



Cobalt 1.8 Release Notes

WDRS Cobalt 1.8 Release, Wednesday, December 4th, 2019

Cross Domain	Updated Superuser Role to include all permissions available
	Added a new Group for "GCD Statewide Data" to which Tasks may be assigned by users.
	Adjust 6 security Roles to have current Product Code associations.
	Remove starter security Role that is not needed.
	Add security Group for Reference Party Management to support Task assignment.
	Add new security Group for DOH Shellfish Illness Prevention team.
	Correct instruction text on GCD and HEP manual lab templates to match associated drop down list.
	Adjust security role for DOH reference party management
	Implemented the Task Email Notice Exclusion Group. Users with this security Group will no longer receive task update emails from WDRS.
	Adjust security role for Service desk to have current product code associations
	Rename 3 reports and include in Reference party management category.
	Reduce the deduplication threshold value so that more partial person matches are reviewed.
	Change the names of 3 processing modules to remove reference to PHRED
DOH Failed Imports workflow has a role removed from security permissions.	

	Align the master investigation template so that it accurately encompasses values on all of the existing investigation templates.
	This fix resolves an error in person address history that was preventing a subset of events from being opened.
General Communicable Disease	Answer choices edited for clarity to ensure data integrity
	Question edited for clarity to ensure data integrity
	Answer edited for clarity to ensure data integrity
	Inaccurate message has been removed from the GCD wizard
	Question has been added to the GCD wizard
	The rules for Pertussis auto-case classification have been updated to match the new CSTE case definitions for 2020
	The condition name "Polio" has been updated to "Accute Flaccid Myelitis (AFM)/Poliomyelitis"
	Food exposure sections that reference sources of food inside and outside the home have been reconfigured. The new questions/answers are aligned with the CDC variables and allow for easier data entry.
	A new LHJ workflow to identify events that are marked completed but that are missing case classification has been created for GCD
	An LHJ data cleaning report for GCD has been created
	Milk and Dairy questions for foodborne disease have been restructured to aid with data entry and ensure data integrity
	A "no travel reported" answer choice has been added to the "Travel out of" question for GCD conditions
	GCD workflows have been updated to use the Case Create Date instead of the LHJ Notification Date to calculate the age of an event
The "Date/time of meal" question for restaurant meals has been reconfigured so that the exact meal time is no longer required.	
Flexible fields to be used in future Outbreak Question Packages have been added to the GCD Model. These fields are searchable through the Advanced Search option.	

Lead	Lead child Import Roster has two new fields: results coded additional and structured numeric.
	Lead child model has added a question to the Demographic Question Package allowing users to specify likely country of exposure
	Lead child model has added additional options for "Reason for closure" in the Administrative Question Package
	Lead child model has added "Other, specify" option to Exposure Question Package sections lacking it
	Lead child model has added a concern when a child less than 6 months of age presents with elevated blood lead levels to prompt outreach to guardian for follow-up
Hepatitis	Parent CR - add new questions/fields and a new wizard to aid in Perinatal HCV investigations
	For both perinatal HEPBD and HEPC: (Clinical Evaluation QP) -Remove condition on Vaccination History section break so that it shows for perinatal cases. -Add "Perinatal Information" subheader underneath "Onset and Diagnosis" section break for perinatal specific fields.
	-For acute/chronic HEPBD and HEPC: (Clinical Evaluation QP) Edit section break "Comorbidities" to say "Comorbidities and screening." Update conditioning and associated questions to show if either acute or chronic subtype = Yes (questions that should appear are: diabetes, cirrhosis, ever diagnosed with liver cancer, decompensated cirrhosis, liver transplant, renal dialysis, chronic kidney disease, patient ever tested for HBV [for HEPC events] or patient ever tested for HCV [for HEPBD events], patient ever tested for HIV)
	-For perinatal HEPC: (Clinical Evaluation QP) Remove section break "Client self report of screening history"
	For HEPC: (Clinical Evaluation QP) Condition "Patient ever tested for HBV" (EVER_TESTED_HBV) to only show for acute and chronic HEPC - shouldn't show for perinatal HEPC (or any HEPBD event)
	For HEPBD: -(Pregnancy QP) Update "Perinatal Hepatitis B Prevention Program (PHBPP) Case ID" (PERINATAL_HEPB_PHBPP_CASE_ID) to only appear for HEPBD events

