

# MDSS Case Detail FORM CHANGES

*MDSS Release Version 2.5*

Added Case Entry, Completion and Updated to the ALL forms (Updated field is on the form but will not be activated until a future release)

Increased length and size of PDF comments field on ALL forms to 3,800 characters

Removed Q fever and Added Q Fever Acute and Q Fever Chronic with PDF forms

Added "None" as a \*response\* option to the following forms and questions.

Kawasaki: Cardiac Complications, Non-Cardiac Complications

Dengue: Symptoms

Encephalitis (all): Clinical info from Attending Physician

Histoplasmosis: Symptoms

Meningitis (all)/Strep Pneumo Inv: Symptoms

Reye Syndrome: If there was an antecedent illness

NV (Non-cholera Vibriosis Surveillance Report): Symptoms

Cholera Surveillance Report Form: Symptoms

Yellow Fever(CNS): Symptoms

Lyme Disease Form – Form revised to add questions, move questions, and change questions per MDCH program staff request.

## **GI Form Changes**

The Base GI Form is shared by many diseases (see table below). The form is the same for all of these diseases except Salmonella which contains additional questions.

### Diseases using the Base GI Form

Amebiasis

Botulism - Foodborne

Campylobacter

Cryptosporidiosis

Escherichia coli 0157:H7

Giardiasis

Listeriosis

Salmonellosis

Shiga toxin, E. Coli, Non O157

Shiga toxin, E. Coli, Unsp

Shigellosis

Typhoid Fever

Yersinia enteritis

Hemolytic Uremic Syndrome

## **Salmonella Form Specific Changes**

### **Page 2, Laboratory information section, Salmonella Serotype question**

- Remove 'Typhi' option from the form.

## **Base GI Form Changes**

### **Page 2, Laboratory information section**

Add column to the table for titled 'Collection Date' right after 'Specimen Collected'.

### **Page 2, Epidemiologic information section**

- Travel (in/out state or international) in the past month, If Yes, location/Date question. Split this question into two;
  - o Question 1: If Yes, Location
  - o Question 2: If Yes, Date
- Swimming in the past month, If Yes, location/Date question. Split this question into two;
  - o Question 1: If Yes, Location
  - o Question 2: If Yes, Date
- Replace Animal contacts question with a table (see below).

Animal Contacts		
Type of Animal	Contact? Y=Yes, N=No, U=Unknown	Specify
Reptiles (snake, turtle, lizard)		
Live stock (cattle, sheep)		
Birds/Poultry (chicks, ducks, geese)		
Other Animal Contacts		

- Add question Location of Animal Contacts(s) (check all that apply).
  - o Petting Zoo
  - o Animal Exhibit
  - o Fair
  - o Farm
  - o Home
  - o Other, Specify: \_\_\_\_\_

### **Page 3, Contact Information section**

- Prior to the table add these questions
  - o Number of other persons in the household
  - o Number of other persons in the household who are well
  - o Number of other persons in the household who are ill

### **Page 3, Food Purchased Information section**

- In the Food Purchased column add instructions that say: Fresh produce, meats, dry goods, convenience foods
- Added additional rows for recording food purchased

### **Page 4, Food Consumed Information section**

- Change the title of the section to 'Information on Food Consumed Outside the Home'
- Added additional rows to the table.