

Reporting REALD data to OHA

Sites reporting COVID-19 cases, hospitalizations and deaths or Multisystem Inflammatory Syndrome in Children (MIS-C) data to the Oregon Health Authority (OHA) may submit data two ways:

- Through a CSV file submission if approved by OHA’s eCR coordinator in conformance with OHA specifications; or
- Through the COVID-19 Reporting Portal at healthoregon.org/howtoreport.

For CSV file submissions:

Find file specifications on the [Electronic Case Reporting page](#). To establish CSV reporting, reach out to ELR.project@dhsosha.state.or.us.

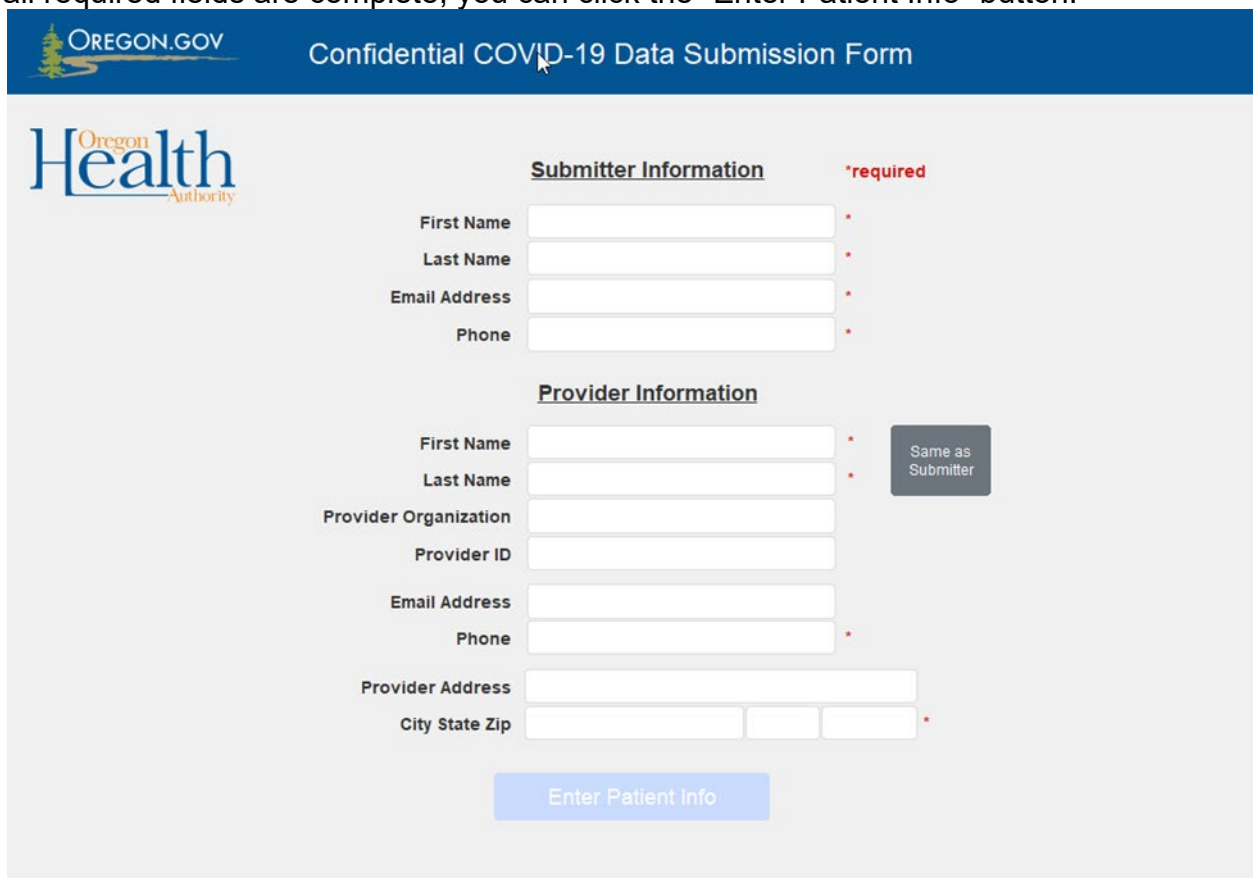
For COVID-19 Reporting Portal submissions:

Follow the instructions below. Throughout the portal, you must complete all required fields (marked by a red asterisk) in a section before you can continue to a new section.

