MDSS Release Notes

Version 4.3

April 2016

Contents

Enhancements

1. Basic Batch Exports

When a user requests a large, basic export (1,000+ lines of data), the user will no longer receive the warning message, "You cannot export more than 1,000 cases." Now, the user will receive the following message:
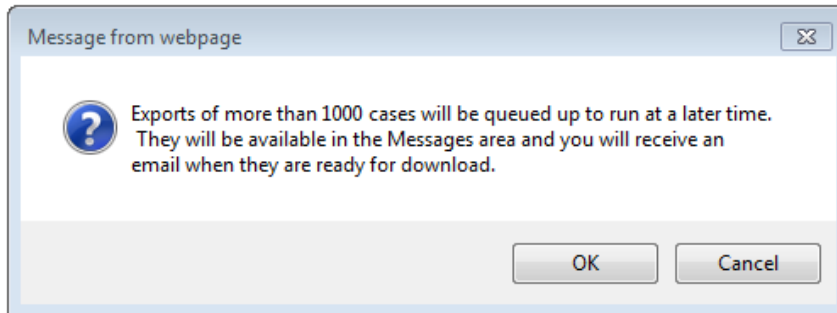
The export report will generate during non-peak periods and the user will receive an e-mail following completion of the export. This auto-generated e-mail will be sent from mdhhs_mdss@michigan.gov. This is typically available the following day.

> *Please note that this is e-mail address is for automated messages only and cannot accept replies.*

If immediate data is needed, multiple smaller reports (fewer than 1,000 lines) may still be run sequentially.

This new process and message apply to basic export function and not to the disease-specific export functionality, which already allow for disease-specific exports of over 1,000+ cases.

2. Automatic Patient Matching

For incoming ELR messages, MDSS will automatically de-duplicate patients for whom there is a 100% match for an existing patient record, following a standardized algorithm. A banner message will appear for patients for whom automatic patient record de-duplication has occurred.

Case matching/de-duplication will still require manual review.

3. Improved Display of Labs in Lab Report Section of Forms

Lab results now display relative to the number of available labs reported in the case entry screens. Extraneous lines have been removed. Labs are now displayed in a descending date order (i.e., most recent is shown first).

Lab Results				
Report Date (mm/dd/yyyy)	Test Name	Test Result	Specimen	Collection Date (mm/dd/yyyy)
No Labs				

4. Michigan Department of Corrections (MDOC) ID Field in Patient Demographics

The MDOC ID can now be entered as demographic information for patients for whom case follow up is under the jurisdiction of MDOC.

Demographics

Race* :
African American
American Indian or Alaska Native
Asian
Caucasian
Hawaiian or Pacific Islander
Other
Unknown

Sex* : - SELECT -

Hispanic Ethnicity* : - SELECT -

Arab Ethnicity : Unknown

Date of Birth / Age

Date of Birth (mm/dd/yyyy):

Age at Onset (if DOB unknown) :

Age Unit :

Parent/Guardian (required if under 18)

First :

Last :

Middle :

Work / Occupation or School / Grade

Worksites / School :

Occupations / Grade :

Patient Identifiers

MDOC ID :

*indicates required items

Continue   Back   Cancel   Help

This field can also be a parameter used in advanced searches. When using this field as an advanced search parameter, one may enter either the entire MDOC ID or a portion of the MDOC ID and the asterisk wildcard (literal value '*').

5. Banner Update

"MDCH" has been updated to "MDHHS" in the banner. The Michigan Disease Surveillance System title has also undergone font updates.

6. Export of Multiple Syphilis Stages

Users may now export multiple stages of syphilis during any one export download (except for congenital). After selecting any non-congenital stage as the Reportable Condition within the Disease Specific Search area, simply select multiple syphilis stages under Investigation Information section, along with all other parameters that the user would like to export.

Syphilis Case Investigation Search
Michigan Department of Community Health
Communicable Disease Division

Investigation Information

Syphilis Stage:
Neurosyphilis should be classified as 750. Do not use this form for congenital syphilis.

☐ 710 (Primary) ☐ 720 (Secondary) ☐ 730 (Early Latent) ☐ 740 (Latent of Unknown Duration) ☐ 745 (Late Latent) ☑ 750 (Late with Manifestations)

Investigation ID	Onset Date mm/dd/yyyy	Diagnosis Date mm/dd/yyyy	Referral Date mm/dd/yyyy	Case Entry Date mm/dd/yyyy	Case Completion Date mm/dd/yyyy
	to	to	to	to	to

Investigation Status

Case Status
☐ Confirmed ☐ Not a Case ☐ Probable ☐ Suspect ☐ Unknown

Patient Status	Patient Status Date mm/dd/yyyy	Part of an outbreak?	Outbreak	Case Update Date mm/dd/yyyy
	to			to

7. Updated Naming Convention for Aggregate Cases in the Case Listing Page

Names for aggregate cases in MDSS will now have a primary default relative to the facility/event. If no facility/event is indicated in the aggregate case entry, the secondary default will be the name of the school. If no school name is present, the third default will be the Outbreak Name. Lastly, if none of these fields is completed, the final default will remain "Entry, Aggregate."

