

COVID-19 Outbreak Reporting using the MDSS Aggregate Case Report Form

V4 03/20/2024

COVID-19 Cluster/Outbreak Reporting

- While all clusters and outbreaks are required to be entered into MDSS aggregate, only those in following settings are included at [MDHHS Seasonal Respiratory Viruses](#):
 - Long-Term Care Facility (e.g., SNF, assisted living, adult day care, group home, etc.)
 - K-12 School (e.g., classroom, before/after school programs, etc.)
 - Childcare/Youth Programs (e.g., daycare, camps, extracurricular activities, sports, etc.)
 - Jail/Prison/Detention Center
 - Healthcare (e.g., inpatient, outpatient, dental practices, dialysis, etc.)
 - Shelters/Settings that provide services for people experiencing homelessness
- Please add and update cluster/outbreak cases in MDSS weekly. This includes updating the outbreak “Investigation Status” so that outbreaks are properly marked as New, Ongoing, or Completed.
- MDHHS staff will pull the data from the MDSS Aggregate to update the website.
- Individual cases, including those associated with an outbreak, *must* still be reported as their own cases in MDSS. The Aggregate Case Report is used to summarize the overall outbreak.

Outbreak Definition Guidance

- **Healthcare:** CSTE [Proposed Investigation/Reporting Thresholds and Outbreak Definitions for COVID-19 in Healthcare Settings](#) (updated August 10, 2022)
- **Schools:** CSTE [COVID-19 K-12 School Surveillance Guidance for Identification and Classification of Outbreaks](#) (updated September 1, 2022)
- **Workplace:** CSTE [Investigation Criteria and Outbreak Definition for COVID-19 in Non-residential, Non-Healthcare Workplace Settings](#) (July 14, 2020)

K-12 School Aggregate Reporting (Non-Outbreaks)

- All schools must report, at a minimum, weekly aggregate counts of COVID-19 to the LHD. In addition, schools must document individual-level, identifiable information on these cases.
- These data can be compiled into one county-level daily aggregate MDSS report.
 - Mark the case status for these aggregate reports as **Confirmed**.
 - Mark these aggregate cases as **Outbreak = No**.
 - Under Source information, please select the **County**, **Reporting Source = School**, and the **School District**.
 - Leave the investigation status as **Completed** after entering in all information.
- Additional guidance is available in the [Managing CD in Schools Guidance](#).

Aggregate Investigation Information

Reportable Condition*: Novel Coronavirus COVID-19 Case Status*: Confirmed

Total Number Ill (Cases)*: 2 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: No Outbreak Name:

Continue Cancel Help

Person Providing Referral

First: Last: Phone (###-###-####): Ext: Email:

Source Information

County*: Ingham Reporting Source*: School Source Description:

School District: Lansing Public School District School Name: School Closed

Phone (###-###-####): Ext: Email:

Street: City: State: Zip:

Case Notes

Continue Back Cancel Help

Where to Enter New Aggregate Case

The screenshot displays the MDSS TEST APPLICATION interface. The top navigation bar includes 'Case Investigation' (highlighted with a red box), 'Administration', 'System Administration', 'Messages', 'Reports', and 'Logout'. The left sidebar contains 'Cases', 'New Case', 'New Aggregate Cases' (highlighted with a red box), 'Searches', 'New Search', 'New Aggregate Search' (circled in red), and 'Disease Specific Search'. The main content area is titled 'Aggregate Investigation Information' and contains the following fields:

- Reportable Condition*: - SELECT -
- Case Status*: Confirmed
- Total Number Ill (Cases)*: [input field]
- Deaths: 0
- Reporting Period*: - SELECT -
- Referral Date (mm/dd/yyyy): [input field]
- New Information section:
 - Hospitalized(New): 0
 - Isolated(New): 0
 - Quarantined(New): 0
- Totals section:
 - Hospitalized(Total): 0
 - Isolated(Total): 0
 - Quarantined(Total): 0
- Investigation Information section:
 - Outbreak Y/N: No
 - Outbreak Name: [input field]

*Indicates required items

Outbreaks should be reported as an Aggregate Case Report in MDSS. To enter a new case, select 'New Aggregate Cases' from the Case Investigation tab. Once entered, the form can be found and edited by using the 'New Aggregate Search' function.

This guidance is specific to reporting COVID-19 outbreaks as an aggregate report.