Entering Submitter and Provider Information

If the health care provider is doing the submission, click the “Same as submitter” button. The fields will auto-complete with information you entered in the “Submitter Information” section.

Once all required fields are complete, you can click the “Enter Patient Info” button.



The screenshot shows the 'Confidential COVID-19 Data Submission Form' interface. At the top left is the 'OREGON.GOV' logo. The main header is 'Confidential COVID-19 Data Submission Form'. On the left side, the 'Oregon Health Authority' logo is displayed. The form is divided into two main sections: 'Submitter Information' and 'Provider Information'. The 'Submitter Information' section includes four required fields: 'First Name', 'Last Name', 'Email Address', and 'Phone', each with a red asterisk. The 'Provider Information' section includes six fields: 'First Name', 'Last Name', 'Provider Organization', 'Provider ID', 'Email Address', and 'Phone'. The 'First Name' and 'Last Name' fields in this section have a red asterisk and a 'Same as Submitter' button to their right. The 'Provider Address' field is split into three parts: 'City', 'State', and 'Zip', with a red asterisk. At the bottom of the form is a blue button labeled 'Enter Patient Info'.

Entering Patient Information

Date of birth is required.

- If the date of birth is unknown, click the “Unknown” box.
- The “approximate age” field will then appear for you enter the patient’s approximate age.

The parent/guardian fields only display for patients whose date of birth or approximate age indicates the patient is a minor (less than 18 years old).

The “Is this patient pregnant?” question only displays for patients whose “Patient Sex (at birth)” is F.

The “Is the patient eligible for IHS, Tribal Health Clinic or UIHP services” question only displays for patients who have a tribal affiliation affirmed as “Yes” and described in the previous question.

Once all required fields are complete, you can click the “COVID-19” or “MIS-C” button to continue.

- Click “COVID-19” to report a COVID-19 encounter
- Click “MIS-C” to report an MIS-C case

OREGON.GOV Confidential COVID-19 Data Submission Form

Oregon Health Authority

Patient Information *required

First *

Last *

Date Of Birth unknown approximate age:

Parent / Guardian

First

Last

Patient Sex (at birth) M F X O R U *

Is this patient pregnant? Yes No

Patient ID / MRN *

Patient Address

City State Zip OR *

Patient County *

Phone

Is the patient a member of a federally-recognized tribe? Yes No

Is the patient eligible to receive services from the Indian Health Service, a Tribal Health Clinic, or an Urban Indian Health Program? Yes No Unknown

Back **COVID-19** **MIS-C**

Oregon clinicians are required by law to report confirmed or suspect diagnoses of many specified diseases and conditions.* This secure, electronic report will either be automatically routed to the local health department associated with the patient's county of residence, or to the Oregon Health Authority if the patient is not an Oregon resident, or if the patient's county of residence cannot be determined. You are welcome to call 971-673-1111 and discuss a report, or you can simply use this form.

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<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1233>


Entering REALD data

The following screen will display. Click to each tab to begin entering data from the completed REALD template.

If you do not need to, or cannot, report REALD data at this time, mark the appropriate box in the center of the screen:

- REALD has already been submitted for this patient within the last 365 days
- I am sending this patient's REALD data via CSV within the next 7 days
- This patient is incapacitated and REALD cannot be ascertained

 **Confidential COVID-19 Data Submission Form**

 **Patient Information**
Race Ethnicity Language Disability (REALD)
Sexual Orientation Gender Identity (SOGI)

REALD	Race *	Language *	Disability *	SOGI
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Starting October 1, 2020, REALD data are required.

I attest that I do not have to complete the REALD information for this patient because:

- REALD has already been submitted for this patient within the last 365 days
- I am sending this patient's REALD data via CSV within the next 7 days
- This patient is incapacitated and REALD cannot be ascertained

What is REALD?

