selected

If yes, in which country (ies)?

Afghanistan

Africa (Not Further Specified)

Albania

Algeria

↑

↓

Add >>

<< Remove

Type of Care Received:

XDRO registry screenshot to find RID:

### Sample Hospital Submission History

RID	Name	Date of Birth	MRN	Organism	Culture Date	Status	Username
12512	Admin1, Test	07/01/1950	987321	<i>Raoultella spp.</i>	07/01/2019	Submitted	ATANG
12628	Acinetobacter, Test	01/01/1950	456123	<i>Acinetobacter baumannii</i>	06/14/2019	Submitted	ATANG
12555	Test, Admin	09/09/1909	456xyz	<i>Acinetobacter baumannii</i>	06/01/2019	Submitted	devxtest
12480	Superadmin, Test	06/01/1950	1234	<i>Candida auris</i>	06/01/2019	Submitted	ATANG

11. Last actions before submitting

- a. Other information: If there are any other important details not captured in the standard questions, please enter them in the comment box.
- b. Change Diagnosis: If you need to change the disease, hit “Change Diagnosis”, and it will take you to the disease tree to select the appropriate disease.
- c. Copy Case: If you need to copy a case (e.g., a case was NDM-*E. coli* and KPC-K. *pneumoniae* positive), hit “Copy Case”. It will take you to the disease tree to select the appropriate disease. All details will be copied to the new case. You may need to change some details, for example, in the lab results section.

**Other Information**

Comment:  
(Include any additional pertinent information.)

**Additional Required Information**

[Medical History](#) - Add or update patients medical history information.  
[Healthcare Facility Encounter](#) - Add or update healthcare facility encounter information.  
[Laboratory Tests](#) - Add or update laboratory test information.  
[Epidemiologic Data](#) - Add or update all epidemiologic data.

**\*\*Please fax the laboratory confirmation report to your local health department (LHD).\*\***

( \* ) Mandatory

12. Submit to Local Health Department

- a. Once everything has been completed, hit “submit to LHD”. Remember to fax the laboratory confirmation report to your LHD.
- b. You will be taken to the My Cases page.
- c. If you wish to update details later, click on the case name to bring up the report.

[My Cases](#)
 [Reports](#)
 [Log Off](#)

**My Cases**
User Name: Test User One Provider

**Filter Active** - Showing All Cases with Entered Date between 09/29/2019 and 10/29/2019 which are Reportable. Cases: 1 - 1 of 1

Name	Disease	Birth Date	Onset Date	Process Status	Entered Source Date	View
<a href="#">Case, Test</a>	Carbapenem Resistant Enterobacteriaceae - CRE-NDM-Escherichia coli	01/01/1950 69 Years	10/20/2019	NR	P 10/29/2019	<a href="#">View</a>