8. Form Updates

The following case report forms have all undergone various updates:

❖ Gastrointestinal Illness Case Investigation: Foodborne Botulism
  o *Additions*: ICU Admission, Ventilation/Intubation, and Date of Death

Hospital Information

Patient Hospitalized	Hospital	Hospital City	Hospital Record No.
○ Yes ○ No ○ Unknown			

Admission Date mm/dd/yyyy	Discharge Date mm/dd/yyyy	Days Hospitalized	Admitted to ICU?
			○ Yes ○ No ○ Unknown

Required ventilation or intubation?	Patient Died	Date Of Death mm/dd/yyyy
○ Yes ○ No ○ Unknown	○ Yes ○ No ○ Unknown	

- o *Additions*: Symptoms and Anti-toxin Information Now Solicited

Clinical Information

Symptoms
(Check all that apply)

☐ No Symptoms	☐ Fatigue	☐ Weakness
	☐ Diplopia (double vision)	☐ Vertigo
☐ Nausea		☐ Bulbar Weakness
☐ Vomiting	☐ Blurred Vision	☐ Descending Paralysis
☐ Diarrhea	☐ Difficulty Swallowing	☐ Symmetric Paralysis
☐ Constipation	☐ Difficulty Speaking	☐ Facial Paralysis
☐ Headache	☐ Difficulty Breathing	

Date Recovered:
mm/dd/yyyy

Fever? ○ Yes ○ No ○ Unknown

If yes, specify highest fever:

Scale ○ F ○ C

Other Symptoms? ○ Yes ○ No ○ Unknown

If yes, please specify:

Was anti-toxin administered?
○ Yes ○ No ○ Unknown

Name of anti-toxin product administrated:

If anti-toxin was administered:

What was the date/time it was administrated to patient:
mm/dd/yyyy

Date/time it was received at facility:
mm/dd/yyyy

When was the date/time it was requested?(to be completed by MDHHS):
mm/dd/yyyy

- o *Removal*: All Non-Travel-Related Questions – under "Epidemiologic Information."

- o *Update and Additions*: "Contact Information" changed to "Information on Others Exposed and/or Ill;" added clarifying language and directions.

Information on Others Exposed and/or Ill

Count all others in the household or group who may have had the same exposure and/or who have a concurrent or similar illness

Number of OTHER persons in the household/group who are ILL

Total number of persons in the household/group (including ill)

List others with the same exposure and/or have a concurrent or similar illness (list additional information in comments section). If a household or group has one or more cases of illness complete a separate MDSS report for EACH PERSON. Ensure that the food history for each case is as detailed as possible

Name of Others with Same Exposure and/or Concurrent illness	Date of Onset if Ill	Address & Phone	Relation	Describe HIGH RISK foods
( )	(mm/dd/yyyy)	( )	( )	( )

o *Addition*: "High Risk Food Exposure" section (after "Special Diet" section)

High Risk Food Exposure

Ask about the following specific food exposure for the 7 days prior to onset. if multiple exposures are identical, list additional details in other food history or comments.

Any non-commercially prepared canned or preserved foods?
○ Yes ○ No ○ Unknown ○ Typically eat

if Yes, product details(type, package size):	if Yes, where obtained:	if Yes, date obtained: mm/dd/yyyy	if Yes, date consumed: mm/dd/yyyy

Any home-canned or preserved foods?
○ Yes ○ No ○ Unknown ○ Typically eat

if Yes, describe food:

if Yes, date consumed mm/dd/yyyy

Any fermented, salted, smoked or traditionally meats? (e.g home-made sausage, salami, jerky)
○ Yes ○ No ○ Unknown ○ Typically eat

if Yes, product details(type, package size):	if Yes, where purchased:	if Yes, date purchased: mm/dd/yyyy	if Yes, date consumed: mm/dd/yyyy

Any fermented, salted, smoked fish or seafood?
○ Yes ○ No ○ Unknown ○ Typically eat

if Yes, product details(type, package size):	if Yes, where purchased:	if Yes, date purchased: mm/dd/yyyy	if Yes, date consumed: mm/dd/yyyy