REALD is an effort to increase and standardize Race, Ethnicity, Language, and Disability data collection across the Department of Human Services (DHS) and the Oregon Health Authority (OHA). REALD (sometimes referred to as REAL+D, as the original effort focused on race, ethnicity and language) was advanced through the passage of House Bill 2134 passed by the Oregon legislature in 2013.

HB 2134 required DHS and OHA to develop a standard for collection of race, ethnicity, language, and disability (REALD) data in conjunction with community stakeholders. The statutory authority for these rules is codified in the Oregon Revised Statutes (ORS 413.042 and 413.161). In 2014 the administrative rules detailing the data collection standards were completed (OARs 943-070-0000 thru 943-070-0070).

<https://www.oregon.gov/oha/OEI/Pages/REALD.aspx>


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Race information

At least one box under question 2 must be completed.



Confidential COVID-19 Data Submission Form



Patient Information

Race Ethnicity Language Disability (REALD)
Sexual Orientation Gender Identity (SOGI)

REALD	Race *	Language *	Disability *	SOGI			
<p>* 1. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry? <input style="border: 1px solid #ccc;" type="text" value="Self-identified race"/> i</p> <p>* 2. Which of the following describes your racial or ethnic identity? Please check ALL that apply.</p> <table style="width: 100%; border: none;"><tr><td style="vertical-align: top; width: 33%;"><p>Hispanic or Latino/a/x</p><p><input type="checkbox"/> Central American</p><p><input type="checkbox"/> Mexican</p><p><input type="checkbox"/> South American</p><p><input type="checkbox"/> Other Hispanic or Latino/a/x</p><p>Native Hawaiian or Pacific Islander</p><p><input type="checkbox"/> Chamoru (Chamorro)</p><p><input type="checkbox"/> Marshallese</p><p><input type="checkbox"/> Communities of the Micronesian Region</p><p><input type="checkbox"/> Native Hawaiian</p><p><input type="checkbox"/> Samoan</p><p><input type="checkbox"/> Other Pacific Islander</p><p>White</p><p><input type="checkbox"/> Eastern European</p><p><input type="checkbox"/> Slavic</p><p><input type="checkbox"/> Western European</p><p><input type="checkbox"/> Other White</p></td><td style="vertical-align: top; width: 33%;"><p>American Indian or Alaska Native</p><p><input type="checkbox"/> American Indian</p><p><input type="checkbox"/> Alaska Native</p><p><input type="checkbox"/> Canadian Inuit, Metis, or First Nation</p><p><input type="checkbox"/> Indigenous Mexican, Central American, or South American</p><p>Black or African American</p><p><input type="checkbox"/> African American</p><p><input type="checkbox"/> Afro-Caribbean</p><p><input type="checkbox"/> Ethiopian</p><p><input type="checkbox"/> Somali</p><p><input type="checkbox"/> Other African (Black)</p><p><input type="checkbox"/> Other Black</p><p>Middle Eastern/Northern African</p><p><input type="checkbox"/> Northern African</p><p><input type="checkbox"/> Middle Eastern</p></td><td style="vertical-align: top; width: 33%;"><p>Asian</p><p><input type="checkbox"/> Asian Indian</p><p><input type="checkbox"/> Cambodian</p><p><input type="checkbox"/> Chinese</p><p><input type="checkbox"/> Communities of Myanmar</p><p><input type="checkbox"/> Filipino/a</p><p><input type="checkbox"/> Hmong</p><p><input type="checkbox"/> Japanese</p><p><input type="checkbox"/> Korean</p><p><input type="checkbox"/> Laotian</p><p><input type="checkbox"/> South Asian</p><p><input type="checkbox"/> Vietnamese</p><p><input type="checkbox"/> Other Asian</p><p>Other Categories</p><p><input type="checkbox"/> Other</p><p><input type="checkbox"/> Don't know</p><p><input type="checkbox"/> Don't want to answer</p></td></tr></table>					<p>Hispanic or Latino/a/x</p> <p><input type="checkbox"/> Central American</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> South American</p> <p><input type="checkbox"/> Other Hispanic or Latino/a/x</p> <p>Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> Chamoru (Chamorro)</p> <p><input type="checkbox"/> Marshallese</p> <p><input type="checkbox"/> Communities of the Micronesian Region</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander</p> <p>White</p> <p><input type="checkbox"/> Eastern European</p> <p><input type="checkbox"/> Slavic</p> <p><input type="checkbox"/> Western European</p> <p><input type="checkbox"/> Other White</p>	<p>American Indian or Alaska Native</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Alaska Native</p> <p><input type="checkbox"/> Canadian Inuit, Metis, or First Nation</p> <p><input type="checkbox"/> Indigenous Mexican, Central American, or South American</p> <p>Black or African American</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Afro-Caribbean</p> <p><input type="checkbox"/> Ethiopian</p> <p><input type="checkbox"/> Somali</p> <p><input type="checkbox"/> Other African (Black)</p> <p><input type="checkbox"/> Other Black</p> <p>Middle Eastern/Northern African</p> <p><input type="checkbox"/> Northern African</p> <p><input type="checkbox"/> Middle Eastern</p>	<p>Asian</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Cambodian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Communities of Myanmar</p> <p><input type="checkbox"/> Filipino/a</p> <p><input type="checkbox"/> Hmong</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Laotian</p> <p><input type="checkbox"/> South Asian</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian</p> <p>Other Categories</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Don't want to answer</p>
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BackContinue

