Probable STI cases include those that are treated presumptively according to symptoms. These cases do not require that a lab report be documented as part of the case in MDSS, as there may not be a positive specimen result to support it. Entering probable cases into the system is much like entering a 'Confirmed' case, but without the inclusion of creating a new lab report for the case along with some other minor details.

Steps 1 – 3 provide specific detail for entry of probable chlamydia and gonorrhea cases into MDSS.

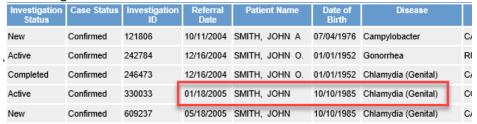
1. Login into MDSS

2. Determine if the specific case is already in MDSS

Conduct a 'New Search' for the person by first and last name. You do NOT have to use the entire first and last names. Sometimes the patient may already be in MDSS, but the spelling of the name is different than the case you are currently creating. In which case searching only the first 3 letters or so of the first and last names will hopefully identify such instances. If searching only a few letters, you must include an asterisk (*) after the first and last name segments being searched on. For example, instead of searching JOHN SMITH as shown below, we might enter JOH* SMI*.



If a match is found, compare the date of birth to be certain it is the same person. Then, look for an investigation with same disease and a similar referral date of the case to be created.



If there is a match, open and review the MDSS case. If it appears to be a duplicate of the probable case, only enter information that is missing from the case that is in MDSS (i.e. treatment, pregnancy status etc.).

GC and CT cases generally should only be counted once per 30 days. For example, a
diagnosis at a private provider may be followed by a visit and treatment at an LHD a
week later.

- Determining if it is a duplicate may be case specific (dates, treatment etc.). If it isn't
 clear whether this is a new case, create the probable case in MDSS and it will be
 reviewed by a state Epidemiologist.
- **3.** If your information appears to reflect a new, probable diagnosis, then enter a 'New Case' for the client.



Guidance for each specific field is below.

FIRST SCREEN: Investigation Information

Reportable Condition: Select gonorrhea or chlamydia as appropriate.

Case Status: Select 'Probable' as there is not a clear laboratory result for chlamydia or gonorrhea.

Patient Status: The default is 'Alive,' select 'Dead' if death information is clearly provided.

Patient Status Date: No need to change this.

Case Disposition: Default is 'Outpatient.' Enter 'Inpatient' if this is clearly indicated.

First / Last / Middle: Enter the name as it appears on the lab. If middle initial is provided, then enter that in the 'Middle' field.

Street / City / County / Zip: Enter if available. Put 'Homeless' into the 'Street' field if that is indicated. If the patient is in a correctional facility (Kent County Correctional Facility etc.), or a job corps center (Flint/Genesee Job Corps Center etc.) then enter that address into these fields.

Home Phone / Other Phone: Enter patient phone number(s) if provided. Again, if the client is in a correctional facility or job corps center, then enter that phone number.

Onset Date: Usually specimen date; if no specimen, date of symptom onset.

Diagnosis Date: Leave this blank.

Referral Date: Always enter today's date/when you enter the case into the system.

Select 'CONTINUE'

SECOND SCREEN: Demographics

Race / Sex / Hispanic Ethnicity: You must enter 'Unknown' if these are not indicated, but please ensure that these fields are completed as often as possible.

Date of Birth: The date of birth is required and must be entered in full (MM/DD/YYYY) format.

Parent / Guardian: If the patient is under age 18, you must enter a parent name, but if you do not have this information then you can enter 'Unknown'.

Select 'CONTINUE'

THIRD SCREEN: Referral Information

Person providing referral: If the case was referred to you by someone else, then enter their name and phone number. If, however, you are the one providing the referral then enter your information.

Primary physician: Where did the patient go for care/treatment? Provide the name of the medical professional that saw/talked to the patient. Enter the name of the physician office, Urgent Care, hospital, or local health department into the **'Affiliation'** field, such as, 'Pregnancy Resource Center,' 'Ingham County Health Department HIV/STI Clinic' (etc.). Include the full street address, city, state, and zip code of the provider/facility.

Case Notes: Here you can add notes about the client's visit for your, or another case investigator's (other staff) use/reference. This may include patient symptoms or other details about their visit.

Select 'SAVE & FINISH'

Being that there was no specimen collected and tested, there is no lab data to enter and no lab report to generate. IF, however, you do have this information, please refer to and follow the *Manual Lab Entry* protocol.

If the patient is already in MDSS, then selecting 'Save & Finish' will prompt you to merge the case you just created into the corresponding patient ID.

- MDSS will give a percentage score for possible matches, but you should visually check that name and date of birth are the same or very similar before selecting a matching patient.
- If you have found a match, select it and press "Continue"
 - This will take you to a second screen where you can compare new data with existing data – again, if it still looks like the person is a match (address or phone number may have changed), and hit "Continue", then "Complete Merge"
- If none of the options are a match, select "No Merge"
- If you are ever unsure, select "Defer"

If you are unsure of what to do on the patient record merge, please do not guess. Email the Epidemiologist or Epidemiology Assistant for help, including investigation ID if possible.

At this point MDSS saves your data entry. If you have a need to add or update something you missed, you will need to do a 'New Search', open your entered case, make edits, and save.

When a new investigation (on a new or existing patient) is created, MDSS automatically assigns the investigation to a staff person in the county of residence.