Any uneviscerated fish?
○ Yes ○ No ○ Unknown ○ Typically eat

if Yes, product details(type, package size):	if Yes, where purchased:	if Yes, date purchased: mm/dd/yyyy	if Yes, date consumed: mm/dd/yyyy

Any oils infused with minced garlic or herbs?
○ Yes ○ No ○ Unknown ○ Typically eat

if Yes, product details(type, package size):	if Yes, where purchased:	if Yes, date purchased: mm/dd/yyyy	if Yes, date consumed: mm/dd/yyyy

Any other high-risk food?
○ Yes ○ No ○ Unknown ○ Typically eat

Specify:

Any vacuum-packed(modified atmosphere packaging)food?
○ Yes ○ No ○ Unknown ○ Typically eat

if Yes, product details(type, package size):	if Yes, where purchased:	if Yes, date purchased: mm/dd/yyyy	if Yes, date consumed: mm/dd/yyyy

Any foods or leftover meal items available for testing?
○ Yes ○ No ○ Unknown

Specify:

o *Addition*: "Control Measures" section (after "High Risk Food Exposure" section)

Control Measures

Check the appropriate box(es) for those control measures implemented during health follow-up. Multiple selections permitted. Complete the start date field using the earliest date a control measure was initiated

Control Measures Start Date
mm/dd/yyyy

[ ]

Control Measures Implemented
(Check all that apply)

☐ Recommended for control measures
☐ Identical of suspected source of infection   ☐ Identical of other potentially exposed
☐ Recovery of suspected source of infection   ☐ Decision made not to initiate control measures
                                              ☐ Inability to initiate control measure despite efforts to do so
☐ Other [ ]

| Case ID | First Name | Last Name | Gastrointestinal Illness Case Investigation | Page 5 |

o *Update*: "3 Day Food History" section renamed as "7 Day Food History"

7 Day Food History

List all foods/beverages 7 days prior to onset (prompt for typical foods if unable to recall)

❖ Legionellosis
     o *Addition*: Current Illness Status

Clinical Information

CDC Case No.
[ ]

Is the patient still currently ill?
○ Yes ○ No ○ Unknown

Diagnosis:
○ Legionnaires' Disease (Pneumonia, clinical or X-ray diagnosed)
○ Pontiac Fever (Fever and myalgia without pneumonia)
○ Other (e.g., endocarditis, wound infection) [ ]
○ Unknown

o *Update and Additions*: Under "Epidemiologic Information," modified various instructions; added clarifying language soliciting more targeted responses.

Epidemiologic Information

In the 10 days before the onset of symptoms, did the patient spend any nights away from home (excluding healthcare settings)?
○ Yes ○ No ○ Unknown

If yes, complete the following information:

Accommodation Name	Address	City	State	Zip	Room #	Dates of stay (mm/dd/yyyy) Arrival	Departure

If yes, was this case reported to the CDC by emailing travellegionella@CDC.gov? ○ Yes ○ No ○ Unknown

o   Previous, continued…

In the 10 days before the onset of symptoms, did the patient visit or stay in an assisted living facility as a patient or employee?

○ Yes   ○ No   ○ Unknown

If yes, complete the following information:

Type of assisted/senior living facility	Type of exposure	Name of facility	City	State	Dates of visit/admission (mm/dd/yyyy)	
					Start Date	End Date
○ Assisted living ○ Senior living (includes retirement homes without skilled nursing or personal care)	○ Resident ○ Visitor or volunteer ○ Employee			⌄	📅	📅
○ Assisted living ○ Senior living (includes retirement homes without skilled nursing or personal care)	○ Resident ○ Visitor or volunteer ○ Employee			⌄	📅	📅

Case ID	First Name	Last Name	Legionellosis Case Report	Page 3

In the 10 days before the onset of symptoms, did the patient visit or stay in a healthcare setting (e.g., hospital, long term care/rehab/skilled nursing facility, clinic) as a patient or employee?

○ Yes   ○ No   ○ Unknown

If yes, complete the following information:

Type of healthcare setting/facility	Type of exposure	Name of facility	City State	Dates of visit/admission (mm/dd/yyyy)	
				Start Date	End Date
○ Hospital ○ Long term care ○ Clinic ○ Other: ___	○ Inpatient ○ Outpatient ○ Visitor or volunteer ○ Employee	Is this facility a transplant center? ○ Yes ○ No ○ Unknown	⌄ Reason for visit:	📅	📅
○ Hospital ○ Long term care ○ Clinic ○ Other: ___	○ Inpatient ○ Outpatient ○ Visitor or volunteer ○ Employee	Is this facility a transplant center? ○ Yes ○ No ○ Unknown	⌄ Reason for visit:	📅	📅