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Language information

Questions 5a, 5b and 6 will only display if an answer other than English is provided for Question 4a or 4b.

The “Interpreter type” field will only display if “Other” is selected for Question 5b.

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REALD	Race *	Language *	Disability *	SOGI
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* 4a. What language or languages do you use at home?

* 4b. In what language do you want us to communicate in person, on the phone, or virtually with you?

* 4c. In what language do you want us to write to you?

* 5a. Do you need or want an interpreter for us to communicate with you?
 Yes No Don't know Don't want to answer

* 5b. If you need or want an interpreter, what type of interpreter is preferred?
 Spoken language interpreter
 American Sign Language interpreter
 Deaf Interpreter for DeafBlind and with additional barriers
 Contact sign language (PSE) interpreter
 Other (please list)

* 6. How well do you speak English?
 Very Well Not Well Don't Know
 Well Not at all Don't want to answer

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Disability information

Questions 9 through 13 will only display if the patient is at least 5 years old.

Questions 14 through 15 will only display if the patient is at least 15 years old.

For all questions, the “At what age?” question is hidden unless the answer to the preceding question is “Yes.”

 **Confidential COVID-19 Data Submission Form**

 **Patient Information**
Race Ethnicity Language Disability (REALD)
Sexual Orientation Gender Identity (SOGI)

REALD	Race *	Language *	Disability *	SOGI
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Your confidential answers to the questions below help us find health and service differences among people with disabilities or limitations.

Questions for all ages:

- * 7. Are you deaf or do you have serious difficulty hearing?
 Yes No Don't know Don't want to answer
If yes, at what age did this condition begin?
- * 8. Are you blind or do you have serious difficulty seeing, even when wearing glasses?
 Yes No Don't know Don't want to answer
If yes, at what age did this condition begin?

Questions for ages 5 and up:

- * 9. Do you have serious difficulty walking or climbing stairs?
 Yes No Don't know Don't want to answer
If yes, at what age did this condition begin?
- * 10. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?
 Yes No Don't know Don't want to answer
If yes, at what age did this condition begin?
- * 11. Do you have difficulty dressing or bathing?
 Yes No Don't know Don't want to answer
If yes, at what age did this condition begin?

* 12. Do you have serious difficulty learning how to do things most people their age can learn?
 Yes No Don't know Don't want to answer
If yes, at what age did this condition begin?

* 13. Using your usual (customary) language, do you have serious difficulty communicating? (for example, understanding or being understood by others)
 Yes Don't want to answer
 No I don't know what this question is asking
 Don't know
If yes, at what age did this condition begin?