Hepatitis	<p>-(Birth QP) Update "Perinatal Hepatitis B Prevention Program (PHBPP) Case ID" (PERINATAL_HEPB_PHBPP_CASE_ID_COPY) to only appear for HEPBD events</p>
	<p>For perinatal HEPC: (Birth QP) -Add new field "Mother confirmed HCV RNA positive at or before time of delivery" to Birth QP (MOTHER_HCV_RNA_POSITIVE_TIME_DELIVERY) -Add new field "Date mother confirmed HCV RNA positive" (DATE_MOTHER_HCV_RNA_POSITIVE) to appear if "Mother confirmed HCV RNA positive at or before time of deliver" is Yes</p>
	<p>For both HEPBD and HEPC: (Admin QP) Clean-up: Update hide/lock expressions for all "Legacy DOH case classification" fields. The appropriate field should only be visible under header "Administration (DOH use only)" for the corresponding subtype. Prior to this fix, legacy DOH classification fields for acute and chronic appeared for perinatal cases, and the legacy perinatal classification appeared for acute/chronic cases (C_ADMIN_DOH_CLASSIFICATION_LEGACY; A_ADMIN_DOH_CLASSIFICATION_LEGACY, PN_ADMIN_DOH_CLASSIFICATION_LEGACY)</p>
	<p>For perinatal HEPBD: (PH Issues & Actions QP) Update "Failure of vaccine or postexposure prophylaxis" (PN_FAILURE_VAC_PEP) to only appear for perinatal HEPBD events (and not perinatal HEPC events).</p>
	<p>For both HEPBD and HEPC: (Clinical Evaluation QP) -Update the header "Reason(s) for Initial Screening (select all that apply)" (REASON_FOR_TESTING_MSG) to only appear for acute/chronic HBV and HCV cases. -Update these fields to only appear for acute/chronic HBV and HCV cases, and not perinatal cases: 1. Symptoms of acute hepatitis (SYMPTOMS_OF_ACUTE_HEP), 2. Asymptomatic with risk factors (ASYMPTOMATIC_RISK_FACTORS), 3. Asymptomatic without risk factors (ASYMPTOMATIC_WO_RISK_FACTORS) 4. Settings of initial screening (SETTINGS_INITIAL_SCREENING) -Update the message "Enter date of testing as onset date" (ONSET_DATE_MSG) to only appears for perinatal HEPBD cases (should not appear for perinatal HEPC cases). This message appears underneath the field "Symptom onset date." -Add new field for perinatal HBV and HCV cases: "Infant had symptoms of acute hepatitis" (PN_INFANT_SYMPTOMS_ACUTE_HEP) (Y/N/Unknown)</p>

Hepatitis	<p>-Add new child field to above. If Yes, "Describe symptoms (check all that apply)" (PN_DESCRIBE_SYMPTOMS). Selection choices are: jaundice, nausea, vomiting, diarrhea, fever, fatigue, abdominal pain, loss of appetite (anorexia)</p> <p>-Add the two new symptom questions (PN_INFANT_SYMPTOMS_ACUTE_HEP & PN_DESCRIBE_SYMPTOMS) to the "Perinatal HCV" and "Perinatal HBV" wizards.</p> <p>-Add a hide expression to "Hospitalized at least overnight for this illness" (HOSPITALIZED_OVERNIGHT_ILLNESS) so that it only shows for perinatal cases when "Infant had symptoms of acute hepatitis" = Yes</p>
	<p>Add new "Perinatal HCV" wizard that closely coincides with case reporting form.</p>
	<p>Child of HEP Workflow Overhaul CR (1908). Add new workflow: HEP - Open HDV events [LHJ]</p>
	<p>Child of HEP Workflow Overhaul CR (1908). Update the following workflows to include additional LHJ case classification and Investigation status combinations (e.g. "Suspect" and "Complete - not reportable to DOH"):</p> <p>HEP - Non-reportable chronic HBV events with new labs [LHJ] HEP - PHSKC Non-reportable chronic HBV events with new labs [LHJ] HEP - Non-reportable chronic HCV events with new labs [LHJ] HEP - PHSKC Non-reportable chronic HCV events with new labs [LHJ]</p>
	<p>Child of HEP Workflow Overhaul CR (1908). Add Date of Birth as a column to workflow: HEP - Open chronic HCV events [LHJ]</p>
	<p>Child of HEP Workflow Overhaul CR (1908). Add new workflow: HEP - Chronic HCV events with new ELRs [LHJ]. Available to Clark County only.</p>
	<p>Child of HEP Workflow Overhaul CR (1908). Add new workflows:</p> <p>HEP - Potential acute HBV cases [LHJ] HEP - Potential perinatal HBV cases [LHJ] HEP - Potential chronic HBV cases [LHJ]</p>
	<p>Parent CR for HEP Workflow Overhaul. Changes include:</p> <ol style="list-style-type: none"> 1. Changing category/group names and priority levels for better organization 2. Splitting HBV and HCV cases into separate DOH workflows 3. Adjusting functionality on several workflows

