



MDSS Release Notes

Version 4.6

October 2017

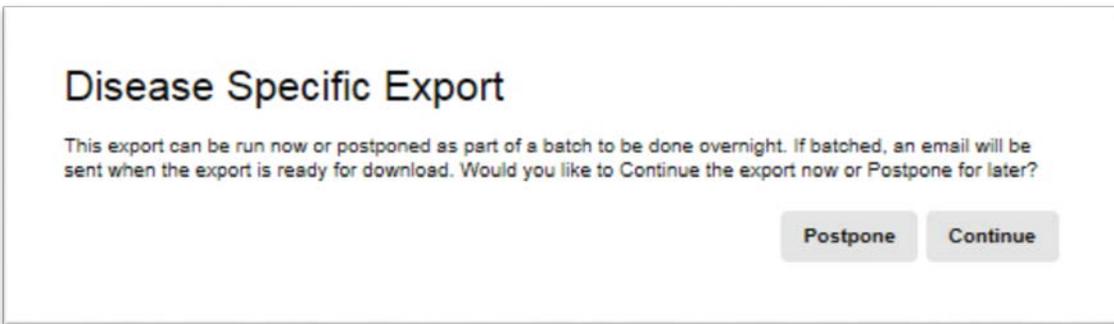


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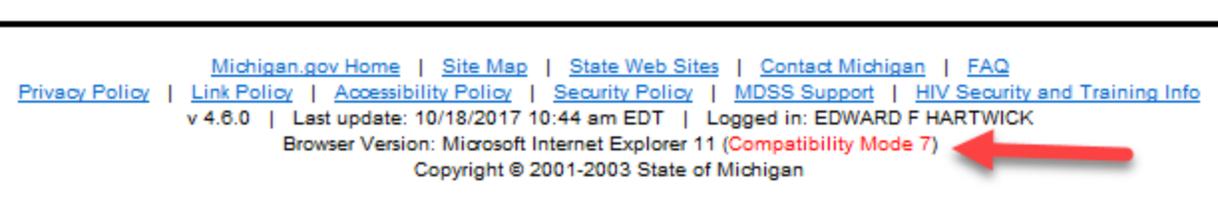
Batch Disease Specific Export

When doing a Disease Specific Export, the MDSS will now always ask if you wish to generate and download the export now or postpone the processing for a later time. Postponing the export can come in useful when exporting a large amount of data that is not needed immediately and would take a long time to complete.



The exports are run in the evening when system usage is lower. When the export has completed, it will be saved to the user's Messages area and an email is sent to their email address. Files are automatically deleted after 7 days.

It is worth noting as well that this enhancement has made Disease Specific Exports non-functional when Compatibility View in Internet Explorer is turned on. If you are unsure whether your Compatibility View is turned on, look at the bottom of the page in MDSS. Most pages have a collection of links and copyright info at the bottom and the reported browser version that you're using will be listed.



If you see the words "Compatibility Mode" and a version number in red, that means you have compatibility view turned on. Please contact to your IT support about how to disable Compatibility View.

HIV Enhancements

Case entry and lab entry for HIV have been updated with MDSS 4.6. The HIV module in MDSS has been updated to allow labs to be attached to the person and viewed, like other lab results in the system, rather than only contained in the HIV form. They are not visible to users without HIV access in the MDSS.

Case Reporting	Address History	Demographics	Referrer	Lab Reports	Notes	Map	Audit	Person History
Patient PERSON, INFECTED Locked by HARTWICKE (EDWARD F HARTWICK)								
Lab Reports								Help
Date Received	Ordered Test Name	Electronic						
10/12/2017	HIV-1/2 Ag/Ab Rapid IA (4th Gen Discriminating Screen)(e.g. Alere Determine)	No		View				
10/12/2017	CD4 Count at or closest to current diagnostic status	No		View				
10/12/2017	HIV-1/2 Ag/Ab Lab IA (Discriminating & Differentiating Screen)(e.g. Bioplex)	No		View				
10/12/2017	HIV1/HIV 2 Type Differentiating IA (Supplemental Test)(e.g. Geenius)	No		View				
10/12/2017	Corynebacterium diphtheriae DNA [Presence] in Unspecified specimen by Probe and target amplification method	No		Edit	Delete			

HIV labs will not be entered and deleted through the lab tab, but rather through the Case Detail Form. Enter the form and scroll down to Section IX – HIV Diagnostic/Care Tests. At the bottom of the section is an “Add Test” button.