Questions for ages 15 and up:

- * 14. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
 Yes No Don't know Don't want to answer
If yes, at what age did this condition begin?
- * 15. Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?
 Yes Don't want to answer
 No I don't know what this question is asking
 Don't know
If yes, at what age did this condition begin?


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Sexual Orientation Gender Identity (SOGI) information

These questions are not required for REALD reporting.

Click "Continue" to proceed with reporting.

 **Confidential COVID-19 Data Submission Form**

 **Patient Information**
Race Ethnicity Language Disability (REALD)
Sexual Orientation Gender Identity (SOGI)

REALD	Race *	Language *	Disability *	SOGI
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What first and last name does the patient want to use?

What pronouns does the patient use? (Check all that apply)

<input type="checkbox"/> She/Her	<input type="checkbox"/> Not listed, Please Specify
<input type="checkbox"/> He/Him	<input type="checkbox"/> Don't know
<input type="checkbox"/> They/Them	<input type="checkbox"/> I don't know what this question is asking
<input type="checkbox"/> Ella	<input type="checkbox"/> I don't want to answer
<input type="checkbox"/> Éi	
<input type="checkbox"/> Elles	
<input type="checkbox"/> No pronouns, use my name	

How does the patient describe their gender?

What is the patient's gender? (Check all that apply)

<input checked="" type="checkbox"/> Woman or Girl	<input type="checkbox"/> Don't know
<input type="checkbox"/> Man or Boy	<input type="checkbox"/> I don't know what this question is asking
<input type="checkbox"/> Agender or No Gender	<input type="checkbox"/> I don't want to answer
<input type="checkbox"/> Feminine leaning	
<input type="checkbox"/> Masculine leaning	
<input type="checkbox"/> Non-binary	
<input type="checkbox"/> Questioning	
<input type="checkbox"/> Not listed, Please Specify	

Sexual Orientation and Gender Identity

Is the patient transgender?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Not listed, Please Specify
<input type="checkbox"/> Don't know
<input type="checkbox"/> I don't know what this question is asking
<input type="checkbox"/> I don't want to answer

How does the patient describe their sexual orientation or sexual identity?

What is the patient's sexual orientation or sexual identity? (Check all that apply)

<input type="checkbox"/> Same-Gender Loving	<input type="checkbox"/> Questioning
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Not listed, Please Specify
<input type="checkbox"/> Gay	<input type="checkbox"/> Don't know
<input type="checkbox"/> Bisexual leaning	<input type="checkbox"/> I don't know what this question is asking
<input type="checkbox"/> Straight	<input type="checkbox"/> I don't want to answer
<input type="checkbox"/> Pansexual	
<input type="checkbox"/> Asexual	
<input type="checkbox"/> Queer	

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Entering COVID-19 data


Clinical Details

The following screen will display if you clicked “COVID-19” after entering the patient’s information. There are no required fields.

- “Date of Symptom Onset” and “Symptoms” sections display only if you have indicated the patient has symptoms compatible with COVID-19.
- “Facility Name” is hidden if “Outpatient” or “Other” is selected for clinical status.
- “Admit date” only displays if you answered “Yes” to the question, “Has the patient been admitted to the hospital?”
- “Date of Death” only displays if you have answered “Yes” to the question, “Did the patient die?”

Please complete as much information as possible when reporting hospitalizations or deaths. Click “Continue” when complete.

 **Confidential COVID-19 Data Submission Form**

 **Clinical Details**

Does the patient have symptoms compatible with COVID-19? Yes No

Date of Symptom Onset unknown

Symptoms

<input type="checkbox"/> Cough	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Feeling feverish	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Nausea
<input type="checkbox"/> Fever over 104F	<input type="checkbox"/> Headache	<input type="checkbox"/> Chills	<input type="checkbox"/> Loss of sense of taste	<input type="checkbox"/> Nasal congestion	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Loss of sense of smell	<input type="checkbox"/> Nasal Discharge	

Clinical Status

Patient Classification Inpatient Healthcare Worker Resides in Congregate Setting
 Outpatient Other Works in Congregate Setting

Facility Name

Has the patient been admitted to the hospital? Yes No

Patient admitted to ICU? Yes No

Did the patient die? Yes No

Exposure Risks

Is this patient a close contact of a known case? Yes No

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Testing Details

“Diagnosis by” is the only required field on this page.

