



Reporting COVID-19 Cases: Guidance for Providers

User Guide for Reporting Persons Diagnosed with
COVID-19 using the *Casetivity* Application Webform

**Connecticut Department of Public Health (CT DPH)
Infectious Disease Section Informatics Program**

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Casetivity User Guide for COVID-19 Webform

Revision History

Revision Number	Date Revised	By whom	Comments
1.0	9/21/2023	NL Barrett, C Meneo	First version
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Purpose

This document is to assist providers in reporting diagnosed cases of COVID-19 to the Connecticut Department of Public Health (CT DPH) using *Casetivity*, a new online disease reporting system. *Casetivity* is a secure, vendor supported, and cloud-hosted application that is being used by CT DPH to collect and verify reports for both laboratory results and provider case reports. Information collected is securely posted for CT DPH to pick up and process into surveillance systems. Use of *Casetivity* for laboratory result or provider case reports meets the requirements for state reporting as published in the *Connecticut Epidemiologist* and posted on the CT DPH website in the Forms section under Reportable Disease Reporting Forms¹.

In Connecticut, SARS-CoV-2 identification from laboratory testing and persons diagnosed with COVID-19 disease by providers were first made state reportable in February 2020. Providers performing in-office tests to identify SARS-CoV-2 from patient specimens are required to report positive test results as well. During the 2021-2022 respiratory viral disease season, providers were asked to include positive results from rapid influenza tests and positive results for respiratory syncytial virus (RSV) if using a nucleic acid multi-plex platform for SARS-CoV-2, influenza, and RSV. Providers are given information on how to report in-office SARS-CoV-2 test results using flat files based on CT DPH defined MS Excel templates. The files can be manually created in the template or generated from provider medical record system. In 2022, CT DPH moved providers to using the *Casetivity* application to upload these test result files. Information for providers to enroll for reporting SARS-CoV-2, influenza, and RSV results in a file format can be obtained by emailing DPH.InformaticsLab@ct.gov.

CT DPH is making available a new provider case reporting webform to replace the past webform used during the COVID-19 response. This webform will allow providers to meet the reporting requirement for persons they diagnose with COVID-19, regardless of where the test for SARS-CoV-2 was performed. However, this webform can also be used by providers who do not have the staff time or expertise or patient numbers to create or generate flat files for reporting in-office test results to be able to report those results on patients as well as required case report information. Please note that influenza and RSV cases are reportable only for persons hospitalized with those diseases. Providers do not need to report influenza and RSV cases on the COVID-19 webform.

In summary, here are the reporting options for providers for SARS-CoV-2 and COVID-19.

1. Report in-office SARS-CoV-2, influenza and RSV results using a flat file. Providers will still need to use the COVID-19 webform for all COVID-19 case reports.
2. Report in-office SARS-CoV-2 results on the COVID-19 webform. This will also meet COVID-19 case reporting requirements.

¹ [Forms \(ct.gov\)](#)

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3. Report COVID-19 cases with positive SARS-CoV-2 tests not performed in office on the COVID-19 webform. CT DPH does not require re-reporting of tests performed at a laboratory as those results are received by a different process. At home tests performed by the patient are not reportable. A provider using an at home test for testing patients in-office needs to report those results.

This document describes how providers can access and use the COVID-19 webform on *Casetivity* for reporting.

Instructions for Using the Casetivity COVID-19 webform

Overview

This webform is hosted on a secure website, but providers do not need to create a separate username and password to use it. Once a form is entered, providers will not be able to find the form and update it. We are working to add the ability to receive an email in a future version. Please email DPH.InformaticsLab@ct.gov with any questions.

Accessing the Webform

1. This webform can be accessed by going to this URL: <https://ctdss.casetivity.com/>
2. You will see the page below. Click on “Submit COVID Provider Form”.
3. You will go to the “CT Covid Provider Portal” page, and you can start entering your data.
Detailed instructions start below.

Note: the first page has an option for signing in – that is only for providers who are reporting their in-office SARS-CoV-2 results using a flat file format.

Connecticut Department of Public Health | [CT DPH Informatics](#)
410 Capitol Ave. Contact: DPH.InformaticsLab@ct.gov
Hartford, CT, 06134

CT Covid Provider Portal

Patient Information

Last Name * First Name * Middle Name

Does the patient live in:
None selected

In-depth Instructions

Patient Demographic Information

- The first section is to enter patient demographic information. Note that required fields have an * after the field name at the top of the entry box.
Required fields will show up with a red outline if not filled in. See insert in black box.
- Please enter all information requested if known.