Was this case associated with a healthcare exposure? (check one)

○ No: No exposure to a healthcare facility in the 10 days prior to onset

○ Definitely: Patient was hospitalized or a resident of a long term care facility for the entire 10 days prior to onset

○ Possibly: Patient had exposure to a healthcare facility for a portion of the 10 days prior to onset

○ Other: _____

○ Unknown

In the 10 days before the onset of symptoms, did the patient:

Have dental work? ○ Yes ○ No ○ Unknown	If yes, name of the dental office:

Get in or spend time near a whirlpool or spa (i.e. hot tub)? ○ Yes ○ No ○ Unknown	If yes, describe where:	If yes, list dates:

Use a nebulizer, CPAP, BiPAP, or other respiratory therapy equipment for the treatment of sleep apnea, COPD, asthma, or for any other reason? ○ Yes ○ No ○ Unknown	If yes, does this device use a humidifier? ○ Yes ○ No ○ Unknown	If yes, what type of water is used in the device? ○ Sterile ○ Distilled ○ Bottled ○ Tap ○ Other ○ Unknown

o *Update and Additions*: Under "Laboratory Information," modified various instructions; added clarifying language soliciting more targeted responses.

Laboratory Information

Urine antigen positive? ○ Yes ○ No ○ Not Done	If yes, date specimen was collected: *mm/dd/yyyy* [_____] 🔢
Culture positive? ○ Yes ○ No ○ Not Done	If yes, date specimen was collected: *mm/dd/yyyy* [_____] 🔢

Culture collection site:
○ Lung biopsy ○ Respiratory secretions (e.g., sputum, BAL) ○ Pleural fluid ○ Blood
○ Other [_____]

Species from culture: [_____]	Serogroup from culture: [_____]

Was there a fourfold rise in antibody titer?
○ Yes ○ No ○ Unknown

Sera ()	Titer ()	Specimen Collection Date *(mm/dd/yyyy)*	Species (used in assay) ()	Serogroup (used in assay) ()
Initial (acute)	[_____]	[_____] 🔢	[_____]	[_____]
Convalescent	[_____]	[_____] 🔢	[_____]	[_____]

Direct Fluorescent Antibody (DFA) or Immunohistochemistry (IHC) positive? ○ Yes ○ No ○ Not Done	If yes, date specimen was collected: *mm/dd/yyyy* [_____] 🔢

DFA or IHC collection site:
○ Lung biopsy ○ Respiratory secretions (e.g., sputum, BAL) ○ Pleural fluid ○ Blood
○ Other [_____]

Species from DFA or IHC: [_____]	Serogroup from DFA or IHC: [_____]

Nucleic Acid Assay (e.g., PCR) positive? ○ Yes ○ No ○ Not Done	If yes, date specimen was collected: *mm/dd/yyyy* [_____] 🔢

Nucleic Acid Assay (e.g., PCR) site:
○ Lung biopsy ○ Respiratory secretions (e.g., sputum, BAL) ○ Pleural fluid ○ Blood
○ Other [_____]

Species from Nucleic Acid Assay: [_____]	Serogroup from Nucleic Acid Assay: [_____]

❖ Salmonella, STEC, and Listeriosis
  o *Addition*: OutbreakNet Enhanced Surveillance Section

OutbreakNet Enhanced Surveillance-For MDHHS Use Only

OBNE interview conducted? ○ Yes ○ No	First OBNE Interview Attempt Date *mm/dd/yyyy*	OBNE Interview Completion Date *mm/dd/yyyy*

Interviewer :

❖ HIV
  o *Update*: Automatic continuation to Investigation Form if HIV/AIDS is selected as the Reportable Condition when manually entering a new case.
    ▪ Manual selection of Reportable Condition:

Investigation Information

Reportable Condition*: HIV/AIDS, Adult [Detail]

Case Status*: Probable

Patient Information

Patient Status* : OutPatient

Patient Status Date* (mm/dd/yyyy) : 04/14/2016

First* : ABCD   Last* : AAAA   Middle :

Street :

City :   County :   State :   Zip :

Home Phone (###-###-####):   Ext: Other Phone (###-###-####):   Ext:

Onset Date (mm/dd/yyyy) :   Referral Date (mm/dd/yyyy) :

Diagnosis Date (mm/dd/yyyy) :

*indicates required items

[Continue] [Cancel] [Help]

- Redirection to Investigation Form:

- *Update*: "City/County Patient Number or UIN if used" updated to "STICKY NUMBER"

- o *Update and Removal*: Reorganization of "Patient History" section – replaced drop-down selections with radial dials; several patient history questions were removed/combined.