Please complete as much information as possible when reporting hospitalizations, deaths, or any test result.

Click “Continue” when complete.

 **Confidential COVID-19 Data Submission Form**




Testing Details

Diagnosis by Positive lab result ***required**
 Negative lab result
 Test pending
 Clinical or only suspect at this time

TestType nucleic acid (PCR) antigen antibody

Is this the patient's first COVID-19 Test? Yes No Unknown

Laboratory Name

Specimen Collection Date 

Has the patient already been notified of the diagnosis lab result? Yes No Unknown

For most reportable diseases, local public health officials are required to interview cases. Should health department staff contact the clinician before attempting to interview the patient? Yes No

Device Identifier

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Entering MIS-C data

The following screen will display if you clicked “MIS-C” after entering the patient’s information. There are no required fields.

Please complete as much information as possible when reporting MIS-C information.

Click “Continue” when complete.

 **Confidential COVID-19 Data Submission Form**

 **Multisystem Inflammatory Syndrome in Children - MIS-C**

Positive Lab Test? PCR antigen IgG antibody IgM antibody IgA antibody

Fever Yes No Unknown

Inflammation Yes No Unknown

elevated C-reactive protein (CRP) elevated interleukin 6 (IL-6)

elevated erythrocyte sedimentation rate (ESR) elevated neutrophils

elevated fibrinogen reduced lymphocytes

elevated procalcitonin low albumin

elevated d-dimer

elevated ferritin

elevated lactic acid dehydrogenase (LDH)

Alternative Plausible Diagnoses? Yes No Unknown

SARS-CoV-2 History/Exposure + SARS-CoV-2 test
 Hx COVID-19 exposure w/in 2 wks

Severe illness requiring hospitalization, with involvement of ≥2 organ systems Yes No Unknown
(e.g. cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological)

For most reportable diseases, local public health officials are required to interview cases. Should health department staff contact the clinician before attempting to interview the patient? Yes No

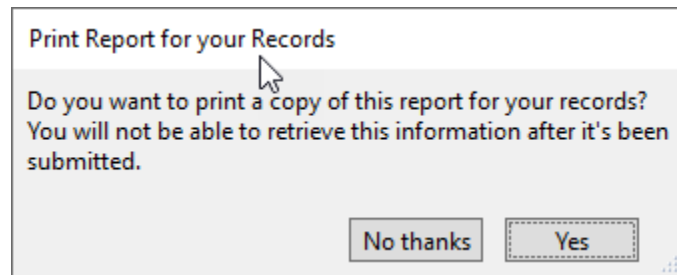
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Printing a Report Copy

After entering the COVID-19 or MIS-C data, the following dialog box will appear, asking if you want to print a copy for your records.



Print Report for your Records

Do you want to print a copy of this report for your records?
You will not be able to retrieve this information after it's been submitted.

No thanks Yes

If you click “Yes,” you will see a page that contains a summary of the information entered, as shown below. If you do not print a copy at this point, you cannot get another copy later.



Oregon Health Authority **Done** **Submitted on: 10/7/2020**
Confirmation No: 49DB68FD54E0

Confidential Oregon COVID Report

Patient Name: Sally McCoughsalot
DOB: 10/7/2000
Address: , OR 97211
Phone:
MRN: 123456

Reported to OPHD on 10/7/2020 5:46:21 PM by Fancy lab
Reporter: Doe Jane 555-555-5555
Positive lab result
Patient is not aware of these results

Lab Info:
Specimen collected: 10/7/2020
Test: antigen

Clinical Info:
Hospitalized: 10/7/2020
ICU: No
Symptomatic: No
Died: No
Patient Classification: Resides in Congregate Setting