Patient Information

<input style="border: 1px solid red;" type="text" value="Last Name *"/>	<input type="text" value="First Name *"/>	<input type="text" value="Middle Name"/>						
<input type="text" value="Does the patient live in:"/>	<div style="background-color: #cccccc; text-align: center; padding: 2px;">Patient Information</div> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid red; width: 33%;"><input type="text" value="Last Name *"/></td> <td style="border: 1px solid red; width: 33%;"><input type="text" value="First Name *"/></td> <td style="border: 1px solid blue; width: 33%;"><input type="text" value="Middle Name"/></td> </tr> <tr> <td style="font-size: 8px; color: red;">Error Required</td> <td style="font-size: 8px; color: red;">Error Required</td> <td></td> </tr> </table>		<input type="text" value="Last Name *"/>	<input type="text" value="First Name *"/>	<input type="text" value="Middle Name"/>	Error Required	Error Required	
<input type="text" value="Last Name *"/>			<input type="text" value="First Name *"/>	<input type="text" value="Middle Name"/>				
Error Required			Error Required					
<input type="text" value="None selected"/>								
<input type="text" value="Address *"/>								
<input type="text" value="Address Line 2"/>								
<input type="text" value="City *"/>	<input type="text" value="State"/>	<input type="text" value="Zipcode *"/>						
<input type="text" value="None selected"/>	<input type="text" value="CT"/>							
<input type="text" value="County"/>								
<input type="text" value="None selected"/>								
<input type="text" value="Patient HOME phone"/>	<input type="text" value="Patient CELL phone"/>	<input type="text" value="Patient WORK phone"/>						
<input type="text" value="() -"/>	<input type="text" value="() -"/>	<input type="text" value="() -"/>						

- a. The selections for “Does the patient live in:” are as follows.
 - i. If Other is selected, an “Other Specify” box will open.

Does the patient live in:

- Home/Current Residence
- School/College Dorm
- Group Home
- Rehabilitation Facility
- Military Installation
- Incarcerated/Correctional Facility
- Homeless/Homeless Shelter
- Assisted Living
- Long Term Care Facility
- Other

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- b. Please enter the Date of Birth, Race, and Ethnicity as well as 'Sex at birth'. Note that you can select more than one choice for Race as needed.

The image shows a webform with the following fields and options:

- Date of Birth ***: A date picker field with the placeholder text "MM/DD/YYYY" and a calendar icon.
- Race**: A list of checkboxes for selecting one or more race categories:
 - American Indian/Alaskan Native
 - Asian
 - Black/African American
 - Native Hawaiian/Pacific Islander
 - White
 - Unknown
 - Refused to answer
 - Other
- Does the person identify as Hispanic or Latino?**: A dropdown menu with the following options:
 - None selected
 - Yes
 - No
 - Refused to Answer
 - Unknown
- Gender (sex at birth) ***: A dropdown menu with the following options:
 - None selected
 - Male
 - Female
 - Intersexual

Red arrows in the image point from the "None selected" dropdowns to their respective selection menus.

Continued next page

Daycare/School Attendance or Work

1. This section is to collect if the patient attends or works in a daycare or resides at a school.
 - a. The initial questions are all required and have “Yes-No-Unknown” options.

Daycare/School Attendance or Work

Patient attended daycare or childcare facility? *

None selected

Error: Required

Yes

No

Unknown

Does the patient reside in/at a school or dormitory? *

None selected

Error: Required

Yes

No

Unknown

Does patient work at a daycare/childcare setting? *

None selected

Error: Required

Yes

No

Unknown

- b. If “Yes” is chosen for any of the above, extra boxes will open so that the address of the daycare, school, or healthcare facility. For example,

Patient attended daycare or childcare facility? *

Yes ✕

Error: Required

Yes

Address

Town Located

State

None selected

Zipcode

Occupation/Healthcare

1. This section asks for some details if the first answer is “Yes”.

The screenshot shows a form titled "Occupation/Healthcare". On the left, the "Does patient work in a healthcare facility? *" field has "Yes" selected. A red arrow points to the right, where the same field is shown with a dropdown menu open. The dropdown menu options are "None selected", "Yes", "No", and "Unknown". The "Yes" option is highlighted in grey. Below the dropdown, an error message "Error: Required" is visible. The rest of the form includes fields for "Type of Work", "Does the case provide direct patient care or have direct patient interaction?", "Healthcare Facility Type", "Name of Facility", "Address", "Town", "State", and "Zipcode".

