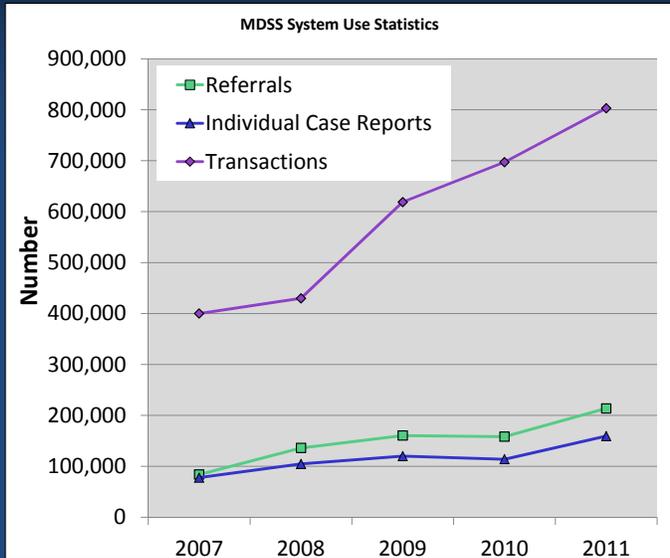


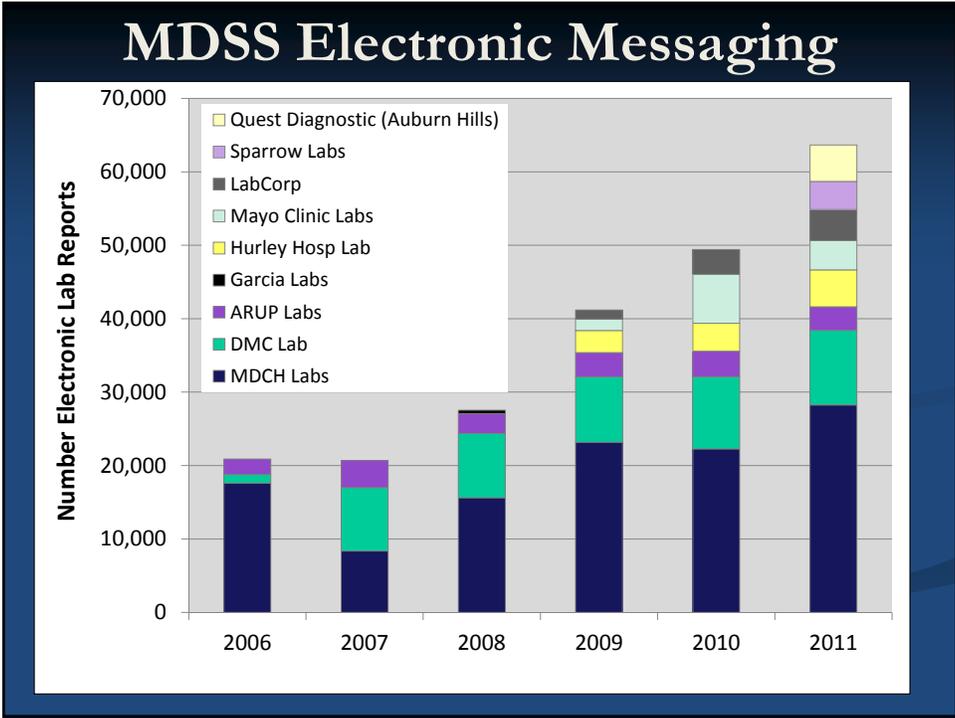
Michigan Disease Surveillance System (MDSS) Updates

Communicable Disease Conference
5.16.2012

MDSS System Use Statistics



Year	Unique User Log Ins
2007	----
2008	783
2009	893
2010	906
2011	982



MDSS 3.5 Highlights

Released February 2012

New Audit Report

MDSS TEST APPLICATION
Department of Community Health

Case Investigation Administration Messages **Reports** Logout

Audit Cases

Time Period
 Month: Year(yyyy):
 From Date (mm/dd/yyyy): To Date (mm/dd/yyyy):