Case ID 10794309046	First Name INFECTED	Last Name PERSON	Adult HIV Investigation Form	Page 5
IX. HIV DIAGNOSTIC / CARE TESTS				
Collection Date	Type of Test	Result(s)		
10/10/2017	HIV-1/2 Ag/Ab Rapid IA (4th Gen Discriminating Screen)(e.g. Alere Determine)	Reactive for Ag	Edit	Remove
10/05/2017	CD4 Count at or closest to current diagnostic status	154852 cells/uL	Edit	Remove
10/05/2017	HIV1/HIV 2 Type Differentiating IA (Supplemental Test)(e.g. Geenius)	HIV1 Ab Positive	Edit	Remove
	HIV-1/2 Ag/Ab Lab IA (Discriminating & Differentiating Screen)(e.g. Bioplex)	HIV1 Ab Positive Reactive for Ag	Edit	Remove
Add Test 				
If HIV lab tests were NOT documented, is HIV diagnosis confirmed by a physician? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk				
If YES, please provide date of documentation by physician : <input type="text"/> 				

Clicking the Add Test button will put you into an HIV-Specific lab entry page where you can choose the lab and the test from pull-downs like usual. Please choose from each of the pulldowns if possible. If items are missing that would be helpful, please contact the HIV Section or your Regional Epidemiologist to have items added. Each of the tests available will have results available or grayed out based on potential results to the selected test.

HIV DIAGNOSTIC / CARE TESTS ENTRY					
Laboratory Information					
Select Lab:	Sparrow Hospital Laboratory				
Lab Name:	Sparrow Hospital Laboratory				
Street:	1215 E Michigan Avenue				
City:	Lansing	County:		State:	Michigan
Phone:	517-364-7800	Zip: 48912-1811			
Lab Order Information					
Select Ordered Test:	HIV-1/2 Ag/Ab Lab IA (4th Gen Screen)				
Test Name:	HIV-1/2 Ag/Ab Lab IA (4th Gen Screen)				
Collection Date:					
Lab Result					
<input type="checkbox"/> Positive or Reactive	<input type="checkbox"/> Reactive for Ag	<input type="checkbox"/> HIV1 Ab Positive	<input type="checkbox"/> Indeterminate		
<input type="checkbox"/> Negative or NonReactive	<input type="checkbox"/> Reactive for Ab	<input type="checkbox"/> HIV2 Ab Positive	<input type="checkbox"/> Both (undifferentiated)		
<input type="checkbox"/> Ag not reportable due to high Ab level					
<input type="radio"/> Sanger Sequence		<input type="radio"/> Deep or NextGen Sequence			
<input type="radio"/> Detectable		<input type="radio"/> Undetectable	Copies/ml: <input type="text"/>		
CD4 Count: <input type="text"/>	cells/uL	CD4 Percent: <input type="text"/>	%		
<input type="button" value="Add Lab"/> <input type="button" value="Cancel"/>					

Similarly on Case Entry, after entering name and address information in the initial Investigation Information page, you can still select the Detail button to get into the Case Detail form and enter data and submit the case. However, clicking Continue will take you to a Lab Entry screen, seen below, where you can enter one or more labs.

