Cobalt 1.9 Release Notes

WDRS Cobalt 1.9 Release, Wednesday, January 8th, 2020

General Communicable Disease	Chronic HEPC: Corrected auto-case classification rules so that WDRS test performed = "Hepatitis C antibody signal-to-cut-off (s/co) ratio" (in the "Lab Results" tab) will be recognized as a case-defining test. (i.e. a chronic HEPC event where the only case-defining positive result present is a Hepatitis C antibody signal-to-cut-off (s/co) ratio test should auto-classify to Probable). Also corrected a related model rule to ensure that in the example scenario above, the chronic CDC Event Date field (Admin QP) will auto-populate with the correct specimen collection date if Event Date type = "Earliest positive specimen date."
	Fixed rules in hepatitis model that calculate the most recent date of each type of laboratory test.
	Updated security on the "HEP - HBV women of CBA to assess for pregnancy" workflow to include Snohomish County.
	Added a new workflow to identify perinatal HCV cases that have become chronic infections. Add the chronic subtype to clear cases from the workflow.
	Updated potential acute HCV cases workflow to include cases with bilirubin >= 3.0, in accordance with new 2020 CSTE case definition for acute hepatitis C. Updated potential chronic HCV cases workflow to exclude cases with bilirubin >= 3.0 so the workflows remain mutually exclusive.
	Added a new workflow to identify perinatal HBV cases that have become chronic infections. Add the chronic subtype to clear cases from the workflow.
	Created new options for "WDRS test result, coded" for HCV genotypes 6o and 6r. Updated WDRS test performed so that "Hepatitis C antibody signal-to-cut-off (s/co) ratio" can now be selected by the end user.

GCD cont.	HEPBD and HEPC: Created 2 new workflows for new hepatitis events that aren't captured in any of the "potential" workflows: HEP - New, unspecified HBV events [LHJ] HEP - New, unspecified HCV events [LHJ] Exit criteria: Confirm subtype (acute, chronic or perinatal).
	HEPBD and HEPC: Added new fields to the roster "HEP Manual Lab Entry roster." DOH-use only. -Lab fields: Performing organization, ordering provider, ordering facility, performing lab for entire report. -Added reporting county and state fields for pending, acute, chronic and perinatal subtypes. -Removed pending Accountable County field from roster.
	Created a print template for hepatitis cases reported in WDRS that are residents of other states, to facilitate interstate notification.
	HEPBD and HEPC: Updated the manual entry lab template for hepatitis so that the "WDRS Pregnancy Indicated" field is in the Patient Information section, consistent with the ELR lab template.
	Created a processor to process all hepatitis cases so rule updates will be applied to them.
	Added three new questions to the Administrative QP for HDV Event Administration: LHJ HDV case classification, DOH HDV case classification, and HDV case classification comments.
Lead	Lead Child has added a new DOH workflow to identify and bulk close events where there is greater than one lab report and all results are nonelevated "Lead Child close new person with only non-elevated results"
	Lead Child has created a new workflow to identify events where Lab Report Reviewed LHJ = YES and no investigator is assigned "Lead Child all open events that need investigator assigned"
	Lead Child has added a model field to identify and specify other referrals
Hepatitis	Chronic HEPC: Corrected auto-case classification rules so that WDRS test performed = "Hepatitis C antibody signal-to-cut-off (s/co) ratio" (in the "Lab Results" tab) will be recognized as a case-defining test. (i.e. a chronic HEPC event where the only case-defining positive result present is a Hepatitis C antibody signal-to-cut-off (s/co) ratio test should auto-classify to Probable). Also corrected a related model rule to ensure that in the example scenario

HEP cont.	above, the chronic CDC Event Date field (Admin QP) will auto-populate with the correct specimen collection date if Event Date type = "Earliest positive specimen date."
	Fixed rules in hepatitis model that calculate the most recent date of each type of laboratory test and used HEPB outputs as columns in the Potential perinatal HBV cases workflow.
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Tuberculosis	Deleted 3 unused TB rosters.
	TB DOH roles have been consolidated.
	Added a TB infection report which includes all fields in the LTBI wizard and some additional case and party fields.
	Added fields 'Age of patient' and 'Type of Insurance' to all TB wizards.
	Added 'Not applicable' as an answer choice to 'Sputum culture conversion documented.'
	Added the Treatment question package comment box to bottom of MCR print template.
	Edited criteria on the workflow:'TB Disease events that are not counted >90 days' to exclude non-verified cases and include events that where 'Countable TB case (LHJ)' = null.
	Added the field 'Accountable county at time case counted' to all 'TB Model Data for Analysis...' reports as 'AC_AT_COUNT.'
	Text change: 'Follow-up drug susceptibility testing (DST) done?' now reads 'Final drug susceptibility testing (DST) done?'
	Added 'Unknown' as an answer option to 'Month arrived in US'.
	Changed TB workflow categories and names to comply with cross domain naming conventions.
	New DOH workflow 'TB Disease events with discrepant case count status.'
	Updated 'Transfer state case number' to only be editable by DOH.

TB cont.	Fixed workflow columns to correctly display the TB condition where they were previously blank.
	Added Czechoslovakia, Yugoslavia, Soviet Union, and Zaire to country drop down lists.
	Created versions of the TB Model Data for Analysis_ALL COUNTIES / KING COUNTY reports with an LHJ notification date report parameter.
	Created an LTBI wizard for entering infection events.
	Fixed alert typo.
	Updated label 'Bone and/or joint' to 'Bone, joint and/or soft tissue' for 'Site of TB Disease.'
	Added the Multidrug-resistant (MDR) TB supplemental questions to TB disease events if 'Patient Treated as MDR Case' = Yes

Hepatitis B and D: 206-418-5500 or CommDisEpi@doh.wa.gov
Hepatitis C: 360-236-3390 or Hepatitis@doh.wa.gov
Tuberculosis: 360-236-3443 or TBservices@doh.wa.gov