



MDSS Release Notes

Version 4.5

February 2017



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Hepatitis C Case Auto-match

For incoming Hepatitis C ELR, MDSS will now automatically merge the lab into the case if there is an existing completed Hepatitis C case. This will only merge to cases that have an Investigation Status of New, Active, Review, Completed, or Completed Follow-Up and a Case Status of Confirmed or Probable.

If the match criteria for automatic patient merging are met as well, the lab result will skip the deduplication queue entirely and insert itself into the case with the audit action of “Auto-match Lab added for this Case.”

If the patient is merged manually, the MDSS will check for an existing case that qualifies and will automatically merge the lab into the case without further intervention.

GIS Map Restoration and Improvements

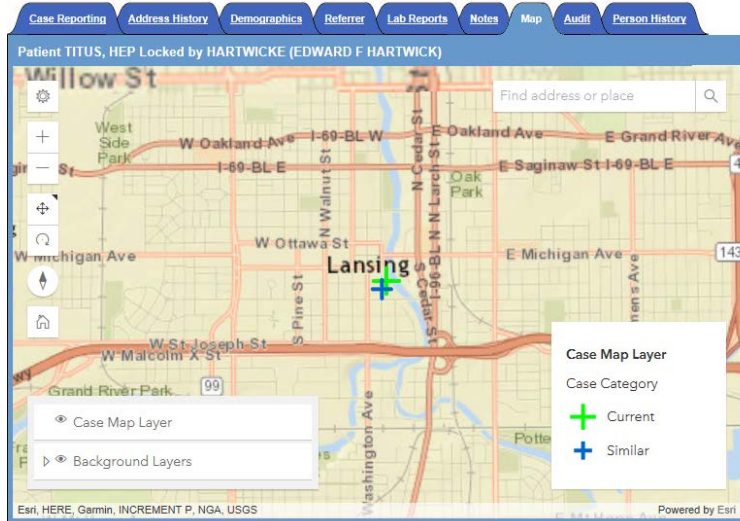
With MDSS 4.5, GIS functionality that had been disabled after retirement of the previous map service by the Michigan Department of Technology, Management and Budget will be restored using a new map service hosted by DTMB. In general, the same reports and map layers that were previously available will be re-enabled with new base maps and modern functionality.

Note: Mapping functionality will not work if Compatibility Mode is active in Internet Explorer.

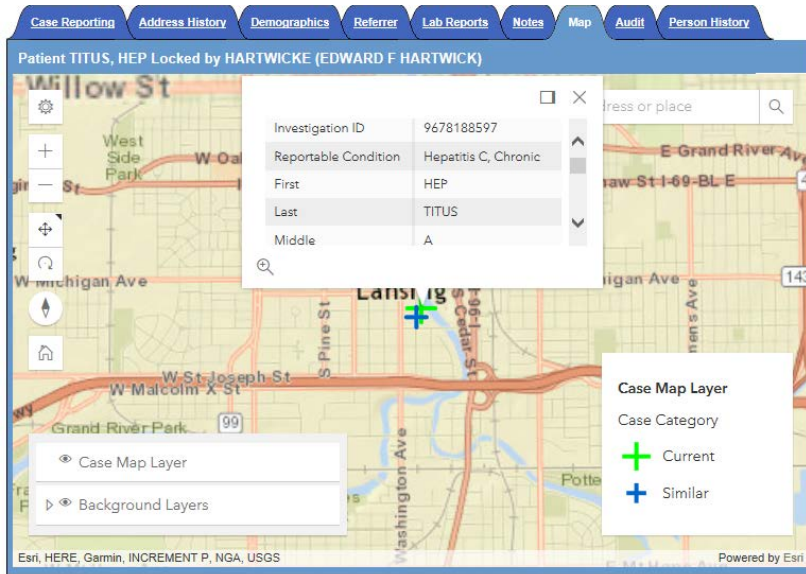
Map Tab

When viewing the Map Tab inside the case, users will see the current case indicated by a green plus (+) and similar cases with a blue plus (+). Similar cases are cases that have the same condition with a Case Entry date within the month previous to the index case or after. Cases are only shown if the user viewing has permission to otherwise view that case.

Map controls are along the left side of the map and can be turned on and off and base map changes can be made under menus in the Map Settings button (gear icon). Overlay layers are controlled by the Case Map Layer and Background Layers areas in the bottom left. Real-time panning and zooming are done with mouse controls, similarly to most interactive map websites.

