



Reporting Cluster of Illness or Unusual Event Using the MDSS Aggregate Case Report Form

With the MDSS 4.2 release in April 2015, updates were made to the Aggregate Case Report to include an additional entry screen that is similar to the Initial Cluster Report (or 'S.I.D.E.') form used to report any type of cluster or potential outbreak investigation to the Michigan Department of Health and Human Services (MDHHS). All known or suspected outbreaks should be reported to MDHHS within 24 hours.

While the downloadable format of the Initial Cluster Report form is still available (see link on CD Information Resource Section: CD Resources & Forms under [MDCH: Cluster and Facility Outbreak Notification Report Form \(March 2014\)](#)), the Aggregate Case Report form in MDSS provides an alternative for reporting clusters. This electronic MDSS report is accessible after the initial report is submitted so that updates and additional information can easily be added as the investigation progresses. MDSS Aggregate Case reports are visible to both the local health department and provider entering the case, as well as MDHHS partners.

1. New Aggregate Cases – Report Form

- In MDSS, under the Case Investigation Section, click on “New Aggregate Cases” on the left side navigation bar

Case Investigation	Administration	System Administration	Messages
Cases	Aggregate Investigation Information		
New Case	Reportable Condition* : - SELECT -	Case Status* : Confirmed	
New Aggregate Cases	Total Number Ill (Cases)*: []	Deaths: 0	Reporting Period*: - SELECT
Outbreaks	Referral Date (mm/dd/yyyy) : []		
New Search	New Information		
New Aggregate Search	Hospitalized(New): 0	Isolated(New): 0	Quarantined(New): 0
Disease Specific Search	Totals		
Search Field Records	Hospitalized(Total): 0	Isolated(Total): 0	Quarantined(Total): 0
Case Definitions	Investigation Information		
Alert Rules			
Display Supplemental Forms			
User Profile			

2. New Aggregate Cases – Cluster of Illness Report Form (first screen)

- Several items on the first screen are required elements (highlighted in red and asterisked):
 - Select “Unusual Outbreak or Occurrence” as the Reportable Condition
 - Leave Case Status as “Confirmed”
 - Fill in the Total Number Ill
 - Select the Reporting Period – for initial report select “Daily Report”
 - Under Investigation Information change “Outbreak Y/N” to “Yes”
 - Provide an Outbreak Name – this can be edited later if needed
 - Click Continue at the bottom of the screen

Aggregate Investigation Information		
Reportable Condition* :	Unusual Outbreak or Occurrence	Case Status* : Confirmed
Total Number Ill (Cases)*:	3	Deaths: 0
		Reporting Period*: Daily Report
Referral Date (mm/dd/yyyy) :		
New Information		
Hospitalized(New):	0	Isolated(New): 0
		Quarantined(New): 0
Totals		
Hospitalized(Total):	0	Isolated(Total): 0
		Quarantined(Total): 0
Investigation Information		
Outbreak Y/N :	Yes	Outbreak Name : FAKE FACILITY 9/2015
<i>*indicates required items</i>		
<input type="button" value="Continue"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/>		

3. New Aggregate Cases – Cluster of Illness Report Form (second screen)

- On the second screen there are some additional required elements:
 - Select County where report is from (based on facility/resident address)
 - Select Reporting Source – *Unknown is an option, if needed*
 - Click Continue at the bottom of the screen

Person Providing Referral		
First :	<input type="text"/>	Last : <input type="text"/>
Phone (### ### ####):	<input type="text"/>	Ext: <input type="text"/> Email : <input type="text"/>
Source Information		
County* :	Kalamazoo	Reporting Source* : LTC
		Source Description : <input type="text"/>
School District :	<input type="text"/>	School Name : <input type="text"/>
		School Closed <input type="checkbox"/>
Phone (### ### ####):	<input type="text"/>	Ext: <input type="text"/> Email : <input type="text"/>
Street :	<input type="text"/>	
City :	State : <input type="text"/>	Zip : <input type="text"/>
Case Notes		
<input type="text"/>		
<input type="button" value="Continue"/> <input type="button" value="Back"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/>		

4. **New Aggregate Cases – Cluster of Illness Report Form (third screen)**

- Please complete all available information in the third Aggregate Case Entry screen including:
 - Facility/Event Information

Facility/Event Information			
Facility/Event Name : Fake Long Term Care Facility			
Street : 3299 Gull Rd		City : Kalamazoo	
County : Kalamazoo	State : Michigan	Zip : 49048	
Contact First Name : DONald	Contact Last Name : Duck	Phone : 269-373-5293	
Affected Unit(s)/Floor(s) : Wing 2			
Type of Facility			
<input type="checkbox"/> Healthcare			
<input type="checkbox"/> Adult Day Care			
<input type="checkbox"/> Child Day Care/K-12 School			
<input type="checkbox"/> Event (e.g., wedding party, funeral)			
<input type="checkbox"/> Restaurant			
<input type="checkbox"/> Senior Apartments/Retirement Center			
<input type="checkbox"/> College/University			
<input checked="" type="checkbox"/> Other			
LTC			