For additional info on reporting clusters and outbreaks in general, refer to the tip sheet at: [Reporting Clusters or Outbreaks Using the MDSS Aggregate Case Report Form](#)

For Cluster or Outbreak Report:

Required Fields

Recommended Fields

Total Number Ill (Cases): This is the field MDHHS uses to capture the number of cases for reporting purposes. Include all confirmed, probable, and suspect cases update weekly if new cases are reported. The number in this field will auto-populate the field with the same name in the "Outbreak" tab.

Outbreak Y/N = Yes

This field should be marked yes for both outbreaks and clusters (Outbreak = No is used for aggregate COVID cases, ILI, etc. reported by schools).

Referral Date =

Date the cluster/outbreak was reported to or recognized by public health.

Case Status

- **Confirmed** = meets the definition of an outbreak
- **Suspect/Probable** = cluster or potential outbreak

Confirmed, Probable, and Suspect cases are included in MDHHS cluster/outbreak counts.

Investigation Status

- **New** = Newly reported outbreak*
- **Active or Review** = Ongoing outbreak
- **Completed-Follow up** = at least 14 days with no new cases
- **Completed** = Resolved outbreak (28 days with no new cases)

**Keep the Investigation Status = New for the first week it is reported. After the first week, change the status to reflect it is ongoing (i.e., Active or Review). Only New and Ongoing Outbreaks are reported on the MDHHS website.*

The screenshot shows a web-based form for reporting a COVID-19 case. The patient is identified as 'COMFORT CARE AFC, FACILITY'. The form is divided into several sections:

- Reportable Condition*:** Novel Coronavirus COVID-19
- Case Status*:** Confirmed
- Investigation Status*:** New
- Aggregate Information:** MMWR: 13-2022. **Total Number Ill (Cases):** 3. **Deaths:** 1. **Reporting Period*:** Weekly Report
- New Information:** Hospitalized(New): 0, Isolated(New): 0, Quarantined(New): 0
- Totals:** Hospitalized(Total): 0, Isolated(Total): 0, Quarantined(Total): 0
- Investigation Address:** Street: 333 SOUTH GRAND AVE, Geocode Source: SAP, City: LANSING, County: Ingham, State: , Zip: 48933, Jurisdiction: Ingham County
- Investigation Information:** **Outbreak Y/N:** Yes. **Outbreak Name:** COMFORTCARE/APRIL2022. **Referral Date (mm/dd/yyyy):** 04/01/2022. **Case Entry Date:** 04/07/2022. Investigation ID: 19772028598, NETSS ID: 2413101, Assigned to: JONES, TAMARA / Ingham County. A 'Re-assign' button is present.

At the bottom, there are buttons for 'Reset', 'Submit Changes', 'Cancel', and 'Help'. A note indicates that asterisks (*) denote required items.

The aggregate case should be **updated weekly** in MDSS until the outbreak is resolved.

Outbreak Name should match the outbreak name on the individual MDSS cases.

Reminder: All probable and confirmed COVID-19 cases must be reported as individual MDSS cases.

Required Fields

Recommended Fields

County is based on facility/school/event location.

Note: Currently, the aggregate case jurisdiction in MDSS is based on the county listed in this section.

Reporting Source: list the type of facility associated with the outbreak.

Note: For reporting purposes, outbreak type will be pulled from information listed on the "Outbreak" tab.

Note: When School is selected, School District and School Name options will appear in the drop-downs.

Case Reporting Referrer Outbreak Notes Audit

Patient COMFORT CARE AFC, FACILITY

Person Providing Referral

First : SUSAN Last : SUNSHINE

Phone (### ### ####): 517-555-1234 Ext: Email :

Source Information

County* : Ingham Reporting Source* : LTC Source Description :

School District : School Name : School Closed

Phone (### ### ####): 517-555-1234 Ext: Email :

Street : 333 S GRAND AVE Geocode Source :

City : LANSING State : Michigan Zip :

Reset Submit Changes Cancel Help

Required Fields

Recommended Fields

Type of Facility (select ONE that best describes the setting)

- This is the field MDHHS uses to categorize the setting type on the MDHHS outbreak website.
- Some types have drop-down subcategories. For those listed below, please also select a subcategory.
 - Long Term Care Facility (LTC)
 - Skilled Nursing Facility
 - Assisted Living
 - Adult Day Care
 - Adult Foster Care
 - Group Home
 - Other
 - Healthcare
 - Inpatient
 - Outpatient
 - Other
 - Corrections
 - MDOC
 - Jail
 - Detention Center
 - Juvenile Detention
 - Other
 - Event/Mass Gathering
 - Wedding
 - Funeral
 - Fair/Concert
 - Other
- Reminder, only clusters/outbreaks in the following categories are posted online: Long-Term Care Facility, K-12, Healthcare, Corrections, Childcare/Youth Program, Shelters.