Audit Users Associations
 Local Health Jurisdiction
 Facility
 ALLEGAN GENERAL HOSP
 ALPENNA GENERAL HOSP
 ASPIRUS KEWEENAW HOSP

[Michigan.gov Home](#) | [Site Map](#) | [State Web Sites](#) | [Contact Michigan](#) | [FAQ](#)
[Privacy Policy](#) | [Link Policy](#) | [Accessibility Policy](#) | [Security Policy](#) | [MDSS Support](#) | [HIV Security and Training Info](#)
 v 3.5.0 | Last update: 1/16/2012 6:17 pm EST | Logged in: BETHANY G REIMINK
 Copyright © 2001-2003 State of Michigan

1. Line Listing
 2. Diseases by Demographics
 3. Diseases YTD
 4. Diseases - 5 Year History
 5. Diseases YTD by Geography
 6. Disease History by Geography
 7. Diseases by Geography
 8. Epi Curve
 Aggregate Case Report
Audit Report
 GIS Map of Diseases by Geography

Audit Search Enhancements

MDSS TEST APPLICATION
Department of Community Health

Case Investigation Administration Messages **Reports** Logout

Users

User Audit Search
 Admin Searches
 Pending Work Queue
 Review Replaced Patients
 Administrative Reports
 Field Record Report
 Interview Record Report
 Completeness Report

Name of Saved Search

Case Information

Reportable Condition :
 Disease Group :
 Case Status :
 Investigation Status :

Reportable Condition :
 Amebiasis
 Animal Bite
 Anthrax
 Blastomycosis

Disease Group :
 VPD
 Rabies
 AIDS/HIV
 Tuberculosis

Case Status :
 Confirmed
 Confirmed-Non Resident

Investigation Status :
 Active
 Canceled

Audit Log Criteria

Audit Action Type :
 Add Address
 Add Case
 Add Case Death
 Add Case Electronic Lab

User in Audit Log :
 AGBOKA2006
 AGENSG7068
 AHRENTT2930
 AKERSA8412

Date Criteria

Audit Date (mm/dd/yyyy):
 to

Audit Trail Enhancements

New Audited Actions:

- Reassign Investigator
- Update Case Reporting Tab
- Update Demographic Tab
- Update Referrer Tab
- Update Case Detail Form
- Update Case Status
- Change Reportable Condition
- Lab Added with New Case

Re-named Actions:

- 'Case Merge Data' → 'Dup Case Data Entered'
- 'Patient Merge Data' → 'Dup Patient Data Entered'
- 'Case Merged' → 'ELR Case Merged'

User Permission Audit Trail

The screenshot shows the 'MDSS TEST APPLICATION' interface for the Department of Community Health. The 'Administration' tab is selected. The 'Users' section is active, displaying user information for BETHANY G REMINK. At the bottom, an audit trail table is visible, with one entry circled in red.

History	Entry By	User Name	User ID	Role	Job Function	Program	Jurisdiction	Facility	Active
01/17/2012	HARTWICKE	BETHANY G REMINK	REMINKB	MDCH-BOE	Administrator	All	Statewide		Y

Census 2010 Data

- 2010 Census data for Michigan was added to MDSS in May 2012 with the MDSS 3.5.1 patch
- Census 2010 now set as default for rates in reports

Control Measures

- New control measures section added to 6 disease forms
 - Botulism, STEC, Hepatitis A, Measles, Meningococcal Disease, and Tularemia