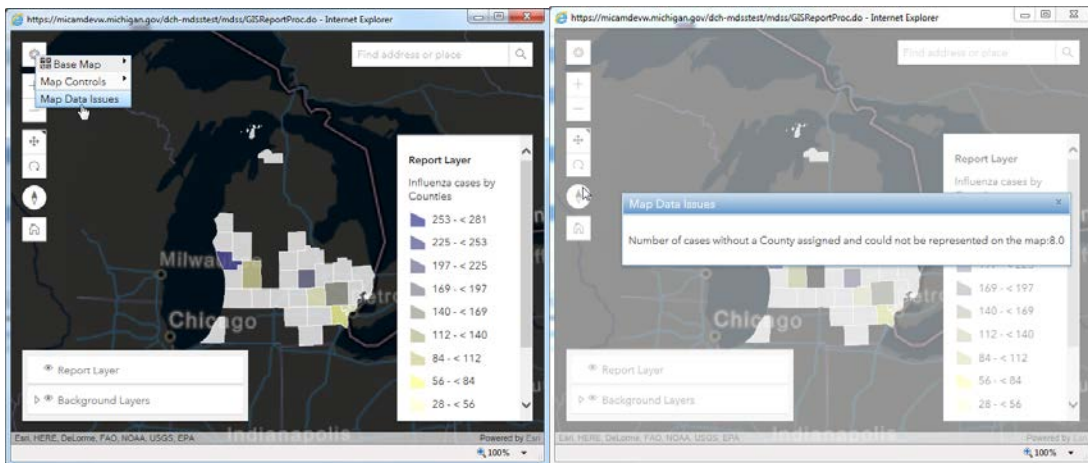


Clicking on the case locations on the map itself will result in a text box that pops up giving information about the case shown on the map.



GIS Report

The GIS Map of Diseases by Geography under the Reports area has also been re-enabled with the mapping update. The controls are the same as described in the Map Tab above. The GIS Report also gives notification if cases are not able to be displayed due to an incomplete address.



As with the Map Tab, items on the map screen can be turned on and off under the Map Settings control panel.

Form Updates

Congenital Syphilis

The Congenital Syphilis form has been updated to reflect more of the information that is requested by the CDC for Congenital Syphilis cases.

Information about the mother's residence is added to the Patient Information section.

Patient Information			
Infant			
Patient ID	First	Last	Middle
Home Phone ###-###-####	Fxt	Other Phone ###-###-####	Fxt
Is mother's address same as infant's? <input type="radio"/> Yes <input type="radio"/> No			
Mother's State of Residence	Mother's County of Residence	Mother's Zip Code	
Mother's Country of Residence			

The Mother's Clinical Information section has been expanded with several new questions added. Trimester calculations are made based on date entry for Last Menstrual Period and Infant's birthdate.

Case ID	First Name	Last Name	Congenital Syphilis Case Investigation Report	Page 3
Mother's Clinical Information				
Number of Previous Pregnancies: <input type="text"/>		Number of live births: <input type="text"/>		
Last menstrual period (LMP) (before delivery)	Did mother have prenatal care?	Indicate date of first prenatal visit mm/dd/yyyy	Trimester:	Number of prenatal visits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trimester #1: week 1 through 12 Start Date: <input type="text"/> End Date: <input type="text"/>	Trimester #2: week 13 through 27 Start Date: <input type="text"/> End Date: <input type="text"/>	Trimester #3: week 28 through 35 Start Date: <input type="text"/> End Date: <input type="text"/>	Trimester #4: week 36 through birth Start Date: <input type="text"/> End Date: <input type="text"/>	
Mother's HIV Status during Pregnancy	Mother's Clinical Stage of Syphilis during Pregnancy	Mother's Surveillance Stage of Syphilis during Pregnancy		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
When did mother receive her first dose of Benzathine Penicillin?	Trimester:	What was mother's treatment?		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Did mother have a nontreponemal test (e.g. RPR or VDRL) in pregnancy, at delivery, or soon after delivery within 3 days? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
Did mother have confirmatory treponemal test result? (e.g. FTA-ABS or TP-PA)		Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery?		
<input type="radio"/> Yes, reactive <input type="radio"/> Yes, nonreactive <input type="radio"/> No test <input type="radio"/> Unknown		<input type="radio"/> Yes, positive <input type="radio"/> Yes, negative <input type="radio"/> No test <input type="radio"/> Unknown		
Date mother was last treated for syphilis mm/dd/yyyy		When was mother last treated for syphilis?		
<input type="text"/>		<input type="radio"/> Before pregnancy <input type="radio"/> During pregnancy <input type="radio"/> No treatment <input type="radio"/> Unknown		
If before pregnancy, was mother's treatment adequate? <input type="radio"/> Yes, adequate <input type="radio"/> No, inadequate <input type="radio"/> Unknown				
If during pregnancy, was mother's treatment adequate? <input type="radio"/> Yes, adequate <input type="radio"/> No, inadequate: non-penicillin therapy <input type="radio"/> No, inadequate: penicillin therapy begun <30 days before delivery <input type="radio"/> Unknown				
If adequate treatment, was there an appropriate serologic response?				
<input type="radio"/> Yes, appropriate response with adequate serologic follow-up during pregnancy		<input type="radio"/> Yes, appropriate response but no follow-up serologic titers during pregnancy		
<input type="radio"/> No, inappropriate response: evidence of treatment failure or reinfection		<input type="radio"/> No, response was equivocal or could not be determined from available non-treponemal titer information		
<input type="radio"/> Response could not be determined from available non-treponemal titer information		<input type="radio"/> Not enough time for titer to change		