- a. Here are the choices for “Type of Work”

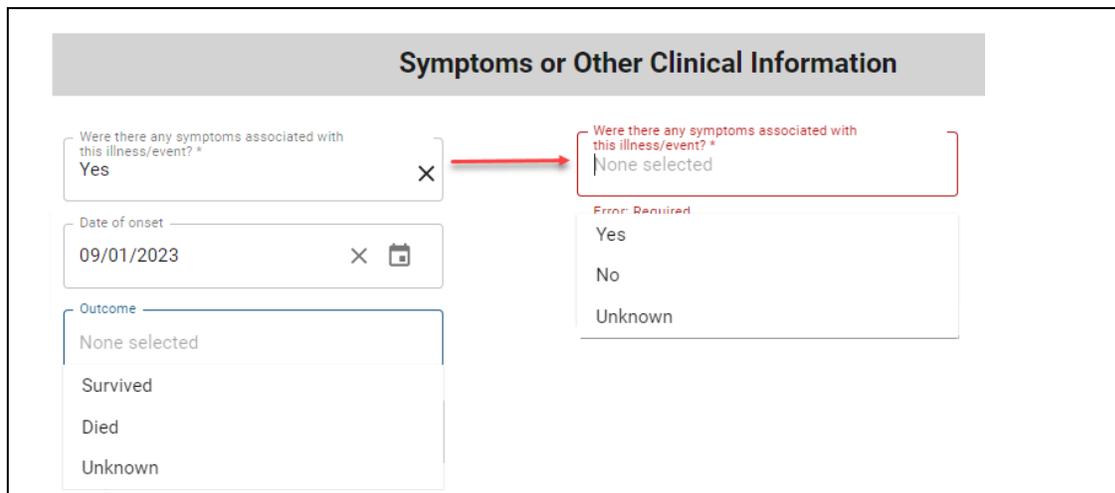
The screenshot shows the "Type of Work" dropdown menu. The options are: "None selected", "Physician/MD/DO/PA/APRN/NP", "Other", "Nurse (RN or LPN)", "Respiratory Therapist", "Unknown", and "Environmental Services (Food Service/House Keeping)". The "Other" option is highlighted in grey, and an "Other (please specify)" text box is visible to its right.

- b. Below are the choices for healthcare facility type. Again selecting “Other” will allow you to specify the other type of facility.

The screenshot shows the "Healthcare Facility Type" dropdown menu. The options are: "None selected", "Hospital", "Nursing Home", "Unknown", "Other", "LTCF", and "ALF". The "Other" option is highlighted in grey, and an "Other (please specify)" text box is visible to its right.

Symptoms or Other Clinical Information

1. The question “Were there any symptoms associated with this illness/event?” is required.



Symptoms or Other Clinical Information

Were there any symptoms associated with this illness/event? *
Yes

Date of onset
09/01/2023

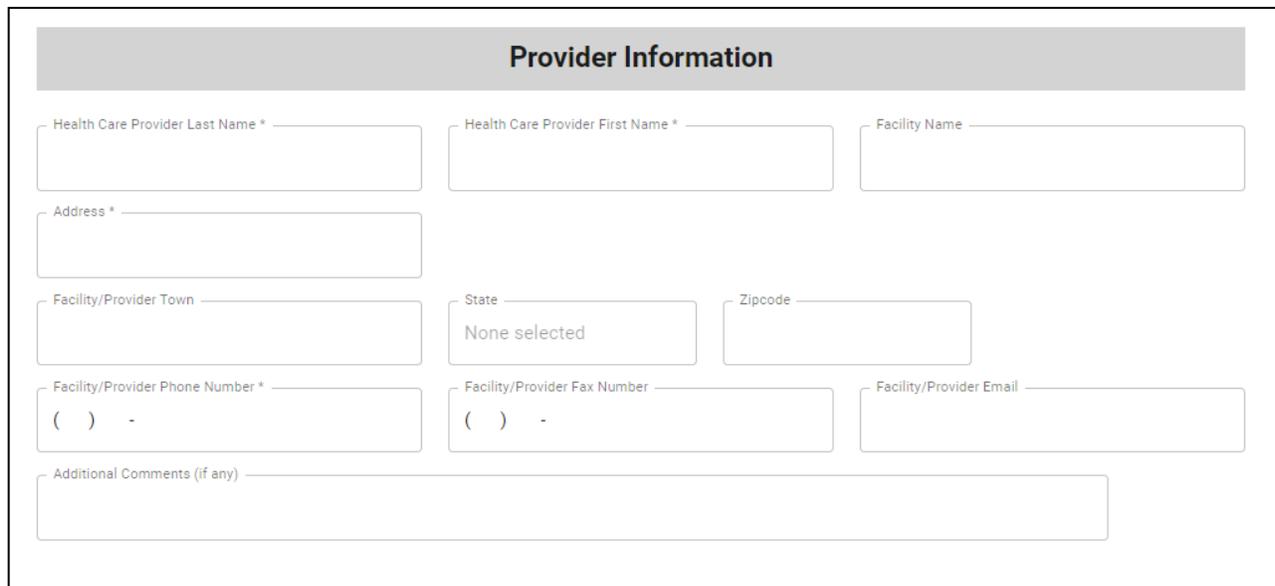
Outcome
None selected
Survived
Died
Unknown

