



Reporting Information for Severe or Unusual Influenza Cases in MDSS

MDHHS encourages reporting of severe or unusual influenza cases (ICU admissions, severely ill pregnant or postpartum women, patients with atypical and/or severe presentations) into the MDSS by healthcare providers.

When reporting severe or unusual influenza cases, please be sure to include:

- Date of Admission to hospital
- Laboratory findings for influenza
- Symptoms
- Co-morbidities
- Obesity
- Pregnancy Status
- Treatment
- Outcome (Discharged or Death)
 - If patient has died also include date of death

Follow the instructions below to edit or update cases in MDSS to report the above information.

Editing a case that has already been reported in MDSS

1. HCPs are able to view all cases reported by their facility. Cases can be viewed under the 'All Open Investigations' search or by searching for individual cases (click on 'New Search' in the Case Investigation tab). If you are unable to find a case please see the 'Unassigned Cases' Section (page 3).

Displaying results **1-10** of **2091** found

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Investigation Status	Disease	Subject	Referral Date	Investigator	Jurisdiction	
Active	Salmonellosis	JOE SCHMOE	08/13/2004	MERRITT, CARLA	Ingham County	Edit

- [New Case](#)
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- [New Search](#)
- [New Aggregate Search](#)
- [Disease Specific Search](#)
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2. Click on 'Edit'

Case Listings						
Referral Date		Sort	All Open Investigations		Search	Export Help
Investigation Status	Disease	Subject	Referral Date	Investigator	Jurisdiction	
Active	Salmonellosis	JOE SCHMOE	08/13/2004	MERRITT, CARLA	Ingham County	Edit
Active	Salmonellosis	FRANK WRIGHT	08/13/2004	GRIM, MICHAEL	Statewide	Edit
New	Influenza	DUKE EINSTEIN	08/13/2004	COLLINS, JIM	Detroit City	Edit
Active	Pertussis	GERALDO RIVERA	08/13/2004	CARLSON, BRAD	Ingham County	Edit

3. Click on 'Detail' next to the reportable condition field to open the case detail form

Case Reporting | Address History | Demographics | Referrer | Lab Reports | Notes | Map | Audit | Person History

Patient BEDILIA, AMELIA Locked by PARKERN1 (NICOLE A PARKER)

Reportable Condition*: Influenza **Detail** Case Status*: Confirmed Investigation Status*: New

Patient Information

Patient Status*: OutPatient Patient Status Date* (mm/dd/yyyy): 06/06/2016

First*: AMELIA Last*: BEDILIA Middle:

Onset Date (mm/dd/yyyy): MMWR: 23-2016 Patient Id: 8552101042

Diagnosis Date (mm/dd/yyyy): Dedup

Investigation Address

Street: 123 S MAIN ST Geocode Source: CGI_B

City: ROYAL OAK County: Oakland State: Michigan Zip: 48067

4. The Case Investigation Form will open and information can be added in the appropriate sections. Pertinent medical information includes:

Hospital Information

Patient Hospitalized: Yes No Unknown If the patient was hospitalized, was the patient admitted to the intensive care unit? Yes No Unknown

Hospital Name and City: Hospital Record No.:

Admission Date (mm/dd/yyyy): Discharge Date (mm/dd/yyyy): Days Hospitalized:

Patient Died: Yes No Unknown Is this case a suspect or confirmed influenza pediatric death? Yes No Unknown Date of Death (mm/dd/yyyy):

If official cause of death known, please list here:

Is/was the patient isolated in the hospital? Yes No Unknown Hospital isolation start date (mm/dd/yyyy): Hospital isolation end date (mm/dd/yyyy):

Previous Hospital/ER visits (Most Relevant)

Admission Date (mm/dd/yyyy)	Discharge Date (mm/dd/yyyy)	Reason for Visit ()

Case ID 8552101045 First Name AMELIA Last Name BEDILIA Influenza Page 3

Does the patient have any of the following risk factors for severe disease?
(Check all that apply)

Asthma/reactive airway disease Cardiac disease
 Cancer Chronic lung disease
 Diabetes mellitus Metabolic disorder
 Neurologic Disease Other Immunosuppressive condition (specify)
 Pregnant Other (specify)
 Renal disease

Was the patient receiving any of the following medications when the influenza illness started?
(Check all that apply)

Aspirin or aspirin-containing products Chemotherapy Radiation therapy
 Systemic steroids (not inhaled) Unknown Other immunosuppressive medications (specify)

Was the patient obese? If patient obese, specify:
 Yes No Unknown Obese (BMI:30.0-39.9) Morbidly Obese (BMI >= 40)

Was patient pregnant at the time of the event? If patient pregnant, specify gestational age: If patient pregnant, define gestational age units.
 Yes No Unknown Days Months Weeks

Did the patient work in a health care facility/setting within 7 days prior to illness onset? If yes, please specify facility:
 Yes No Unknown

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Unassigned Cases

Cases that need to be merged or de-duplicated by the local health department (LHD) will go to the 'Unassigned Cases' Section in MDSS. Edits can only be made to these cases after they have been de-duplicated by the LHD. Please do not re-enter the case before it has been de-duplicated.

MDSS TEST APPLICATION
Department of Community Health

Case Investigation Reports Logout

Unassigned Cases

Case Listings Referral Date Sort All Open Investigations Search Help

Investigation Status	Disease	Patient Name	Referral Date	Investigator	Jurisdiction	
New	Botulism - Foodborne	MARCIA BRADY	03/02/2005	BULL, SHERRI	Kent County	Edit
New	Tetanus	GREG BRADY	03/02/2005	USER, SUPER	Kent County	Edit
New	Strep Pneumo, Drug Resistant	JAN BRADY	03/02/2005	HOFFMAN, TRAVIS	Kent County	Edit
New	H. influenzae Disease - Inv.	CNDY BRADY	03/02/2005	BULL, SHERRI	Kent County	Edit
New	Kawasaki	BOBBY BRADY	03/02/2005	USER, SUPER	Kent County	Edit
New	Legionellosis	PETER BRADY	03/02/2005	HOFFMAN, TRAVIS	Kent County	Edit