

The Missouri Department of Health and Senior Services announced the availability of Electronic COVID-19 Case Reporting. The department [issued](#) a memo explaining additional technology changes within the department related to COVID-19 reporting. The long-term goal is to have all communicable diseases that must be reported done so electronically. The focus of this communication is on COVID-19 reporting, excluding laboratory reporting. MHA informed hospitals of the announcement. Hospitals expressed questions and concerns to MHA on the new reporting mechanism for COVID-19 prompting a meeting with the department. The purpose of this communication is to provide information obtained from the department on the current process, hospital requirements and where communicable disease reporting may be headed in the future.

1. Do hospitals have to report the COVID-19 disease to the state?

Disease reporting to the state is mandatory. The regulations outlining reporting can be found at [19 CSR 20-20.020](#). The State of Missouri has [waived](#) certain aspects of communicable disease reporting rules as they apply to COVID-19. 19 CSR 20-20.020 (1), (6), and (8) have been waived to the extent necessary to have all positive and negative test results for COVID-19 sent only to DHSS. This waiver removes the option for the reporter to send such results to either the local health authority or DHSS. This will remain in place throughout the State of Emergency. This waiver does not limit communication between healthcare providers and local public health agencies (LPHAs) that are investigating COVID-19 cases. This waiver does not prohibit reporting to LPHAs. However, it does mandate that providers must report to DHSS.

2. What are the methods for reporting COVID-19 to the state?

Healthcare providers in Missouri are asked to complete a standard Disease Case Report (CD-1 Form) for the reporting of confirmed and presumptive COVID-19 cases. A fully completed and timely submitted CD-1 will help allow for a prompt public health follow-up and help minimize follow-up requests for additional information. The reporting of death in any patient with a positive laboratory test for SARS CoV-2 or clinically diagnosed COVID-19 should also be reported using a CD-1.

Completed CD-1 reports for confirmed cases, suspected cases, and deaths of COVID-19 can be submitted by:

- Fax submissions: As noted on the CD-1, these can be submitted via fax to 573-751-6417. Please note that this fax line experiences high volume during normal business hours.
- Secure File Transfer Protocol: For providers that would like to submit reports via Secure File Transfer Protocol (SFTP), please call 573-751-6119. The SFTP option functions as a secure online folder where files may be submitted with no wait. In order to use this option, at least one contact e-mail address for the submitting organization must be provided. Further instructions will be sent to the indicated e-mail address(es) once an account is set up for the organization.
- Phone: For single COVID-19 death reports, providers have the option to call the Missouri COVID-19 Hotline at 877-435-8411 and convey information verbally to an operator who will complete the CD-1 for the provider. When utilizing this method of reporting, please choose option 2 at the prompt.

- **NEW:** Electronic CD1 Report: This option was recently added. The department is asking all entities currently required to complete a [Communicable Disease Case Report \(CD-1\)](#) to begin reporting COVID-19 cases via the new system. The department states if an organization has already developed an electronic reporting process with the department, they may continue to follow that process. For example, those reporting via the SFTP can continue to report using that process. The electronic file is intended to replace the paper CD-1 process and allow for more timely, appropriate and accurate data for COVID-19 case reporting. The department recently brought the Epitrax system live. The electronic report will feed that system until it is fully operational. The download should occur at night. Hospitals will need to work with the LPHD to ensure cases are coming through to the LPHD. The Electronic COVID-19 Case Reporting System can be found on DHSS' main [COVID-19 webpage](#). Lab result information should not be entered unless you are a reporting laboratory, or you are entering on behalf of the laboratory.

3. Are all fields on the electronic CD-1 form mandatory?

No. Attached is a [listing](#) of data fields and what the department considers "mandatory." Mandatory fields will be more obvious with future updates of the electronic form. The timeline for that is unknown.

4. What other suggestions have hospitals made to date?

Hospitals have communicated to MHA the need for the electronic form to:

- Have a mechanism where the form can be saved or printed to ensure there is a copy in case of technology failure
- Have a confirmation number or some other indicator that the form was successfully delivered
- Based on the login of the individual, populate the form with hospital demographics as well as reporter demographics to reduce multiple entry of the same information with each submission

Hospital can continue to provide suggestions for improvement directly to the department or to Sarah Willson, [swillson@mhanet.com](mailto:swillson@mhanet.com), or Keri Barclay, [kbarclay@mhanet.com](mailto:kbarclay@mhanet.com) with MHA.

5. What does the hospital do if the electronic system goes down?

Utilize the paper CD1 form and submit via fax or email.

6. Who should the hospital contact for General questions about COVID-19 reporting?

General questions about COVID-19 reporting should be directed to DHSS' Bureau of Reportable Disease Informatics at 573-526-5271.

The department noted that while they want to encourage the transition to the new electronic reporting format, it is not intended to cripple the reporting efforts of the hospital. The priority is on reporting of

the positive case to the department and LPHD to begin contact tracing activities as soon as possible. If a hospital needs to maintain their current system until they can input using the electronic CD1 form or can develop a Secure Tile Transfer Protocol with the department, they can. The key will be close communication with the LPHD.