VIII. Patient History

Before HIV diagnosis, patient had:	Y	N	Unk	Before HIV diagnosis, patient had:	Y	N	Unk
Sex with male	○	○	○	*HETEROSEXUAL SEX WITH:*			
Sex with female	○	○	○	*-An injection drug user (IDU)*	○	○	○
Injected non-prescription drugs	○	○	○	*-A bisexual male (females only)*	○	○	○
Transplant/transfusion/clotting disorder*	○	○	○	*-Person known to have HIV/AIDS*	○	○	○
*and is claiming this as their source of HIV infection							
High risk sex (detail in comment section)	○	○	○	Was Patient Perinatally Infected?	○	○	○

- o *Retitle and Update: Section IX is now retitled "HIV DIAGNOSTIC TESTS – please report all positive and subsequent negative tests." HIV diagnostic tests are now organized to support reporting based on the new HIV Laboratory Testing Algorithm.*

IX. HIV DIAGNOSTIC TESTS-please report all positive and subsequent negative tests

Type of Test *** At least 2 Antibody Tests must be indicated for an HIV diagnosis***	Collection Date	Rapid Test	Positive or Reactive	Reactive for Ag	Reactive for Ab	HIV1 Ab Positive	HIV2 Ab Positive	Indeterminate	Undifferentiated	Negative or NonReactive	Manufacturer
HIV-1/2 Ag/Ab **Lab** ImmunoAssay (4th Gen Discriminating)	[date] ▾		☐		☐	☐			☐	☐	
HIV-1/2 Ag/Ab **Rapid** ImmunoAssay (4th Gen Discriminating)	[date] ▾		☐	☐						☐	Alere Determin
HIV-1/2 Ag/Ab **Lab** ImmunoAssay (4th Gen)	[date] ▾	☐						☐		☐	
HIV-1/2 Ab ImmunoAssay (2nd or 3rd Gen)	[date] ▾	☐								☐	[ ]
HIV1/HIV2 Type Differentiating ImmunoAssay	[date] ▾					☐	☐	☐	☐	☐	Multispot or Ge
HIV-1 Western Blot	[date] ▾	☐						☐		☐	
HIV-1 RNA/DNA Qualitative NAAT	[date] ▾	☐								☐	
OTHER:[ ]	[date] ▾	☐	☐	☐	☐	☐	☐	☐	☐	☐	[ ]
Last Negative Test(prior to HIV diagnosis)	[date] ▾									☐	[ ]

If HIV lab tests were **NOT** documented, is HIV diagnosis confirmed by a physician? ○ Yes ○ No ○ Unk

If YES, please provide date of documentation by physician : [   ] [date]

o *Addition*: Section IX now has an additional sub-section entitled "HIV CARE TESTS." This represents several tests that were previously included under the former section "Documented Laboratory Data" but do not serve as diagnostic tests.

o *Update: Section X "Stage 3 (AIDS) Opportunistic Illnesses" now includes a singular drop-down menu selection. If additional illnesses are to be reported, they should be added under "Other Information."*

❖ Syphilis, Chlamydia, and Gonorrhea
  o *Addition*: Interview Record and Field Record now share common data with case investigation reports.
  o *Addition*: eHARS record number now a component of the "Case Management Data" section.

Case Management Data

Method of Case Detection:
- ○ Screening
- ○ Health Department Referred Partner
- ○ Self-referred
- ○ Cluster Related
- ○ Patient Referred Patient
- ○ Other _____

Is the patient pregnant?
○ Yes ○ No ○ Unknown

Neurologic Involvement
○ Yes, Confirmed ○ Yes, Probable ○ No ○ Unknown

HIV Status:
○ HIV Positive ○ HIV Negative ○ Equivocal HIV Test ○ Unknown ○ Refused to Answer ○ Did Not Ask

Has the patient had sex with a male within the past 12 months?
○ Yes ○ No ○ Refused to Answer ○ Did Not Ask

Has the patient had sex with a female within the past 12 months?
○ Yes ○ No ○ Refused to Answer ○ Did Not Ask

Has the patient had sex with an anonymous partner within the past 12 months?
○ Yes ○ No ○ R...

Has the patient had sex with a person known to him/her to be an IDU within the past 12 months?
... ○ No ○ R...

