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 replace 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
Agree with Disclaimer To move Forward

SendSS
State Electronic Notifiable Disease Surveillance System

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.


I agree with this statement
I disagree with this statement
Going to the eACRF

[Diagram of SendSS State Electronic Notifiable Disease Surveillance System]

- Case Reporting Tab
- HIV/AIDS Case Report
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.

**Form Requirements**

- **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 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)

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

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 1-800-827-9759 to have it entered directly for you.

WARNING: This form will not SAVE if there is a Pediatric DOB present.

OK
Print, Mail, or Call to Report a Pediatric Case

**Print**
(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

Click on Add/Edit Facility
Populating a Facility

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

Manually enter in the boxes provided
Repeat for Facility at HIV Diagnosis and Facility at AIDS Diagnosis
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.
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.

Press “Edit” if you see a mistake.

Print a copy for your records.

Click “Finalize Now” to complete submission.
Example of Print
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-hivaids-epidemiology-surveillance-section