Hepatitis	<p>4. Adding several new workflows</p> <p>Please refer to [RELEASE NOTES Cobalt 1.8 HEP Workflow Summary.xlsx] for details on all workflow-related updates in this release.</p>
	<p>Child of HEP Workflow Overhaul CR (1908). Updated the following workflows to more accurately exclude legacy cases:</p> <p>HEP - Open Acute HBV events [LHJ] HEP - Open Acute HCV events [LHJ] HEP - Open Chronic HBV events [LHJ] HEP - Open Chronic HCV events [LHJ] HEP - Open Low-Priority Chronic HCV events [LHJ] HEP - Open Perinatal HBV events [LHJ] HEP - Open Perinatal HCV events [LHJ] HEP - Chronic HBV cases for persons born 1992 or later [LHJ] HEP - Chronic HCV cases for persons born 1992 or later [LHJ] HEP - PHSKC Open Chronic HBV events [LHJ] HEP - PHSKC Open Chronic HCV events [LHJ] HEP - PHSKC Chronic HBV cases for persons born 1992 or later [LHJ] HEP - PHSKC Chronic HCV cases for persons born 1992 or later [LHJ] HEP - PHSKC Open Low-Priority Chronic HCV events [LHJ]</p>
	<p>Acute HEPBD and HEPC: In the Exposure question package, make "Body site of tattooing" (A_TATTOO_SITE) a repeatable field. It is a child of the Parent "Tattoo recipient" = Yes.</p>
	<p>For HEPBD: Edit concern on Event Summary page to say "Cases less than or equal to age 24 months at the time of testing should be reported as perinatal cases if born in the US to a HBsAg-positive or HBsAg-unknown mother." (triggered if age in months <= 36 and chronic subtype confirmed)</p> <p>For HEPC: Add concern on Event Summary page to say "Cases less than or equal to age 36 months at the time of testing should be reported as perinatal cases if born in the US to an HCV-positive mother." (triggered if age in months <= 48 and chronic subtype confirmed)</p>
	<p>For HEPBD and C, trigger the Pregnancy QP when either</p> <ol style="list-style-type: none"> 1. Sex is not male and age is 11-50 (based on DOB in the person record) or 2. Sex is not male and "Age (DOB unknown)" is 11-50
	<p>For HEPBD, Edit message in Admin QP under Disease Status to say "Patient must be less than or equal to 24 months of age at time of diagnosis to be classified as a perinatal case" (triggered when perinatal subtype = Yes and age in months > 24)</p>

Hepatitis	<p>For HEPC, Add message in Admin QP under Disease Status to say "Patient must be less than or equal to 36 months of age at time of diagnosis to be classified as a perinatal case" (triggered when perinatal subtype = Yes and age in months > 36)</p>
	<p>In Admin QP, underneath "Administration (DOH use only)" section, end date the following questions to no longer appear for new cases after 12/4/2019:</p> <ul style="list-style-type: none"> - "Diagnosis at state correctional facility" for both chronic HBV and HCV cases (C_DIAGNOSIS_STATE_CORRECTIONAL_FACILITY) - "Department of corrections number" for pending HCV cases (P_DEPARTMENT_OF_CORRECTIONS_NUMBER) - "Department of corrections number" for chronic HCV cases (C_DEPARTMENT_OF_CORRECTIONS_NUMBER) (child of "Diagnosis at state correctional facility") <p>- For both HBV and HCV cases, in Admin QP, create question in Report Source section - parent and child (n=3)*:</p> <p>PARENT: "Diagnosis at state correctional facility" (DIAGNOSIS_CORRECTIONAL_FACILITY) (Yes/No/Unknown) If yes, CHILD: "Diagnosis type" (DIAGNOSIS_CORRECTIONAL_FACILITY_SUBTYPE) (Acute/chronic, repeatable) If yes, CHILD: "Department of corrections number" (DOC_NUMBER) (freeform string)</p> <p>*these new questions should not appear when subtype is marked as perinatal</p> <p>- add new DOC questions to all acute/chronic HBV and HCV wizards</p>
	<p>For both HEPBD and HEPC, the following questions (Exposure QP) should trigger "Medical/dental exposure" as an option for "Most likely exposure" (A_LIKELY_EXPLOSURE):</p> <ul style="list-style-type: none"> - "Any suspect medical or dental exposure" = Yes (A_MEDICAL_DENTAL_EXPOSURE_YES) - "Surgery (including outpatient), other medical procedures, hospitalized during exposure period" = Yes (A_SURGERY_YES) - "Hemodialysis" = Yes (A_HEMODIALYSIS_YES) - "IV or injection as outpatient/IV infusion or injection in outpatient setting" = Yes (A_IV_INJECTION_OUTPATIENT_YES) - "Transfusion, blood product or transplant" = Yes (A_TRANSFUSION_BLOOD_PRODUCT_TRANSPLANT_YES) - "Dental work or oral surgery" = Yes (A_DENTAL_WORK_SURGERY_YES) - "Received acupuncture" = Yes (A_RECEIVED_ACUPUNCTURE_YES)
	<p>Child of HEP Workflow Overhaul CR (1908). Add new workflow: HEP - Potential HDV cases [LHJ]</p>