...cations (i.e. Viagra)

Has the patient been incarcerated within the past 12 months?
○ Yes ○ No ○ Refused to Answer ○ Did Not Ask

Does the patient have a history of ever having an STD prior to this STD diagnosis?
○ Yes ○ No ○ Refused to Answer ○ Did Not Ask

Has the patient ever met sex partners through the Internet in the last 12 months?
○ Yes ○ No ○ Refused to Answer ○ Did Not Ask

Total number of sex partners?
(enter 888 for refused, 999 for unknown)
_____

EHARS Number
_____

  o *Update*: Multiple treatments can now be selected in "Treatment Information" section.
    ➢ *Syphilis-Specific Treatment Information Updates:*

Treatment Information

Has patient been treated for THIS infection?
○ Yes ○ No ○ Unknown

If yes, date of treatment: *mm/dd/yyyy*
_____

Specify DRUG/DOSAGE *(Check all that apply)*:
- ☐ 2.4 mU BIC x 1 dose   ☐ 2.4 mU BIC x 3 doses   ☐ BIC x other or unspecified dose
- ☐ Doxycycline (Vibramycin) 100mg x2 per day x14 days or longer   ☐ Doxycycline (Vibramycin) 100mg x2 per day x28 days or longer
- ☐ IV (aqueous crystal) Penicillin G x 3-4mU @ 4 hours x 10 or more days   ☐ Other or unspecified treatment (specify): _____

Treated by Provider (report contact information only if different than primary provider)

First:	Last:	Phone: ### ### ####	Ext.:	Email:

Street Address: _____

City:	County:	State:	Zip:

➤ *Chlamydia-Specific Treatment Information Updates:*

Treatment Information

Has patient been treated for THIS infection?
○ Yes ○ No ○ Unknown

If yes, date of treatment:
mm/dd/yyyy

Specify DRUG/DOSAGE *(Check all that apply):*

☐ Azithromycin (Zithromax, Zmax, Z-pak) 1 gram   ☐ Azithromycin (Zithromax, Zmax, Z-pak), Other or Unknown dose

☐ Ceftriaxone (Rocephin) 250mg   ☐ Ceftriaxone (Rocephin), Other or Unknown dose

☐ Doxycycline (Vibramycin) x2 per day x7-10 days   ☐ Doxycycline (Vibramycin), Other or Unknown dose

☐ Levofloxacin (Levaquin), 500mg   ☐ Other or unspecified treatment (specify): _____

Treated by Provider (report contact information only if different than primary provider)

First:	Last:	Phone: ###-###-####	Ext.:	Email:

Street Address:

City:	County:	State:	Zip:

➤ *Gonorrhea-Specific Treatment Information Updates:*

Treatment Information

Has patient been treated for THIS infection?
○ Yes ○ No ○ Unknown

If yes, date of treatment:
mm/dd/yyyy

Specify DRUG/DOSAGE *(Check all that apply):*

☐ Ceftriaxone (Rocephin) 125mg   ☐ Ceftriaxone (Rocephin) 250mg   ☐ Ceftriaxone (Rocephin), Other or Unknown dose

☐ Doxycycline (Vibramycin) 100mg x2 per day, 7- 10 days   ☐ Doxycycline (Vibramycin) 100mg x2 per day, 14 days

☐ Doxycycline (Vibramycin), Other or Unknown duration

☐ Azithromycin (Zithromax, Zmax, Z-pak), 1g   ☐ Azithromycin (Zithromax, Zmax, Z-pak), Other or Unknown dose

☐ Cefixime (Suprax) 400mg   ☐ Levofloxacin (Levaquin) 250mg   ☐ Ciprofloxacin 500mg

☐ Other or Unspecified Treatment (specify): _____

Treated by Provider (report contact information only if different than primary provider)

First:	Last:	Phone: ###-###-####	Ext.:	Email:

Street Address:

City:	County:	State:	Zip:

❖ Cluster and Facility Outbreak Notification Report Form – Outbreak Tab
  o *Addition*: Type of Outbreak – Added to the top of the form.

Type of Outbreak: ☐ Gastrointestinal ☐ Respiratory ☐ Rash ☐ Other	
Facility/Event Information	
Facility/Event Name :	
Street :	City :
County :	State : ⌄ Zip :

  o *Updated*: Symptom Presentation Section – general reorganization for clarity and inclusion of additional symptom information.

Symptom Presentation			
Symptom(s)	Symptom present	Number of Cases with Symptom	Total # of Cases with Information Available
Vomiting	○ Yes ○ No		
Diarrhea	○ Yes ○ No		
Nausea	○ Yes ○ No		
Abd Cramps	○ Yes ○ No		
Fever [ ] (highest recorded)	○ Yes ○ No		
Bloody Stools	○ Yes ○ No		
Respiratory(e.g., coughing, wheezing)	○ Yes ○ No		
Pneumonia	○ Yes ○ No		
Rash	○ Yes ○ No		
Itching	○ Yes ○ No		
Skin and soft tissue wound/damage	○ Yes ○ No		
Other :	○ Yes ○ No		

❖ Novel Corona Virus – <u>NEW ADDITION</u>, with basic intake form

❖ Zika – <u>NEW ADDITION</u>, with basic intake form

9. Automatic Population of Pregnancy Status if Indicated in Electronic Lab Report

Beginning in January 2016, MDHHS has requested that the patient's pregnancy status (when available) be reported when reporting incidences of Syphilis, Chlamydia, Gonorrhea, Hepatitis B, Hepatitis C, HIV, Novel Influenza, Listeriosis, Rubella, and Varicella. This becomes a reporting requirement in January 2017.