Mother's Clinical Information cont.			
<i>Please indicate the dates and results of all known treponemal and non-treponemal tests.</i>			
Test Type [Dropdown]	Lab Result Date (mm/dd/yyyy) [Date Picker]	Time Period [Dropdown]	
	Test [Dropdown]		Result [Dropdown]

The Infant's Clinical Information section has also been updated. The majority of those updates change the variables of the questions rather than the questions themselves.

Infant's Clinical Information			
Vital status <input type="radio"/> Alive <input type="radio"/> Born alive, then died <input type="radio"/> Stillborn <input type="radio"/> Unknown		Indicate date of death mm/dd/yyyy [Date Picker]	Birthweight (in grams) [Text Box]
			Estimated gestational age (in weeks) [Text Box]
<i>Non-treponemal tests</i>			
Did infant/child have a reactive non-treponemal test for syphilis? (e.g. VDRL, RPR) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		When was the infant/child's first reactive non-treponemal test for syphilis? mm/dd/yyyy [Date Picker]	
Indicate titer of infant/child's first reactive non-treponemal test for syphilis [Dropdown]			
<i>Treponemal tests</i>			
Please indicate the infant's/child's treponemal test results [Dropdown]		When was the infant/child's first reactive treponemal test for syphilis? mm/dd/yyyy [Date Picker]	
Please indicate which of the following symptoms the infant/child experienced <i>Please check all that are relevant</i>			
<input type="checkbox"/> No signs / Asymptomatic	<input type="checkbox"/> Condyloma lata	<input type="checkbox"/> Snuffles	<input type="checkbox"/> Syphilitic skin rash
<input type="checkbox"/> Jaundice / Hepatitis	<input type="checkbox"/> Pseudoparalysis	<input type="checkbox"/> Edema	<input type="checkbox"/> Unknown
<input type="checkbox"/> Hepatosplenomegaly			
<input type="checkbox"/> Other, specify [Text Box]			
<i>Laboratory Confirmation</i>			
Did the infant/child have a darkfield exam? [Dropdown] Result [Dropdown]			
Did the infant/child have a DFA? [Dropdown] Result [Dropdown]			
Did the infant/child have CSF WBC Count? [Dropdown] Result [Dropdown]			
Did the infant/child have an IgM-specific treponemal test? <input type="radio"/> Yes, reactive <input type="radio"/> Yes, nonreactive <input type="radio"/> No test <input type="radio"/> Unknown			
<i>Infant/Child Evaluation</i>			
Did the infant/child have long bone X-rays? <input type="radio"/> Yes, changes consistent with CS <input type="radio"/> Yes, no signs of CS <input type="radio"/> No xrays <input type="radio"/> Unknown			
Did the infant/child have a CSF-VDRL? [Dropdown] Result [Dropdown]			
Did infant/child have a qualitative CSF protein level? [Dropdown] Result [Dropdown]			
Was the infant/child treated? [Dropdown]			

Arbovirus Form

In MDSS 4.5, the form as it relates to Arboviruses in the MDSS has been significantly updated to more closely align to data that is requested for the Arbovirus program at CDC. This form will be used for California, Eastern Equine, Powassan, St. Louis, and Western Equine Encephalitis, Dengue Fever, Chikungunya, Yellow Fever, West Nile Virus and Zika.

The new Arbovirus form does have some Zika-specific questions that are only shown when in a Zika case. They are under the Clinical Information section of the form.

Has the patient received an organ donation within the 30 days prior to onset of symptoms? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
Pregnancy Complications: (Check all that apply)			
Fetal growth abnormality <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Fetus with Central Nervous System (CNS) abnormalities <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Intracranial Calcification <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Microcephaly <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Pregnancy Outcome:			
<input type="radio"/> Fetal death (Fetal loss)	<input type="radio"/> Delivery (Live birth)	<input type="radio"/> Still pregnant	<input type="radio"/> Perinatal death
<input type="radio"/> Premature birth of newborn	<input type="radio"/> Stillbirth (Intrauterine Fetal Death)	<input type="radio"/> Therapeutic termination of pregnancy	
Newborn Complications: (Check all that apply)			
Congenital anomaly of central nervous system <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Limb defects <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Ocular defects <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		None <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Intracranial calcification <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Microcephaly <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Intrauterine growth retardation <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
Was the patient breast feeding (mother's case) or breast fed (infant's case) prior to the onset of the illness?			