- Epidemiology - *Please remember to include the total population*

Epidemiology			
Onset Date of First Case (mm/dd/yyyy) :	Date of Last Onset (mm/dd/yyyy) :	Date of Exposure (mm/dd/yyyy) :	
09/01/2015			
Duration of Symptoms :	Duration Units	Incubation Period:	Incubation Units
24	<input checked="" type="radio"/> Hours <input type="radio"/> Days		<input type="radio"/> Hours <input type="radio"/> Days
Suspected Etiology : Influenza			
Total Number Ill (Cases) : 3	Ill Adults : 3	Ill Children : 0	
Ill Residents /Patients/ Patrons : 2	Total Population : 80		
Ill Employees : 1	Total # Employed : 25		
Ill Food Handlers : 0	Secondary Cases :		
Hospitalized Cases : 1	Deaths : 0		

- Symptom Presentation

Symptom Presentation	
Symptoms :	
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Nausea	<input type="checkbox"/> Abdominal Cramps
<input type="checkbox"/> Fever	
<input type="checkbox"/> Rash	<input type="checkbox"/> Itching
<input type="checkbox"/> Skin and soft tissue wound / damage	<input checked="" type="checkbox"/> Respiratory (e.g., coughing, wheezing)
<input type="checkbox"/> Other	

- Specimen Testing – *If initial testing has already been done, please include test results including influenza type (A/B). Otherwise include date that specimens will be sent to MDHHS Bureau of Laboratories (BOL)*

Specimen Testing			
<input type="checkbox"/> Declined			
<input type="checkbox"/> Stool - Norovirus			
<input type="checkbox"/> Stool - Bacterial			
<input type="checkbox"/> Stool - Ovum and Parasites			
<input checked="" type="checkbox"/> Respiratory Swab/Secretion		<input type="checkbox"/> Wound /Skin Cultures:	
<input type="checkbox"/> Food		<input type="checkbox"/> Other	
Number of Specimens Collected :		Laboratory Performing Tests :	Shipping Date :
1		Reference Lab	
		Results :	
		Influenza A/H3	

- Consultation Provided – *Check all topics that were discussed. Additionally, check the “other” box and enter the date that control measures were initiated*

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 & Notifications – *Check all agencies that were notified and enter any additional information*
 - MDHHS now needs to report number of cases with each symptom to CDC. Please include the number of cases with each symptom out of the total number that you have information on in the blank box (see below)
- Person Provided Report to Public Health – *Enter your information*
- When finished, click ‘Save & Finish’ on the bottom of the page

Additional Actions and Notifications

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

Symptoms:

8/12 Vomiting	12/12 Abd Cramps
3/12 Diarrhea	0/12 Fever
10/12 Nausea	0/12 Bloody Stools

Person Providing Report to Public Health

First:
Last:
Phone:
E-mail:
Alt Phone:

Additional Tips

Here are some additional tips once the Cluster Illness Investigation form (within the Aggregate Case Reports form) has been saved and finished:

- Once you have submitted the aggregate report form in MDSS, please notify MDHHS via phone or email that you submitted an electronic form in MDSS and include the MDSS ID
 - Influenza/ILI: Seth Eckel - EckelS1@michigan.gov or 517-335-1194
 - Gastrointestinal: Jennifer Beggs – BeggsJ@michigan.gov or 517-335-9974
- Communication to MDHHS Communicable Disease Division for any testing at Bureau of Laboratories is still required
- Make sure to provide an Outbreak or Cluster Name for investigation
- If applicable, report the outbreak using a NORS form. Per CDC, the definition of an outbreak reportable to NORS is “two or more cases of similar illness associated with a common exposure.” If the investigation team determines that an outbreak meets the NORS definition, the outbreak should be reported to CDC via NORS. MDHHS reports person-to-person transmission of noro-like illness to NORS
- The Notes section can be used to document any additional forms or paperwork generated from this investigation. Making these notes will help keep all relevant information concerning the investigation together, as well as provide documentation for further inquiries or activity like accreditation
- Contact your [Regional Epidemiologist](#) for assistance, support, and notification

Editing Your Cluster Illness Report

Once the cluster illness or unusual event investigation has been completed, edits can be made with final numbers of ill, last onset date, laboratory testing (if done), and consultation provided if additional assistance was given to mitigate and follow up the investigation. *Note: Aggregate Case Reports do not show up by default in any Open Investigation Search*

- To find the previously saved Unusual Event/Cluster Illness form, use the “New Aggregate Search” on the side navigation bar under Case Investigation
- Enter the search parameters needed to find your Cluster Illness Report
 - Case Status: “Confirmed”
 - Reportable Condition: “Unusual Occurrence or Outbreak”
 - Outbreak Y/N: “Yes”
 - Enter a date range

Note: Aggregate searches, like basic searches, can be saved to be used again in the future. To save a search, enter a name (at the top of the form) and click ‘Save & Finish’.