With this version, MDSS will have the capability to read these pregnancy status variables as they're sent via ELR and automatically populate the pregnancy status of the patient in the Case Detail Form. At the time of this release, this functionality will only be active for Hepatitis B ELR, but will be extended to the remaining conditions where pregnancy status is listed in the Case Detail Form soon after release.

For incoming ELRs for Hepatitis B, and where the patient is also pregnant, MDSS will also auto-reclassify the case as a Hepatitis B, Perinatal case.

10. Automatic Population of Hepatitis C (HCV) Diagnostic Tests in HCV Case Report Form

For HCV-specific diagnostic tests (with the exception of "Hepatitis C virus Ag [Unit/Volume] in Serum by Immunoassay") for which a Coded Result exists through the New Case entry submission pages, the results will automatically populate the HCV Case Report form (CRF).

- o E.g., Coded Result in the Case Entry Area

○ Auto-Population within the Diagnostic Tests Area of the CRF

Diagnostic Tests

Test Name	Result (P=Positive N=Negative UNK=Unknown)	Date mm/dd/yyyy
Hepatitis A		
Hepatitis B Virus Drug Resistant		
Hepatitis C		
Antibody to hepatitis C virus [anti-HCV]	POSITIVE	04/04/2016
Anti-HCV signal to cut-off ratio		
Supplemental anti-HCV assay [e.g., RIBA]		
HCV RNA [e.g., PCR]		
Quantitative Hepatitis C RT-PCR		
Qualitative Hepatitis C RT-PCR		
Hepatitis C Virus Genotype		
Hepatitis D		

***Note that text and comments are not visible and the CRF result date defaults to the Lab Report Date.*

11. Missing Lab Result Warning for Manually Entered Labs

If "Save and Finish New Lab" is selected prior to entering a result, the following warning message will be prompted. A lab result is not required to continue, but this message will serve as a safe-guard to ensure that no information is inadvertently missed.

Message from webpage

No lab results were entered for this lab report. Please enter lab results if you have that information available.
- Press Cancel to enter lab results.
- Press Ok to continue without this information.

OK   Cancel

12. Missing Lab Report Date Warning for Manually Entered Labs

If "Save and Finish New Lab" is selected prior to entering a lab report date, the following warning message will be prompted. A lab report date is not required to continue, but this message will serve as a safe-guard to ensure that no information is inadvertently missed.
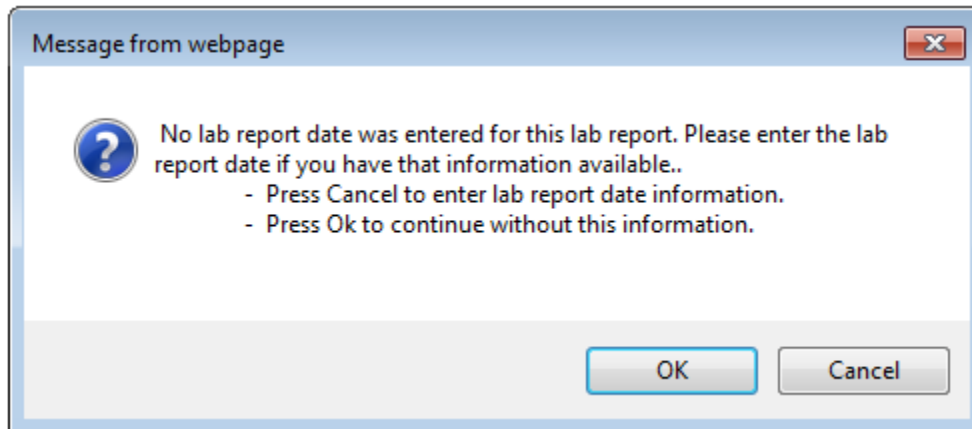
13. Improved Patient Matching Scores in Patient Deduplication

Potential matches in the patient deduplication screen now show estimated match percentages rounded to the nearest one-hundredth of a percent.

Patient Deduplication

Please select the records to merge with the data entered.