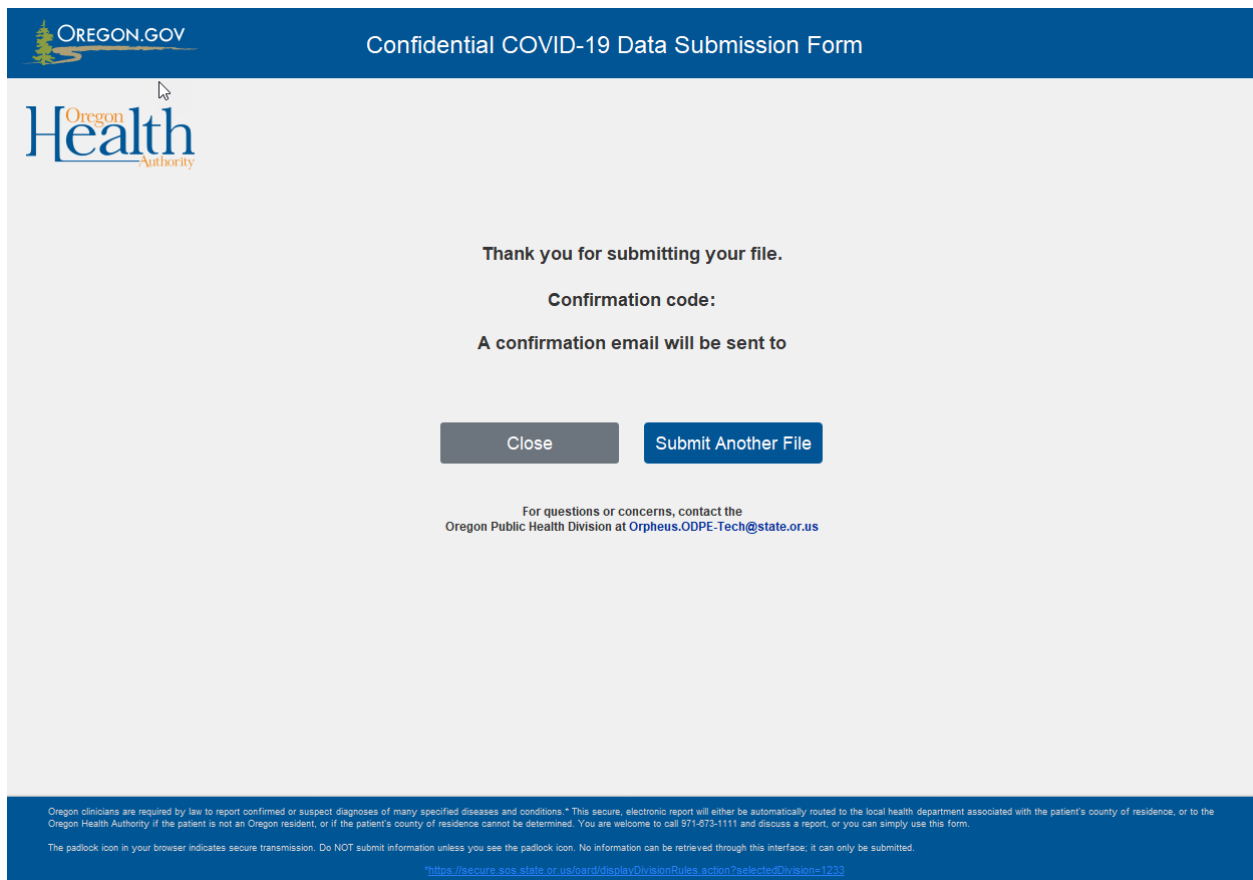
REALD:
Race (Self-Identified): Don't know
Race (Selections):
Language: Prefers spoken English, written English
Disability and Age of Onset: none

SOGI:
Gender: Woman or Girl
Sexual Orientation:
Pronouns:
Preferred Name: Sally McCoughsalot

If you click “No thanks,” you will proceed to the confirmation page.

Confirmation Page

This screen will display a unique confirmation code and the email address provided in the Submitter Information section.



