MDSS Release Notes
Version 4.1
December 2013

Enhancements

1. **View Only Case Display**

   New 'View' option in the case listing screen allows you to open and view a case without locking it. Cases cannot be edited in this view.

2. **Searching for Deleted/Merged Cases**

   When a case is merged with a new lab result or case, the Investigation ID changes. You will now have the ability to search for a case with the Investigation ID that was originally assigned to it before a merge.

3. **Enhanced Report 5 – Disease YTD by Geography**

   Report 5 was enhanced to show a percentage change from one year to the previous year as indicated in the report criteria. The exported report now includes the total number of cases in the previous year (YTD) and the percentage change from the previous year for comparison.

Report 5 Export:

Report 5: YTD Disease by Geographic Area and Timeframe For A Given Year							
Case Types: Individual and Aggregate					Case Status: Confirm		
Year: 2013					Investigation Status:		
Report Type: Counts							
Disease Groups: Influenza							
Region	Aug	Sept	Oct	Nov	2013 Total	2012 Total	% Diff
1	1	0	0	0	3	38026	-99.99
2 North	0	0	0	0	0	46715	-100
2 South	0	0	0	26	27	46786	-99.94
3	0	0	0	0	0	48064	-100
5	0	0	435	1	438	26026	-98.32
6	0	0	0	0	210	106464	-99.8
7	0	0	0	0	0	19954	-100
8	0	0	0	0	0	5464	-100
Total	1	0	435	27	678	337499	-99.8

4. **New 'Suspect Case' Classifications**

   Campylobacter, Guillain-Barre and Creutzfeldt-Jakob cases can now be closed as 'Suspect'.
   - **Suspect Laboratory Criteria for Campylobacter**: Detection of *Campylobacter* spp. in a clinical specimen using non-culture based laboratory methods. The full case definition can be found at www.cdc.gov/nndss.
   - **Suspect Creutzfeldt-Jakob Disease (CJD)**: Sporadic CJD and variant CJD case definitions can be found at http://www.who.int/zoonoses/diseases/Creutzfeldt.pdf.
   - **Suspect Guillain-Barre Syndrome (GBS)**: Physician diagnosed as suspect GBS.

Updated and New Forms

1. **Updated Hepatitis A-E Forms**

   All Hepatitis forms have updates to the 'Clinical Information' and the 'Diagnostic Tests' sections.

Clinical Information and Patient History

Place of Birth:
○ USA ○ Other
[_____]

Did the patient die from hepatitis?
○ Yes ○ No ○ Unknown

If yes, specify the date of death:
mm/dd/yyyy
[_____] 📅

Was the patient aware they had viral hepatitis prior to lab testing?
○ Yes ○ No ○ Unknown

Does the patient have a provider of care for hepatitis?
○ Yes ○ No ○ Unknown

Does the patient have diabetes?
○ Yes ○ No ○ Unknown

Diabetes Diagnosis Date:
mm/dd/yyyy
[_____] 📅

Reason for Testing:
(Check all that apply)

☐ Symptoms of acute hepatitis
☐ Other [_____]

☐ Evaluation of elevated liver enzymes
☐ Blood / Organ donor screening
☐ Follow-up testing for previous marker of viral hepatitis
☐ Unknown

Additional Hepatitis updates include:
- **Hepatitis A**: Updated 'Epidemiologic Information' section and new 'Contact Information' section

- **Hepatitis B, Chronic, Hepatitis D & Hepatitis E**: New 'Epidemiologic Information' section

Epidemiologic Information

The following questions are provided as a guide for the investigation of lifetime risk factors for HBV infection. Collection of risk factor information may provide useful information for the development and evaluation of programs to identify and counsel HBV-infected persons.

Did the patient receive clotting factor concentrates produced prior to 1987? ○ Yes ○ No ○ Unknown	Was the patient ever on long-term hemodialysis? ○ Yes ○ No ○ Unknown	Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times? ○ Yes ○ No ○ Unknown
How many sex partners has the patient had (approximate lifetime)? [____]	Was the patient ever incarcerated? ○ Yes ○ No ○ Unknown	Was the patient ever treated for a sexually transmitted disease? ○ Yes ○ No ○ Unknown

Was the patient ever a contact of a person who had hepatitis? ○ Yes ○ No ○ Unknown

If yes, type of contact:
Household (Non-sexual) ○ Yes ○ No ○ Unknown
Sexual ○ Yes ○ No ○ Unknown
Other (specify) [____]

Was the patient ever employed in a medical or dental field involving direct contact with human blood? ○ Yes ○ No ○ Unknown

What is the country of birth for the mother? [____ ▾]

Has the patient received medication for the type of hepatitis being reported? ○ Yes ○ No ○ Unknown

- **Hepatitis C, Chronic**: Updates to the 'Epidemiologic Information' section

Epidemiologic Information

The following questions are provided as a guide for the investigation of lifetime risk factors for HCV infection. Collection of risk factor information for such persons may provide useful information for the development and evaluation of programs to identify and counsel HCV-infected persons.