Case ID	First Name	Last Name	Measles rev 06/25/2004	Page 6										
Control Measures														
<table border="1"> <tr> <td style="width: 30%;"> Control Measures Start Date <small>mm/dd/yyyy</small> </td> <td> Date on which the first of any listed control measures were initiated. </td> </tr> </table>					Control Measures Start Date <small>mm/dd/yyyy</small>	Date on which the first of any listed control measures were initiated.								
Control Measures Start Date <small>mm/dd/yyyy</small>	Date on which the first of any listed control measures were initiated.													
Control Measures Implemented <small>(Check all that apply)</small>														
<table border="0"> <tr> <td><input type="checkbox"/> Contact tracing/assessment</td> <td><input type="checkbox"/> Exclusion of susceptibles (e.g., daycare, school)</td> </tr> <tr> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Immunization (active/passive) administered or recommended to contacts</td> </tr> <tr> <td><input type="checkbox"/> Isolation of confirmed case</td> <td><input type="checkbox"/> Recommendation for Control Measures</td> </tr> <tr> <td><input type="checkbox"/> Decision made not to initiate Control Measures</td> <td><input type="checkbox"/> Inability to initiate Control Measures despite efforts to do so</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other _____</td> </tr> </table>					<input type="checkbox"/> Contact tracing/assessment	<input type="checkbox"/> Exclusion of susceptibles (e.g., daycare, school)	<input type="checkbox"/> Education	<input type="checkbox"/> Immunization (active/passive) administered or recommended to contacts	<input type="checkbox"/> Isolation of confirmed case	<input type="checkbox"/> Recommendation for Control Measures	<input type="checkbox"/> Decision made not to initiate Control Measures	<input type="checkbox"/> Inability to initiate Control Measures despite efforts to do so	<input type="checkbox"/> Other _____	
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<input type="checkbox"/> Isolation of confirmed case	<input type="checkbox"/> Recommendation for Control Measures													
<input type="checkbox"/> Decision made not to initiate Control Measures	<input type="checkbox"/> Inability to initiate Control Measures despite efforts to do so													
<input type="checkbox"/> Other _____														

TB Form Updates

- Addition of two fields

Laboratory Information cont.	
If positive specimen, enter anatomic code <input type="text"/>	Type of Exam (Check all that apply) <input type="checkbox"/> Smear <input type="checkbox"/> Pathology/Cytology
Culture of Tissue and Other Body Fluids <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown	Culture of Tissue and Other Body Fluids Collection Date mm/dd/yyyy <input type="text"/>
If culture is positive, enter anatomic code <input type="text"/>	
Culture of Tissue and Other Body Fluids Report Date mm/dd/yyyy <input type="text"/>	
Culture of Tissue and Other Body Fluids Laboratory Type <input type="checkbox"/> Public Health Laboratory <input type="checkbox"/> Commercial Laboratory <input type="checkbox"/> Other	
Nucleic Acid Amplification Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Indeterminate <input type="checkbox"/> Unknown	Nucleic Acid Amplification Test Result Collection Date mm/dd/yyyy <input type="text"/>
Indicate if specimen type for the NAA testing is Sputum <input type="checkbox"/> Yes <input type="checkbox"/> No	

HIV Module

- Updates to the HIV Adult and Pediatric forms
- Improvements to the HIV export
- Expanded options for the HIV export
- **Fixed reports so that small cell restrictions only apply to individual HIV counts.**

Improved Geocoder

- Updates to matching software resulting in better matches and better choices when the geocoder returns more than one value.

Patient CARDIO, CPOE Locked by HARTWICKE (EDWARD F HARTWICK)

Possible Address Matches - Choose one from each set of addresses

Original Patient Address

2215 FULLER
ANN ARBOR, MI 48105

Patient Addresses		Source
Possible Patient Address 1	2215 FULLER RD ANN ARBOR, MI 48105 Washtenaw County	CGL_B
Possible Patient Address 2	2215 FULLER CT ANN ARBOR, MI 48105 Washtenaw County	CGL_B
Possible Patient Address 3	2215 FULLER ANN ARBOR, MI 48105 Washtenaw County	MDSS Zip Code
Possible Patient Address 4	2215 FULLER ANN ARBOR, MI 48105 Washtenaw County	MDSS City