The screenshot shows a web page with a blue header containing the Oregon.gov logo and the title "Confidential COVID-19 Data Submission Form". Below the header is the Oregon Health Authority logo. The main content area is white and contains the following text: "Thank you for submitting your file.", "Confirmation code:", and "A confirmation email will be sent to". There are two buttons: "Close" and "Submit Another File". At the bottom, there is contact information for the Oregon Public Health Division and a URL. A footer contains a disclaimer and a padlock icon.

OREGON.GOV

Confidential COVID-19 Data Submission Form

Oregon Health Authority

Thank you for submitting your file.

Confirmation code:

A confirmation email will be sent to

Close Submit Another File

For questions or concerns, contact the Oregon Public Health Division at Orpheus.ODPE-Tech@state.or.us

Oregon clinicians are required by law to report confirmed or suspect diagnoses of many specified diseases and conditions. * This secure, electronic report will either be automatically routed to the local health department associated with the patient's county of residence, or to the Oregon Health Authority if the patient is not an Oregon resident, or if the patient's county of residence cannot be determined. You are welcome to call 971-673-1111 and discuss a report, or you can simply use this form.

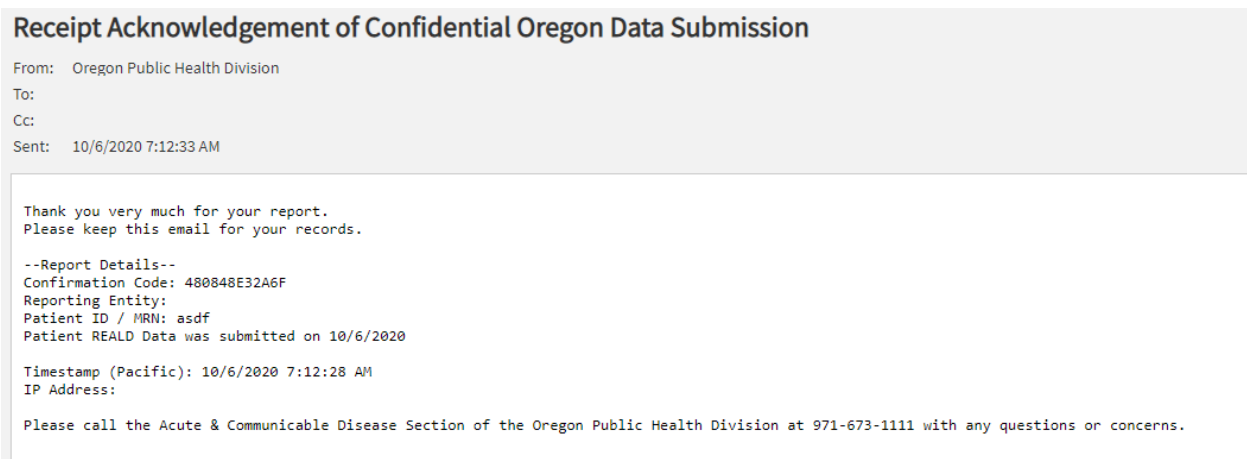
The padlock icon in your browser indicates secure transmission. Do NOT submit information unless you see the padlock icon. No information can be retrieved through this interface, it can only be submitted.

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1233>

From here, if you choose to submit another report, you will be taken back to the Submitter/Provider Information page, with your previously entered information displayed. All other data after the Submitter/Provider Information is cleared so that you can enter a new report.

Email Confirmation

OHA will also send a secure email to the submitter's email address that includes the confirmation code and the patient's MRN, as shown below.



The screenshot shows an email receipt with the following content:

Receipt Acknowledgement of Confidential Oregon Data Submission

From: Oregon Public Health Division
To:
Cc:
Sent: 10/6/2020 7:12:33 AM

Thank you very much for your report.
Please keep this email for your records.

--Report Details--
Confirmation Code: 480848E32A6F
Reporting Entity:
Patient ID / MRN: asdf
Patient REALD Data was submitted on 10/6/2020

Timestamp (Pacific): 10/6/2020 7:12:28 AM
IP Address:

Please call the Acute & Communicable Disease Section of the Oregon Public Health Division at 971-673-1111 with any questions or concerns.