Did the patient receive a blood transfusion prior to 1992? ○ Yes ○ No ○ Unknown	Did the patient receive an organ transplant prior to 1992? ○ Yes ○ No ○ Unknown
Did the patient receive clotting factor concentrates produced prior to 1987? ○ Yes ○ No ○ Unknown	Was the patient ever on long-term hemodialysis? ○ Yes ○ No ○ Unknown
Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times? ○ Yes ○ No ○ Unknown	How many sex partners has the patient had (approximate lifetime)? [____]
Was the patient ever incarcerated? ○ Yes ○ No ○ Unknown	Was the patient ever treated for a sexually transmitted disease? ○ Yes ○ No ○ Unknown

Was the patient ever a contact of a person who had hepatitis? ○ Yes ○ No ○ Unknown

If yes, type of contact:
Sexual ○ Yes ○ No ○ Unknown
Household (Non-sexual) ○ Yes ○ No ○ Unknown
Other [____]

Was the patient ever employed in a medical or dental field involving direct contact with human blood? ○ Yes ○ No ○ Unknown

Has the patient received medication for the type of hepatitis being reported? ○ Yes ○ No ○ Unknown

2. Updated Listeria Form

Prior to this version of MDSS, local health departments completed the MDSS case report for Listeriosis and then were asked to complete the CDC Listeria Initiative form. With this MDSS release the new Listeriosis form reflects the CDC standardized questionnaire developed for the Listeria Initiative. The updated form has new pregnancy and case-patient interview sections as well as an updated food purchase history section and a new four week food history. The updated form should be used for all new cases with onset or referral dates on or after December 29, 2013 (start of MMWR week 1-2014). The form name for cases referred prior to this date will be changed to 'Listeriosis (Pre-2014).*'

Please note that all forms ending in an asterisk (*) are for historical cases and should NOT be used for new cases.

Four Week Food Consumption History

INSTRUCTIONS FOR INTERVIEWER: Please read all options to case-patient in each category. For the names of purchase sites, please use the names of stores, markets, restaurants, etc., that were listed in the previous sections. A DELI COUNTER serves portions or helpings of salads, cheeses, and meats sliced ON-SITE at a specified counter within a grocery store, food market, or delicatessen. Foods sliced and packaged AT the FACTORY and sold as pre-packaged containers in self-serve refrigerated display cases are NOT considered to be from a deli counter.

Instructions to Read to Case-Patient (Or Surrogate)

Now I'd like to ask you about the foods you ate between _____ [📅] (date 4 weeks before) through _____ [📅] (specimen collection/delivery date). For each food item, please give me your best guess as to whether you ATE the food, you're not sure but you LIKELY ATE the food, you're not sure but you LIKELY DID NOT EAT the food, or you DID NOT EAT the food.

MEATS: In the 4-week period, did you eat any of the following COLD CUT, DELI MEAT, OR LUNCHEON MEAT items?

Meat	Consumed	How Often	Where purchased and name of store/restaurant/venue (all that apply)			
			Where purchased	Name of store, etc.	Types or brands	Purchased from Deli Counter?
Ham	○ Ate ○ Likely Ate ○ Likely Did NOT eat ○ Did NOT eat	○ ~1-2x/month ○ ~1x/week ○ ~2-4x/week ○ ~5-7x/week ○ not sure	Grocery store			○ Yes ○ No ○ Do not know
			Deli/small market			○ Yes ○ No ○ Do not know
			Restaurant			○ Yes ○ No ○ Do not know
			Other venue			○ Yes ○ No ○ Do not know
			Do not know	☐ Do Not Know		○ Yes ○ No ○ Do not know

3. **Aggregate Form Updates**
   - Norovirus and unusual outbreaks or occurrences can now be entered into the Aggregate Case form. Please note that outbreak reports may still be faxed or called into the SIDE Section. In addition, SIDE Section staff must be contacted to coordinate any specimen testing at MDCH Bureau of Laboratories.
   - An outbreak field was added to help distinguish between normal weekly school reporting and facility outbreaks. If using this form to report a facility outbreak, the 'Outbreak Y/N' field **MUST** be marked as 'Yes.' The outbreak field was also added to the aggregate case search options to easily find outbreak information.
   - A third screen was added to the aggregate case form with new sections including: facility/event information, epidemiology, symptom presentation, specimen testing, consultation provided, and additional actions/notifications.