Were there any symptoms associated with this illness/event? *
None selected

Error: Required
Yes
No
Unknown

Provider Information

1. Please fill in the provider who saw the patient. Add any additional comments about the patient or their COVID-19 illness.



Provider Information

Health Care Provider Last Name *
Health Care Provider First Name *
Facility Name

Address *

Facility/Provider Town
State
None selected
Zipcode

Facility/Provider Phone Number *
() -
Facility/Provider Fax Number
() -
Facility/Provider Email

Additional Comments (if any)

COVID-19 In-Office Test Results

1. If the reporting provider performed an in-office SARS-CoV-2 test on the patient, please complete the following. This information is not needed for a patient who did their own at-home test or if the test was done at a laboratory.
 - a. CLIA Number – this is the CLIA number assigned to the provider on their CLIA certificate of waiver to be able to perform a SARS-CoV-2 test in-office.
 - b. Please select the best or closest description of the specimen source from the drop down menu. If a choice is missing, you can add it to the additional notes section.
 - c. Select the type of test from the test method description. If the exact brand name is not present, please select one that is similar. Please be sure to distinguish between selecting an antigen method or a nucleic acid (PCR, NAAT, RNA) method.

COVID-19 In-Office Test Results

CLIA Number *
Error: Required

Date specimen was collected or tested in-office *
09/01/2023

Specimen Type Description *
None selected
Error: Required

Specimen Type Description *
None selected
Error: Required

Anterior Nares Swab
Mid-Turbinate Nasal Swab
Nasopharyngeal and Oropharyngeal Swab
Nasopharyngeal Swab
Saliva

Test Method Description *
None selected
Error: Required

Abbott ID NOW SARS-CoV-2 NAAT Assay
Acupath SARS-CoV-2 NAAT Assay
Aptima SARS-CoV-2 NAAT Assay
BD MAX System SARS-CoV-2 NAAT Assay
BD Veritor System for Rapid Detection of SARS-CoV-2
BinaxNOW COVID-19 Ag Card
BioFire Respiratory Panel for SARS-CoV-2 result
CareStart COVID-19 Antigen test
CareStart SARS-CoV-2 NAAT Assay
Celtrion DiaTrust COVID-19 Ag Rapid Test
Clip COVID Rapid Antigen Test
LumiraDx SARS-CoV-2 RNA STAR Complete
Omni COVID-19 Assay by RT-PCR
QuickVue SARS Antigen Test
Quidel Sofia SARS Antigen FIA
TaqPath SARS-CoV-2 Assay

- d. Please select the test result description and enter the patient's medical record number. Both are required fields.

Test Result Description *
None selected
Error: Required

Detected
Positive
Presumptive Positive

MRN *
Error: Required

Submit the Form

1. Once the form is complete, you can select the “Complete” button to submit the information.
2. Note that if there are any required fields not completed, a Task Error list will appear. Please complete the fields that are required and select complete again.



3. Here is the full list of task errors that could appear.

Task Errors

- Address: Required
- Patient does not have a phone: Box must be checked if none of the above phone number fields are filled out.
- Date of Birth: Required
- Race: One or more races must be selected.
- Patient attended daycare or childcare facility?: Required
- Address: Required
- Last Name: Required
- First Name: Required
- City: Required
- Zipcode: Required
- Gender (sex at birth): Required
- Does the patient reside in/at a school or dormitory?: Required
- Does patient work at a daycare/childcare setting?: Required
- Does patient work in a healthcare facility?: Required
- Were there any symptoms associated with this illness/event?: Required
- Health Care Provider Last Name: Required
- Health Care Provider First Name: Required
- Facility/Provider Phone Number: Required
- CLIA Number: Required
- Date specimen was collected or tested in-office: Required
- Specimen Type Description: Required
- Test Method Description: Required
- Test Result Description: Required
- MRN: Required

Close

Thank you for using the CT Covid Provider webform. Again, if you have any questions on using the form, please email DPH.InformaticsLab@ct.gov.