EPISURV APPLICATION FOR NATIONAL USERS

New user details

First name: ...………………………………… Last name: ……………………………………………

Email address: ………………………………………………………………………………………………

Organisation: ………………………………… Position: ……………………………………………

PLEASE READ: Descriptions of permissions

> **ALL** access-level is applied to every case/disease in EpiSurv (NB: STIs are not included unless requested on page 3).
> **MASKED view** access allows users to *read but not edit* cases, but identifiable information (name, address, date of birth, NHI etc) is hidden from view.
> **FULL view** access allows users to *read but not edit* all data in a case including identifiable information.
> **Disease group specific** access allows users to have *customised permissions* for disease groups (see page 2).
> **Disease specific** access allows users to have *customised permissions* on *individual* disease (use page 3).
> **Functionalities** (*Outbreaks, Reports, Maps*) need to be requested in addition to disease permissions.

Case permissions required *(tick one)*

☐ <u>MASKED</u> view all diseases   ☐ <u>Disease group</u> specific (complete page 2)

☐ <u>FULL</u> view all diseases (complete reason page 2)   ☐ <u>Disease</u> specific (complete page 3)

Functionalities required *(tick all that apply)*

☐ View Outbreaks   ☐ View Maps   ☐ Report Access (ESR only)

Terms and Conditions:

Confidentiality: Users may only access EpiSurv to view or use health information that is necessary for the performance of their duties. Such information may not be removed, copied, or disclosed except in accordance with Ministry of Health and District Health Board policies and in accordance with the Health Information Privacy Code.

Passwords: Login details are administered by RealMe. Please keep your password confidential. All actions within EpiSurv are recorded and audits for compliance with this agreement may be conducted at any time and without notice.

Email messages: Users accept that ESR will use the email address supplied above to disseminate important information regarding the operation and availability of EpiSurv.

"I agree to comply with the terms and conditions of this agreement (and any future amendments as notified from time to time). I acknowledge that non-compliance may result in having my access to EpiSurv withdrawn and that any non-compliance may be brought to the attention of my employer."

Signed by user: ……………………………………............ *Date*: ……………………………………............

Manager/Delegate Authorisation

"I authorise the Institute of Environmental Science and Research Ltd (ESR) to provide the EpiSurv access specified above. I acknowledge that I will inform ESR should this person no longer require access."

Name of authoriser: ………………………………….......... *Date:* ....…………………...........................

Authoriser's signature: ....…………………………………………………….…......................

Reason for FULL access to all/any disease group

If you require FULL access to all/any disease groups, please state your reason(s) below.

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Request access by disease group

Tick the access type required in the table below for each case report form (disease group):

Case Report Form	FULL VIEW	MASKED VIEW
ARB - Arboviral		
BRU - Brucellosis		
COV - COVID-19		
ENT - Enteric		
GEN - Generic		
HAI - Avian influenza		
HBC - Hepatitis B, C, NOS		
HIB - *Haemophilus influenzae* type B		
HPA - Hepatitis A		
HSI – Hazardous Substances Injury		
IGS - Invasive group A streptococcal infection		
IPD - Invasive pneumococcal disease		
LED - Lead absorption		
LEG - Legionellosis		
LEP - Leptospirosis		
LIS - Listeriosis		
MAL - Malaria		
MEN - Meningococcal disease		
MMR - Measles, Mumps, Rubella		
MPX - Mpox		
NIA - Non seasonal influenza A(H7N9)		
PER - Pertussis		
RHF - Rheumatic fever		
SWI - Non seasonal influenza A(H1N1)		
TSP - Toxic shellfish poisoning		
TUB - Tuberculosis		
VHF - Viral Haemorrhagic Fever		
VTC - VTC/STEC		

Note: If a column is NOT ticked for a disease group, then NO access will be given for that disease group (unless an 'ALL' option on pg. 1 was ticked). If access to STI diseases is required, please use page 3.

Please return the completed form by email to CDRSupport@esr.cri.nz

Request access to specific diseases only

Please specify specific diseases in the table below (intended for users who do not require access to a full disease group).

Note: Page 3 is **not** required if you have

    a) used the 'ALL' disease permissions options on page 1, or
    b) selected permissions by disease group on page 2.

If a either page 1 or page 2 disease permissions have been selected, please ignore page 3. Only complete this page for users that require access to one disease out of a disease group, or for access to STIs.

If you require FULL access to any diseases, please state your reason(s) below.

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Disease Name	FULL VIEW	MASKED VIEW

Please return the completed form by email to CDRSupport@esr.cri.nz