Collection Date	Type of Test	Result(s)
Laboratory Information		
Select Lab:		
Lab Name:		
Street:		
City:	County:	State:
Phone:	Zip:	
Lab Order Information		
Select Ordered Test:		
Test Name:		
Collection Date:		
Lab Result		
<input type="checkbox"/> Positive or Reactive	<input type="checkbox"/> Reactive for Ag	<input type="checkbox"/> HIV1 Ab Positive
<input type="checkbox"/> Negative or NonReactive	<input type="checkbox"/> Reactive for Ab	<input type="checkbox"/> HIV2 Ab Positive
<input type="checkbox"/> Ag not reportable due to high Ab level		
<input type="radio"/> Sanger Sequence		<input type="radio"/> Deep or NextGen Sequence
<input type="radio"/> Detectable		<input type="radio"/> Undetectable
CD4 Count: <input type="text"/>	cells/uL	Copies/ml: <input type="text"/>
CD4 Percent: <input type="text"/>	%	
<input type="button" value="Add Lab"/>		
<input type="button" value="Continue"/> <input type="button" value="Back"/> <input type="button" value="Cancel"/>		

Clicking Continue at the bottom of the page will take you to the Case Detail form and from there you can enter any remaining information and submit the case.

If there are any questions or concerns about the new HIV modifications in MDSS, please contact the HIV Section or your Regional Epidemiologist for assistance.

Form Updates

Hepatitis C, Chronic

A field for the latest HCV RNA results has been added. This field auto-populates from the labs received via ELR or entered via the Lab Tab. The field is read only and cannot be manually edited.

Hepatitis C		
Antibody to hepatitis C virus [anti-HCV]	POSITIVE ▾	10/18/2017 
Anti-HCV signal to cut-off ratio	<input type="text"/>	<input type="text"/> 
Supplemental anti-HCV assay [e.g., RIBA]	▾	<input type="text"/> 
HCV RNA [e.g., PCR]	▾	<input type="text"/> 
Quantitative Hepatitis C RT-PCR	▾	<input type="text"/> 
Qualitative Hepatitis C RT-PCR	▾	<input type="text"/> 
Hepatitis C Virus Genotype	<input type="text"/>	<input type="text"/> 
Latest HCV RNA Result	POSITIVE ▾	10/18/2017  

Congenital Syphilis

Three areas have been updated in the Congenital Syphilis form. The first portion changes the Trimester in the Mother's Clinical Information to a pull-down list that is initially calculated based on the First Prenatal Visit date and the Last Menstrual Period Date.

Mother's Clinical Information				
Number of Previous Pregnancies: <input type="text"/>		Number of live births: <input type="text"/>		
Last menstrual period (LMP) <i>(before delivery)</i>	Did mother have prenatal care?	Indicate date of first prenatal visit <i>mm/dd/yyyy</i>	Trimester: <i>(calculated using 1st prenatal visit date)</i>	Number of prenatal visits
<input type="text"/> 	▾	<input type="text"/> 	▾ 	<input type="text"/>
Trimester #1: week 1 through 12	Trimester #2: week 13 through 27	Trimester #3: week 28 through 35	Trimester #4: week 36 through birth	

In the second page of the Mother's Clinical Information, the Test Results are now listed as the Qualitative result. The Serologic pull-down becomes available when Non-Treponemal Test is chosen in the Test Type pull-down, at that point the ratio can be selected in the pull-down.

Mother's Clinical Information cont.				
<i>Please indicate the dates and results of all known treponemal and non-treponemal tests.</i>				
Test Type	Result Date(mm/dd/yyyy)		Time Period	
Test			Serologic	Qualitative
Test Type	Result Date(mm/dd/yyyy)		Time Period	

In the Infant's Clinical Information area, the questions regarding the first reactive Treponemal and Non-Treponemal Tests have been changed to help standardize the responses and gather more precise data on the results.