Case Investigation	Administration	Messages	Reports						
Cases New Case New Aggregate Cases Searches New Search New Aggregate Search Disease Specific Search Search Field Records Case Definitions Alert Rules Display Supplemental Forms User Profile User Directory	<p>Name of Saved Search <input type="text"/> Default Search</p> <p>Investigation ID : <input type="text"/></p> <p>Case Status : <input type="button" value="Confirmed"/> <input type="button" value="Confirmed-Non Resident"/></p> <p>Investigation Status : <input type="button" value="Active"/> <input type="button" value="Canceled"/></p> <p>Reportable Condition : <input type="text" value="Norovirus"/> <input type="text" value="Strep Throat"/> <input type="button" value="Unusual Outbreak or Occurrence"/></p> <p>Outbreak Y/N : <input type="button" value="No"/> <input type="button" value="Unknown"/> <input type="button" value="Yes"/></p> <p>Reporting Source : <input type="text"/></p> <p>Cases: <input type="text"/> to <input type="text"/> Deaths: <input type="text"/> to <input type="text"/></p> <p>Date Criteria</p> <p>Referral Date (mm/dd/yyyy): <input type="text" value="09/01/2015"/> <input type="button" value="12 8 8"/> to <input type="button" value="12 8 8"/></p> <p>Reporting Period : <input type="text"/></p> <p>Entry Date (mm/dd/yyyy): <input type="text"/> <input type="button" value="12 8 8"/> to <input type="button" value="12 8 8"/></p> <p>MMWR Week (ww-yyyy): <input type="text"/> to <input type="text"/></p> <p>Case Update Date (mm/dd/yyyy): <input type="text"/> <input type="button" value="12 8 8"/> to <input type="button" value="12 8 8"/></p> <p>Geographic Criteria</p> <table><tr><td>Local Health Jurisdiction :</td><td>County :</td><td>Region :</td><td>Facility :</td></tr><tr><td><input type="text" value="Allegan County"/> <input type="text" value="Barry-Eaton"/> <input type="text" value="Bay County"/> <input type="text" value="Benzie-Leelanau"/></td><td><input type="text" value="Alcona"/> <input type="text" value="Alger"/> <input type="text" value="Allegan"/> <input type="text" value="Alpena"/></td><td><input type="text" value="1"/> <input type="text" value="2 North"/> <input type="text" value="2 South"/> <input type="text" value="3"/></td><td><input type="text" value="ACA_INTERNS"/> <input type="text" value="ALLEGAN GENERAL HOSP"/> <input type="text" value="ALPENA GENERAL HOSP"/> <input type="text" value="ASPIRUS KEWEENAW HOSP"/></td></tr></table> <p>New Information</p> <p>Hospitalized(New): <input type="text"/> to <input type="text"/> Isolated(New): <input type="text"/> to <input type="text"/></p> <p>Quarantined(New): <input type="text"/> to <input type="text"/></p> <p>Totals</p> <p>Hospitalized(Total): <input type="text"/> to <input type="text"/> Isolated(Total): <input type="text"/> to <input type="text"/></p> <p>Quarantined(Total): <input type="text"/> to <input type="text"/></p> <p>Investigator</p> <p>Investigator First Name : <input type="text"/> Investigator Last Name : <input type="text"/> Investigator Userid : <input type="text"/></p> <p><input type="button" value="Search"/> <input type="button" value="Save & Finish"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/></p>	Local Health Jurisdiction :	County :	Region :	Facility :	<input type="text" value="Allegan County"/> <input type="text" value="Barry-Eaton"/> <input type="text" value="Bay County"/> <input type="text" value="Benzie-Leelanau"/>	<input type="text" value="Alcona"/> <input type="text" value="Alger"/> <input type="text" value="Allegan"/> <input type="text" value="Alpena"/>	<input type="text" value="1"/> <input type="text" value="2 North"/> <input type="text" value="2 South"/> <input type="text" value="3"/>	<input type="text" value="ACA_INTERNS"/> <input type="text" value="ALLEGAN GENERAL HOSP"/> <input type="text" value="ALPENA GENERAL HOSP"/> <input type="text" value="ASPIRUS KEWEENAW HOSP"/>
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