West Virginia Electronic Disease Surveillance System (WVEDSS) Access Request Instructions

1. Mandatory Cyber and Privacy Awareness Training

- Complete the annual Cyber and Privacy Awareness Training.
- Access the training via the official state portal provided, https://wvosa.geniussis.com/
- Log in using your Network User ID (e.g., E01234@wv.gov) and regular password.
- Retain proof of completion for audit purposes.

2. Completion of Required Confidentiality and Security Documents

- Submit any additional confidentiality or security agreements required by the Office of Epidemiology and Prevention Services (OEPS) for the relevant program area (e.g., STD, HIV, TB, etc.).
- Ensure that all required documents are signed and dated before submission.

3. WVEDSS Confidentiality and Use Agreement

- Review and sign the WVEDSS Confidentiality and Use Agreement before requesting access.
- Ensure compliance with West Virginia's legislative reporting rules (64CSR7).
- Failure to comply with confidentiality requirements may result in access revocation.

4. Submission of Documentation

- Send completed forms and agreements to the WVEDSS Surveillance Team as specified in the Confidentiality and Use Agreement.
- Incomplete or incorrectly completed forms will delay processing.

5. Account Activation and Access Granting

- After document submission, Inductive Health will process your request within two to three business days. Check spam/junk email folders for onboarding instructions.
- Users are responsible for safeguarding their login credentials and reporting any security breaches immediately.

Office of Epidemiology and Prevention Services
Division of Surveillance and Informatics
350 Capitol Street Room 125, Charleston, WV 25301-3715
Phone: (304) 558-5358, ext. 2 Fax: (304) 558-6335 Email: oepsdatasystems@wv.gov

User Roles and Permissions

- **LHD Data Entry** – Can enter patient, laboratory, and case investigation information but cannot edit records.
- **LHD Epi** – Can enter and edit patient, laboratory, and case investigation data.
- **Regional Epi** – Has LHD Epi permissions plus the ability to create notifications for state review and transfer jurisdiction.
- **Program Epi** – Has Regional Epi permissions plus the ability to approve CDC notifications.
- **Program Epi w/ Page Build** – Has Program Epi permissions plus the ability to modify case investigation forms.
- **View Only** – Can view patient, laboratory, and case data but cannot edit.
- **Superuser** – Has full system access and administrative privileges.

Program Areas and Reportable Disease Conditions

- **Viral Hepatitis:** Hepatitis A-E
- **Respiratory Viruses:** Adenovirus, RSV, Influenza, etc.
- **MDROs:** Carbapenem-Resistant Enterobacteriaceae, etc.
- **Enteric Conditions:** Salmonella, Shigella, E. coli, etc.
- **STD:** Chlamydia, Gonorrhea, Syphilis, etc.
- **Vaccine-Preventable Diseases:** Measles, Mumps, Pertussis, etc.
- **Zoonotic Diseases:** Rabies, Lyme Disease, Tularemia, etc.
- **HIV/AIDS:** Human Immunodeficiency Virus (not currently in WVEDSS)
- **Tuberculosis:** Active and Latent Tuberculosis

Confidentiality and Use Agreement

As a condition of access to WVEDSS, the undersigned agrees to:

1. Conduct disease reporting in accordance with Legislative Rule 64CSR7.
2. Enter accurate, timely data per required reporting categories.
3. Use WVEDSS data strictly for official job duties and not share unauthorized data.
4. Secure personal login credentials and prevent unauthorized access.
5. Immediately report any suspected security incidents or data breaches to OEPS.

West Virginia Department of HEALTH
BUREAU FOR PUBLIC HEALTH

User Information & Authorization

- **User's Name:** _____
- **Facility:** _____
- **Address:**_____
- **City, State, Zip:** _____
- **County:**_____
- **Phone (DirectLine/Cell):**_____

(Please provide a direct contact number.)

- **Email Address:** _____
- **System Role (Circle One):** LHD Data Entry / LHD Epi / Regional Epi / State Epi / Program Epi w/ Page Build / View Only / Superuser
- **Disease Groups (Circle All That Apply):** Enteric / Zoonotic / Respiratory / MDRO / VPD / IBD / TB / Viral Hep / STD / HIV/AIDS

User Signature: _____ **Date:** _____

Supervisor Printed Name: _____

Supervisor Phone: _____

Supervisor Signature: _____ **Date:** _____

WVEDSS Surveillance Team Approval: _____**Date:**_____

Submission Instructions:

- Email completed forms to: OEPSdatasystems@wv.gov
- Or Fax to: **304-558-6335**
- Retain a copy of the completed form for your records
- Questions? Contact the WVEDSS Surveillance Team at OEPSdatasystems@wv.gov

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