Infant's Clinical Information			
Vital status <input type="radio"/> Alive <input type="radio"/> Born alive, then died <input type="radio"/> Stillborn <input type="radio"/> Unknown	Indicate date of death mm/dd/yyyy <input type="text"/>	Birthweight (in grams) <input type="text"/>	Estimated gestational age (in weeks) <input type="text"/>
<i>Please indicate the dates, tests, and results of the infant/child's first reactive non-treponemal and treponemal tests.</i>			
Non-Treponemal Test	Lab Result Date (mm/dd/yyyy)		
Test	Serologic Result	Qualitative Result	
Treponemal Test	Lab Result Date (mm/dd/yyyy)		
Test	Qualitative Result		

Please indicate which of the following symptoms the infant/child experienced. Please check all that are relevant.

Meningococcal Disease

A spelling mistake in the form has been corrected.

Nontuberculosis Mycobacterium

"Mycobacterium – Other" has been renamed to "Non-Tuberculosis Mycobacterium." All previous "Mycobacterium – Other" cases can be found under the new name. The updated condition uses a new "Nontuberculosis Mycobacterial Infection" form rather than the RCVT.

Hepatitis A

The Hepatitis A form has been updated to include questions about whether the person died because of Hepatitis A and an updated symptoms list.

Clinical Information and Patient History			
Place of Birth: <input type="radio"/> USA <input type="radio"/> Other <input type="text"/>		Was the patient aware they had viral hepatitis prior to lab testing? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Did the patient die? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	If yes, specify the date of death: mm/dd/yyyy <input type="text"/>	Was the death due to hepatitis A? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Does the patient have a provider of care for hepatitis? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Does the patient have diabetes? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Diabetes Diagnosis Date: mm/dd/yyyy <input type="text"/>
Reason for Testing: (Check all that apply)			
<input type="checkbox"/> Symptoms of acute hepatitis	<input type="checkbox"/> Blood / Organ donor screening	<input type="checkbox"/> Follow-up testing for previous marker of viral hepatitis	
<input type="checkbox"/> Evaluation of elevated liver enzymes	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other <input type="text"/>	
Symptoms (check all that apply)			
Is the patient symptomatic? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Date of first symptom onset mm/dd/yyyy <input type="text"/>		
Fever <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Malaise <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Nausea <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Abdominal pain <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Anorexia <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Jaundiced <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Date of jaundice onset mm/dd/yyyy <input type="text"/>		
Is or was the patient pregnant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	If yes, specify the due or delivery date mm/dd/yyyy <input type="text"/>		
Diagnosis: (Check all that apply)			
<input type="checkbox"/> Acute Hepatitis A	<input type="checkbox"/> Acute Hepatitis B	<input type="checkbox"/> Acute Hepatitis C	<input type="checkbox"/> Acute Hepatitis E

Salmonella

The Salmonella form has been updated to include the date of death and a more detailed list of ground meats in the food history.

Hospital Information				
Patient Hospitalized <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Hospital <input type="text"/>	Hospital City <input type="text"/>	Hospital Record No. <input type="text"/>	
Admission Date mm/dd/yyyy <input type="text"/>	Discharge Date mm/dd/yyyy <input type="text"/>	Days Hospitalized <input type="text"/>	Patient Died <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Date of death mm/dd/yyyy <input type="text"/>