Merge	Score	First Name	Middle Name	Last Name	Date of Birth	Gender
	Case Status	Investigation Status	Disease	Referral Date	Investigator	Jurisdiction
X	100.0%	ABCD		AAAAJ	01/01/1996	UNKNOWN
○	94.41%	ABCD		AAAAG	01/01/1996	UNKNOWN
	Probable	Completed	Hepatitis C, Chronic	04/05/2016	ANDREWS, SHANNON M	Statewide
○	94.41%	ABCD		AAAAI	01/01/1996	UNKNOWN
	Probable	New	Hepatitis C, Chronic	04/05/2016	ANDREWS, SHANNON M	Statewide
○	90.98%	ABCD		AAAAH	01/01/1996	UNKNOWN
	Probable	New	Hepatitis C, Acute	04/05/2016	HARTWICK, EDWARD F	Statewide

14. New Multi-Select Menu for 'Facility' in New Search Form

When conducting a new search, MDSS will now allow for the selection of multiple laboratories in the new multi-selection screen. This replaces the former drop-down menu which would only facilitate the selection of one possible choice.

15. Patient MDOC ID Saved at Point of Patient Merge

If the existing patient record contains an MDOC ID, but the incoming patient record does not, MDSS will default to the existing record.

a) Initial Review Screen

Patient Record Merge		
Source	New Data	Existing
Patient Record ID		8048193280
Created Date	04/11/2016	04/11/2016
Last Modified Date	04/11/2016	04/11/2016
First Name	○ ABCD	◉ ABCD
Middle Name	○	◉
Last Name	○ AAAAM	◉ AAAAM
Date of Birth	○ 01/01/1996	◉ 01/01/1996
Gender	○ UNKNOWN	◉ UNKNOWN
Race	○ [UNKNOWN]	◉ [UNKNOWN]
Ethnicity	○ UNKNOWN	◉ UNKNOWN
Arab Ethnicity	○ UNKNOWN	◉ UNKNOWN
Home Phone	○	◉
Other Phone	○	◉
Parent/Guardian First Name	○	◉
Parent/Guardian Middle Name	○	◉
Parent/Guardian Last Name	○	◉
Patient Status	○ OUTPATIENT	◉ OUTPATIENT
Patient MDOC ID	○	◉ 123456789
Patient Addresses		
Addresses		
Patient Case Information		
Case Status		Confirmed
Investigation Status		New
Disease		Hepatitis C, Chronic
Referral Date		04/11/2016
Investigator		HARTWICK, EDWARD F
Jurisdiction		Statewide

Continue | Back | Defer | No Merge | Help

b) Pre-Confirmation Review Screen

Patient Record Merge Confirmation

Patient Record #8048193280 will be replaced with the merged Patient Record.
A new patient record will be created with the following merged patient data.

Merged Record Details

Status	OUTPATIENT
First Name	ABCD
Middle Name	
Last Name	AAAAM
Date of Birth	01/01/1996
Gender	UNKNOWN
Race	[UNKNOWN]
Ethnicity	UNKNOWN
Arab Ethnicity	UNKNOWN
Home Phone	
Other Phone	
Parent/Guardian First Name	
Parent/Guardian Middle Name	
Parent/Guardian Last Name	
MDOC ID	123456789
Address(es)	

[Complete Merge] [Back] [Defer] [No Merge] [Help]

If the new record contains the MDOC ID and the existing record does not, simply select the appropriate radial dial, in the Initial Review Screen, under the New Data (a.k.a., "New Record") column.

16. Other Updates:

a. New User Type – In addition to System Administrators, there is now a Support Administrator role to be applied to regional epidemiologists and other central MDHHS staff. It includes a variety of State-wide system privileges, but is not a System Administrator.

b. Electronic Lab Report (ELR) Deletion on Lab Report Tab – System Administrators and Support Administrators now have the ability to delete electronic laboratory reports (ELRs) under the Lab Reports tab for non-completed cases.

c. System Administrators now have a system-wide tracking report to view activity

d. Enhancements to the Lab Status Report for System Administrators. This report now includes both ELRs and manually-entered lab information.

e. Previous geocoding losses that were experienced under certain patient and case merges have been rectified.

f. Changes to Syphilis condition made in the drop-down menus now carry over to the Syphilis form.

g. Downloading of case listings export from message tab no longer hangs at download completion.

h. MDSS Help and Data Dictionary were updated.

i. Campylobacter cases can no longer be closed as a Suspect case. Only Probable and Confirmed cases can be closed.

j. Enhanced case tracking logging on back end of MDSS.

k. The manually entered lab prefix has been enhanced for automation.

l. *Haemophilus influenzae* subtype now included in the NETSS export.

***Please remember that MDSS is optimized for use with Internet Explorer. Use of MDSS with other internet browsers is not necessarily fully supported.*