Meningococcal Disease

There were changes to the Meningococcal Disease Form in the form of addition of Other and Unknown options for several questions, addition of medication and housing status questions, and clarification of saliva contact in the Risk Factors section. There is also an addition of a Sexual Health section to the form as well.

If N. meningitidis was isolated from blood or CSF, was it resistant to: (Check all that apply)	
<input type="checkbox"/> Rifampin <input type="checkbox"/> Sulfu <input type="checkbox"/> Ciprofloxacin <input type="checkbox"/> Resistance Not Tested <input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify) _____
Lumbar Puncture/ CSF examination	
Risk Factor Information	
Travel during 10 days prior to onset? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Specify travel location(s) and dates: _____
Daycare attendees? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Specify daycare name /location: _____
Daycare employee/volunteer? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Specify daycare name /location: _____
Lives in congregate setting? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Specify name of setting: _____
If yes, type of setting: (Check all that apply)	
<input type="checkbox"/> Dormitory <input type="checkbox"/> Boarding School <input type="checkbox"/> Sorority/fraternity <input type="checkbox"/> Shelter <input type="checkbox"/> Barracks	Homeless or no permanent residence? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
<input type="checkbox"/> Correctional facility <input type="checkbox"/> Long-term Care Facility <input type="checkbox"/> Camp <input type="checkbox"/> Other _____	
Current smoker? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Prolonged exposure to passive tobacco smoke? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Respiratory disease or illness during the 2 weeks prior to onset? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Chronic disease or underlying condition? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Specify condition: _____
Immunosuppressive therapy (e.g. steroids, chemo, radiation, immunoglobulins, anti-rejection drugs)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Taking the medication eculizumab (Solaris®)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Exposure to another person's saliva (e.g. shared utensils, water bottles, cigarettes, lipstick, etc.) during the 10 days prior to onset? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Employed in a laboratory that handles N. meningitidis? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	

Sexual Health
<i>I am going to ask you a few questions about your sexual health and practices. I understand that these questions are very personal, but they are important to understanding how you may have become infected with this illness and how to prevent future illnesses.</i>
In the 3 months prior to your illness were you sexually active (i.e., this would include any type of sex, such as vaginal, oral, or anal contact)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure/Can't recall
How many male sex partners did you have in the 3 months prior to onset? <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 to 5 <input type="radio"/> >5 <input type="radio"/> Unknown
How many female sex partners did you have in the 3 months prior to onset? <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 to 5 <input type="radio"/> >5 <input type="radio"/> Unknown
Comments <input style="width: 100%;" type="text"/>

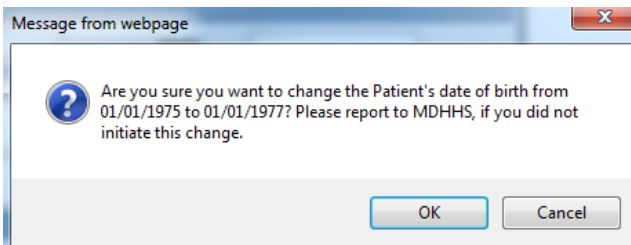
Patient Auto-merge enhancements

The Automatic Patient Merge feature has been changed so that if an existing person has an “Unknown” race or ethnicity and the incoming auto-merge data contains either of those fields, the new race and/or ethnicity will overwrite the unknown value.

The Automatic Patient Merge will now compare the middle name to prevent persons with different middle names from being merged. The middle name is not used otherwise in automatic patient merge.

Date of Birth Change Alert

A text box alert has been added when an existing patient’s birthdate is about to be changed. Clicking the cancel button will revert the selection to the existing data, clicking OK will confirm the change.



If for some reason the date of birth change was not requested by you, please contact your Regional Epidemiologist or an MDSS System Administrator. Please let us know as much information about the actions leading up to that point, such as the page you were submitting that triggered the change warning, items you may have been editing, the browser you’re using, or anything unusual that you had experienced in this session.

Other Fixes

- Hepatitis C completion rules will not apply to referral dates before 01/01/2016.
- New Search now defaults to “Include MDOC” instead of “Exclude MDOC”.
- Added MDOC Case Assignment checkbox to user profile.
- Case Listing Export now exports 5 newest labs
- Person History Tab now sorts cases by referral date.
- Adding a Note to a Completed case now changes the status to Review.
- User information retrieved from web service instead of LDAP connection.
- Browser information now displayed at the bottom of most pages.

Bug Fixes

- Fixed bug where Numeric Lab Results not exporting properly.
- Fixed bug where Support Admins not able to set HIV Program.