Any raw eggs? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Typically eats	If Yes, Describe (brand, type, etc): _____	If Yes, Where and when purchased: _____	
Any ground turkey? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Typically eats	If Yes, Was the ground turkey eaten raw, bloody, or pink? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Typically eats		
If Yes, Product details (type, bulk/patties, package size, grind) _____	If Yes, Where purchased: _____	If Yes, Date purchased: mm/dd/yyyy _____ 	If Yes, Date consumed: mm/dd/yyyy _____ 
Any ground chicken? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Typically eats	If Yes, Was the ground chicken eaten raw, bloody, or pink? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Typically eats		
If Yes, Product details (type, bulk/patties, package size, grind) _____	If Yes, Where purchased: _____	If Yes, Date purchased: mm/dd/yyyy _____ 	If Yes, Date consumed: mm/dd/yyyy _____ 
Any ground beef? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Typically eats	If Yes, Was the ground beef eaten raw, bloody, or pink? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Typically eats		
If Yes, Product details (type, bulk/patties, package size, grind) _____	If Yes, Where purchased: _____	If Yes, Date purchased: mm/dd/yyyy _____ 	If Yes, Date consumed: mm/dd/yyyy _____ 
Any ground pork? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Typically eats	If Yes, Was the ground pork eaten raw, bloody, or pink? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Typically eats		
If Yes, Product details (type, bulk/patties, package size, grind) _____	If Yes, Where purchased: _____	If Yes, Date purchased: mm/dd/yyyy _____ 	If Yes, Date consumed: mm/dd/yyyy _____ 
Any other ground meats not specified above? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Typically eats	If Yes, Was the ground meat eaten raw, bloody, or pink? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Typically eats		
If Yes, Product details (type, bulk/patties, package size, grind) _____	If Yes, Where purchased: _____	If Yes, Date purchased: _____	If Yes, Date consumed: _____
Any home-prepared chicken? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Typically eats	If Yes, Describe (brand, type, etc): _____	If Yes, Where and when purchased: _____	

STEC

The STEC form has been updated to include date of death.

Hospital Information				
Patient Hospitalized <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Hospital _____	Hospital City _____	Hospital Record No. _____	
Admission Date mm/dd/yyyy _____ 	Discharge Date mm/dd/yyyy _____ 	Days Hospitalized _____	Patient Died <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Date of death mm/dd/yyyy _____ 

Field Records

Update Field Records to include Pre-Exposure Prophylaxis (PrEP) questions that are listed below. They're listed in the 900 PS Information section.

Referred to HIV Medical Care? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Already in care	Date Referred mm/dd/yyyy <input type="text"/>	Name of provider referral <input type="text"/>	Date of first care visit mm/dd/yyyy <input type="text"/>	
Case ID 10795101425	First Name ARMOND	Last Name MINOR	STD Field Record	Page 4
For individuals who are 900- (negative)				
Currently on PrEP? <input type="radio"/> Yes, currently <input type="radio"/> Never on PrEP <input type="radio"/> Previously <input type="radio"/> Did not ask	If currently, when was PrEP first prescribed? <input type="text"/>			
Was the client counseled on PrEP? <input type="radio"/> Yes <input type="radio"/> No	Was the client referred for PrEP? <input type="radio"/> Yes <input type="radio"/> No	Name of provider referral <input type="text"/>	Date of provider referral mm/dd/yyyy <input type="text"/>	
900 PS Information (Complete on all 900 Sexual Contacts) cont.				
FACTORS (Optional for 900 negative sexual and social contacts, associates, or cohorts)				
Male <input type="radio"/> Yes Anal or Vaginal Intercourse <input type="radio"/> Yes Oral Sex Only <input type="radio"/> Unspecified Type of Sex <input type="radio"/> No <input type="radio"/> Refused to Answer <input type="radio"/> Did Not Ask				

New Conditions

Acute Flaccid Myelitis (AFM)

Acute Flaccid Myelitis (AFM) is now a condition in the MDSS and uses the Basic Case Investigation Form. AFM is not reportable.

Candida auris

Candida auris has been added to the MDSS as a new condition and is using the Basic Case Investigation Form. Candida auris is not currently reportable, but will become reportable starting in 2018.

CRE

Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) has been added as "CRE" to MDSS and has a CP-CRE specific form. CP-CRE is not currently reportable, but will become reportable starting in 2018.

LTBI (Latent TB Infection)

Latent TB Infection (LTBI) has been added to the MDSS and has a LTBI specific form. This condition, however, will not become available in the MDSS until January 2018. Guidance and case definition information about LBTI will be provided by MDHHS TB Unit at a later time.

Perinatal Hepatitis C

Perinatal Hepatitis C has been added as a new condition and has a form specific to the condition as well. This condition will not become available in the MDSS until January 2018, when the condition becomes reportable.