Select Address Cancel Help

Salmonellosis and Shigellosis

- Additional ability to close **suspect** Salmonella and Shigellosis cases due to 2012 revisions to the National Notifiable Disease Surveillance System (NNDSS).
 - *Laboratory Criteria for Diagnosis:*
 - **Suspect:** Detection of Salmonella or Shigella from a clinical specimen using a non-culture based method
 - *Case Classification:*
 - **Suspect:** A case that meets the suspect laboratory criteria for diagnosis

Melioidosis – New Reportable Condition

Basic Case Investigation Report

Michigan Department of Community Health
Communicable Disease Division

Investigation Information					
Reportable Condition <input type="checkbox"/> Anthrax <input type="checkbox"/> Botulism, Other <input type="checkbox"/> Chancroid <input type="checkbox"/> Granuloma Inguinale <input type="checkbox"/> Head Lice <input type="checkbox"/> Hemorrhagic Fever <input type="checkbox"/> Lymphogranuloma venereum <input checked="" type="checkbox"/> Melioidosis <input type="checkbox"/> Rabies, Human <input type="checkbox"/> Shingles <input type="checkbox"/> Staphylococcus Aureus Infection <input type="checkbox"/> Strep Throat <input type="checkbox"/> Trachoma <input type="checkbox"/> Typhus <input type="checkbox"/> VZ Infection, Unspecified Unusual Outbreak or Occurrence: _____					
Investigation ID	Onset Date <small>mm/dd/yyyy</small>	Diagnosis Date <small>mm/dd/yyyy</small>	Referral Date <small>mm/dd/yyyy</small>	Case Entry Date <small>mm/dd/yyyy</small>	Case Completion Date <small>mm/dd/yyyy</small>
Investigation Status ▼		Case Status <input type="checkbox"/> Confirmed <input type="checkbox"/> Not a Case <input type="checkbox"/> Probable <input type="checkbox"/> Suspect <input type="checkbox"/> Unknown			
Patient Status ▼	Patient Status Date <small>mm/dd/yyyy</small>	Part of an outbreak? ▼	Outbreak	Case Update Date <small>mm/dd/yyyy</small>	

Other Enhancements

- Specimen ID added to case export
- Expanded date editing privileges for System Administrators
- New ‘Show Inactive Users?’ check box for Alert Rules

MDSS 4.0

Release coming 3rd Quarter 2012

MDSS 4.0

- Highlights
 - Case Report Forms Revision
 - Several back-end updates to help with ELR integration and monitoring
 - Lab Vocabulary Integration
 - ELR Notification Upgrades
 - Other Minor Upgrades

MDSS 4.0

- All disease forms will be html format
 - No PDF forms
 - Style may vary from what's shown, but same look/feel and printability key to design
 - Functionality and access will be the same as well

The screenshot displays a web browser window with a form titled "Investigation Information". The form is organized into several sections:

- Investigation Information:** Includes fields for Investigation ID, Onset Date, Diagnosis Date, Referral Date, Case Entry Date, and Case Completion Date. It also has a dropdown for Investigation Status and a section for Case Status with radio buttons for Confirmed, Not a Case, Probable, Suspected, and Unknown.
- Patient Information:** Includes Patient ID, Patient Status (with a dropdown), Patient Status Date, Part of an outbreak?, Outbreak Name, and Case Update Date. Below this is a section for Patient Address with fields for Street Address, City, County, State, Zip, Home Phone, and Other Phone.
- Demographics:** Includes Sex (Male, Female, Unknown), Date of Birth, Age Units (Days, Months, Years), and Race (with a list of options like Caucasian, African American, etc.).
- Person Providing Referral:** Includes fields for Name, Last, First, Middle, and Phone.

Future MDSS (in no particular order)

- Database Upgrades
- Software/Library Upgrades
- Incoming ELR Monitor
- Data Analysis/Quality Area
- Patient Matching Study
- View-Only Button
- Search by Specimen ID
- Initial Cluster Report Form (Aggregate)
- Continued work to integrate more ELR and EHR data