   Aggregate Case Form:

Aggregate Case Search Screen:

Name of Saved Search	Default Search ☐

Investigation ID :

Case Status :
Confirmed
Confirmed-Non Resident

Investigation Status :
Active
Canceled

Reportable Condition :
Flu Like Disease*
Gastrointestinal Illness
Head Lice

Outbreak :

Outbreak Y/N :
No
Unknown
Yes

Reporting Source :

Cases: ____ to ____   Deaths: ____ to ____

Date Criteria

Referral Date (mm/dd/yyyy):

Screen Three of Aggregate Case Form

Facility/Event Information

Facility/Event Name :

Street :   City :

County :   State :   Zip :

Contact First Name: Contact Last Name: Phone:

Affected Unit(s)/Floor(s) :

Type of Facility
☐ Healthcare
☐ Adult Day Care   ☐ Child Day Care/K-12 School   ☐ Event (e.g., wedding party, funeral)
☐ Restaurant   ☐ Senior Apartments/Retirement Center   ☐ College/University   ☐ Other

Epidemiology

Onset Date of First Case
(mm/dd/yyyy) :

Date of Last Onset
(mm/dd/yyyy) :

Date of Exposure
(mm/dd/yyyy) :

Duration of Symptoms :   Duration Units ○ Hours ○ Days   Incubation Period: Incubation Units ○ Hours ○ Days

Suspected Etiology :

Total Number Ill (Cases): 151   Ill Adults :   Ill Children :

Ill Residents /Patients/ Patrons :   Total Population :

Ill Employees :   Total # Employed :

Ill Food Handlers :   Secondary Cases :

Hospitalized Cases :   Deaths : 0

Symptom Presentation

Symptoms :
☐ Vomiting   ☐ Diarrhea   ☐ Nausea   ☐ Abdominal Cramps   ☐ Fever
☐ Rash   ☐ Itching   ☐ Skin and soft tissue wound / damage   ☐ Respiratory (e.g., coughing, wheezing)
☐ Other

Specimen Testing

☐ Declined   ☐ Stool - Norovirus   ☐ Stool - Bacterial   ☐ Stool - Ovum and Parasites
☐ Respiratory Swab/Secretion   ☐ Wound /Skin Cultures:
☐ Food   ☐ Other

Number of Specimens Collected :   Laboratory Performing Tests :   Shipping Date :   Results :

Consultation Provided

☐ Environmental cleaning guidelines   ☐ Infection control precautions   ☐ Employee restrictions
☐ Patient cohorting, isolation and restrictions   ☐ Visitor restrictions   ☐ Closed units to transfer and admits
☐ Specimen collection and submission   ☐ Other

Additional Actions and Notifications

☐ LDH   ☐ MDCH Bureau of Laboratories   ☐ MDARD   ☐ MDLARA Bureau of Health Systems
☐ Federal Agencies (e.g., CDC, FDA, USDA)   ☐ MDCH Public Information Officer   ☐ Other

4. Flu Form Changes

Updates were made to the 'Vaccine Information' section in both the Influenza and Novel Influenza forms. The questions from the previous version of the vaccine section will be mapped to the new questions so that current case data displays correctly.

5. HIV Module Updates

a. Lab Data Section: revised wording of 'Date of Last Negative HIV Test' to '*Date of last documented negative HIV test (before HIV diagnosis date).*

b. Sex/pregnancy issues: An error message will be generated if 'Male' is chosen for birth sex and then completes any variables as 'Yes', 'No', or 'Unknown' in Section XII: Women Only.

c. 'Stage 3' was changed to 'Stage 3 (AIDS)' anywhere it appeared on the case report form.

6. New Babesiosis Form

Babesiosis cases can now be reported in the new Babesiosis form (cases were previously reported in the Unusual Outbreak or Occurrence form). Babesiosis is an emerging, protozoal tick-borne disease that was made nationally notifiable in 2011. Most case referrals for Babesiosis will come from laboratory reporting. It is important to investigate likely exposure to ticks in Michigan. During case investigation, please inquire about tick exposure, or travel to areas in the state or elsewhere up to one month prior to disease onset. For questions regarding case investigation or follow-up, please contact the MDCH Communicable Disease Division at 517-335-8165.

Other Updates and Enhancements

- The 'Escherichia coli O157:H7*', 'Shiga toxin, E. Coli, Non O157*', and 'Shiga toxin, E. Coli, Unsp*' forms will be renamed 'Escherichia coli O157:H7 (Pre-2011)*', 'Shiga toxin, E. Coli, Non O157 (Pre-2011)*' and 'Shiga toxin, E. Coli, Unsp (Pre-2011)*' to better indicate that these are historic cases. Any form with an asterisk (*) should **NOT** be used for new cases.
- System Administration Modifications: Database Monitoring Page, Benchmark Reporting Page, ELR Monitoring Page
- Refugee Health Module – The Refugee Health Module will be incorporated in this release, however, the rollout of the module and instructions on its use will be incorporated in a separate document.