OMS – Outbreak Management System

The MDSS has launched its Outbreak Management System (OMS) with version 4.6. The OMS provides functionality for monitoring and investigating outbreaks. A full user guide for the OMS will be released soon. Access to the OMS module will be granted only after training. Those interested in training for the OMS module should contact their Regional Epidemiologist.

Aggregate Cases

During new Aggregate Case Entry, if a school is selected as the reporting source, the school selected in the School Name field will be auto-populated into the Facility/Event Name.

The Aggregate Search has been modified to include searching by the Facility/Event Name.

Reportable Condition :
Flu Like Disease*
Gastrointestinal Illness
Head Lice

Outbreak :

Outbreak Y/N :
No
Unknown
Yes

Reporting Source :

Cases: to

Deaths: to

Facility/Event Information

Facility/Event Name :

Date Criteria

Referral Date (mm/dd/yyyy):

Reporting Period :

AND/OR Search Capabilities

AND and OR radio buttons have been added to the search screen. Traditionally, the MDSS has only had OR search capabilities where if more than one condition was selected, it would return results for all cases where the search criteria was met for either Condition A **or** Condition B. The “AND” functionality searches the system where persons meet the search criteria and have both Condition A **and** Condition B.

Reportable Condition :

Acute Flaccid Myelitis (AFM)
Amebiasis
Animal Bite
Anthrax

AND OR

Case Notes Search :

Date Criteria

For example, if a search is done for Confirmed Chlamydia and Gonorrhea cases in Ingham county with referral dates between 01/01/2017 and 01/31/2017 with the OR option, the system would return a list that contained all of the Chlamydia cases and all of the Gonorrhea cases in January in Ingham county. Every case whether it's a Chlamydia **OR** Gonorrhea.

If that same search was done again, but using the AND option, it would return all cases where the patient was co-infected with Chlamydia and Gonorrhea with referral dates in that time frame. Every case where someone had Chlamydia **AND** Gonorrhea.

In an AND search, the search parameters would have to cover both cases. Using the example above, if a person had a Chlamydia case with a referral date on 02/01/2017 and a Gonorrhea referral on 01/21/2017, it would show neither the Chlamydia nor Gonorrhea case for the person because the Chlamydia case did not meet the search criteria.

"Non-Michigan Case" Case Status

A new Case Status of "Non-Michigan Case" has been added to identify cases that are determined to be residents of other states/countries and are not to be counted in Michigan. This new status is different from and does not replace the "Confirmed-Non Resident" Case Status for Tuberculosis cases.

Case Number on Alert Emails

Alerts that are triggered will now contain the Investigation ID of the case(s) that triggered the alert.

Geocode Information in Disease Specific Exports

The "Investigation_Addr_Geo_Source," "Investigation_Addr_Geo_X," and "Investigation_Addr_Geo_Y" fields have been added to the Disease Specific Export. These give the same XY coordinate information that you would get from a regular search export. The XY coordinates are in the Michigan GeoRef Coordinate System.

Bug Fixes

- Updated Case Definition link in MDSS to reflect new website at CDC.
- Fixed bug where case notes were deleted of existing case was selected to be deduplicated into another case and the case notes were larger than 4000 characters.
- Fixed bug in NETSS upload for CDC where Onset Date and MMWR weeks were mismatched.
- Fixed bug where case referral and addresses were editable in TB and Syphilis forms.
- Fixed date validation bug with Case Entry date.
- Fixed bug where the order of Treatment Info table in Interview/Field Records were changed on submission and blank entries created.
- Missing Investigator information fixed in OBNE section of multiple forms (Salmonella, STEC, Listeria).
- Field Record Export (STD Supplemental Exports) now includes sex of the person
- Syphilis Disease Specific Export fixed to include "Non_treponemal_serologic_test" in the Laboratory Information area.

System Administration Items

- Update interface and improve functionality for NEDSS export to include better information on warning, errors, successful export.
- Available statuses that allow for case closer will be moved to a table for easier updates.
- Guardian and Employer info will be populated from ELRs with the respective data in the NK1 segments.