Hepatitis	For HEPC, add Chronic Diagnosis Date to "Chronic HCV case - short form" wizard
	For HEPBD, add "Settings of initial screening" (SETTINGS_INITIAL_SCREENING) to the "Hepatitis B & D Acute" wizard
	For acute/chronic HEPBD and HEPC: (Exposure QP) Change "Used drugs not prescribed by a doctor but route of administration is unknown" to say "Used drugs not prescribed by a doctor and route of administration is unknown" (A_USED_DRUGS_UNKNOWN_ROUTE and C_USED_DRUGS_UNKNOWN_ROUTE)
	For HEPBD and HEPC: (Admin QP) Update accountable county fields to the following names: Accountable county, chronic (C_ACCOUNTABLE_COUNTY) Accountable county, acute (A_ACCOUNTABLE_COUNTY) Accountable county, perinatal (PN_ACCOUNTABLE_COUNTY) Accountable county override, chronic (C_ACCOUNTABLE_COUNTY_OVERRIDE) Accountable county override, acute (A_ACCOUNTABLE_COUNTY_OVERRIDE) Accountable county override, perinatal (PN_ACCOUNTABLE_COUNTY_OVERRIDE)
	For HEPBD and HEPC: (Admin QP) Update "Year DOH" fields to: Year DOH – acute (YYYY) [A_ADMIN_DOH_YEAR] Year DOH – chronic (YYYY) [C_ADMIN_DOH_YEAR] Year DOH – perinatal (YYYY) [PN_ADMIN_DOH_YEAR]
	Commit all DOH created HEP adhoc reports to preserve updates.
	For HEPBD, Add a message, section break and two new questions in the Admin QP for when HEPD subtype is marked (appear if 'Confirm hepatitis D co-infected case' = yes): 1. Add message only question: "Please contact DOH regarding HDV case investigation form and specimen sequencing." In red, bold. (SUBTYPE_HEPD_INVESTIGATION_MSG) 2. Add section break: HDV Event Administration 3. Add question: "LHJ HDV investigation complete date" (HDV_INVESTIGATION_RECORD_COMPLETE_DATE)

	<p>4. Add question: "DOH HDV review status" (HDV_ADMIN_DOH_REVIEW_STATUS). Editable only by DOH</p>
	<p>Case processing needed for HEPBD events and a small subset of HEPC events that previously had an error which prevented them from being opened.</p>
<p>Tuberculosis</p>	<p>Deleted 3 unused TB rosters.</p>
	<p>TB DOH roles have been consolidated.</p>
	<p>Added a TB infection report which includes all fields in the LTBI wizard and some additional case and party fields.</p>
	<p>Added fields 'Age of patient' and 'Type of Insurance' to all TB wizards.</p>
	<p>Added 'Not applicable' as an answer choice to 'Sputum culture conversion documented.'</p>
	<p>Added the Treatment question package comment box to bottom of MCR print template.</p>
	<p>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.</p>
	<p>Added the field 'Accountable county at time case counted' to all 'TB Model Data for Analysis...' reports as 'AC_AT_COUNT.'</p>
	<p>Text change: 'Follow-up drug susceptibility testing (DST) done?' now reads 'Final drug susceptibility testing (DST) done?'</p>
	<p>Added 'Unknown' as an answer option to 'Month arrived in US'.</p>
	<p>Changed TB workflow categories and names to comply with cross domain naming conventions.</p>
	<p>New DOH workflow 'TB Disease events with discrepant case count status.'</p>
	<p>Updated 'Transfer state case number' to only be editable by DOH.</p>
	<p>Fixed workflow columns to correctly display the TB condition where they were previously blank.</p>
<p>Added Czechoslovakia, Yugoslavia, Soviet Union, and Zaire to country drop down lists.</p>	

Tuberculosis	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

Contact Information:

If you are experiencing any technical difficulties relating to your access to WDRS, please contact the Department of Health Service Central at: 360-236-4357 or ServiceCentral@doh.wa.gov

*If you have any questions about the **Cobalt 1.5** system enhancements, and how they impact your work, please contact the appropriate Department of Health business office at:*

Blood Lead: 360-236-4280 or lead@doh.wa.gov

General Communicable Diseases: 206-418-5500 or CommDisEpi@doh.wa.gov

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