Case Reporting Referrer Outbreak Notes Audit

Patient COMFORT CARE AFC, FACILITY |

Type of Outbreak: Gastrointestinal Respiratory Rash Other COVID19

Facility/Event Information

Facility/Event Name : Comfort Care AFC

Street : 333 South Grand Ave City : Lansing

County : Ingham State : Michigan Zip : 98909

Contact First Name: Joe Contact Last Name: Smith Phone: 517-555-1234

Affected Unit(s)/Floor(s) : West Wing

Type of Facility

Long-Term Care Facility (LTC) Adult Foster Care Healthcare Corrections Childcare/Youth Program K-12 School Event/Mass Gathering Restaurant Senior Apartments/Retirement Center Shelters Workplace College/University Other

Epidemiology

Onset Date of First Case (mm/dd/yyyy) : 03/01/2022 Date of Last Onset (mm/dd/yyyy) : 03/15/2022 Date of Exposure (mm/dd/yyyy) :

Duration of Symptoms : Duration Units Hours Days Incubation Period: Incubation Units Hours Days

Suspected Etiology :

Total Number Ill (Cases): 3 Ill Adults : Ill Children :

Ill Residents /Patients/ Patrons : 2 Total Population : 12

Ill Employees : 1 Total # Employed : 12

Ill Food Handlers : 0 Secondary Cases :

Hospitalized Cases : 1 Deaths : 1

Required Fields

Recommended Fields

Type of Facility (select ONE that best describes the setting)

- This is the field MDHHS uses to categorize the setting type on the MDHHS outbreak website.
- Some of the types have drop-down subcategories. For those listed below, please also select a subcategory.
 - Long Term Care Facility (LTC)
 - Skilled Nursing Facility
 - Assisted Living
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 - Adult Foster Care
 - Group Home
 - Other
 - Healthcare
 - Inpatient
 - Outpatient
 - Other
 - Corrections
 - MDOC
 - Jail
 - Detention Center
 - Juvenile Detention
 - Other
 - Event/Mass Gathering
 - Wedding
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- Reminder, only clusters/outbreaks in the following categories are posted online: Long-Term Care Facility, K-12 School, Healthcare, Corrections, Childcare/Youth Program, Shelters.

Case Reporting Referrer Outbreak Notes Audit

Patient COMFORT CARE AFC, FACILITY I

Type of Outbreak: Gastrointestinal Respiratory Rash Other COVID19

Facility/Event Information

Facility/Event Name: Comfort Care AFC

Street: 333 South Grand Ave City: Lansing

County: Ingham State: Michigan Zip: 98909

Contact First Name: Joe Contact Last Name: Smith Phone: 517-555-1234

Affected Unit(s)/Floor(s): West Wing

Type of Facility

Long-Term Care Facility (LTC) Healthcare Childcare/Youth Program K-12 School

Corrections Restaurant Senior Apartments/Retirement Center

Event/Mass Gathering Workplace College/University Other Both; junior high/middle

Epidemiology

Onset Date of First Case (mm/dd/yyyy): 03/01/2022 Date of Last Onset (mm/dd/yyyy): 03/15/2022 Date of Exposure (mm/dd/yyyy):

Duration of Symptoms: Duration Units: Incubation Period: Incubation Units:

Suspected Etiology:

Total Number Ill (Cases): 3 Ill Adults: Ill Children:

Ill Residents /Patients/ Patrons: 2 Total Population: 12

Ill Employees: 1 Total # Employed: 12

Ill Food Handlers: 0 Secondary Cases:

Hospitalized Cases: 1 Deaths: 1

K-12 School will have a dropdown in a future MDSS Version. For now, please *also* mark "Other" and list the following in the free text field:

- who is affected (students; staff; both) AND
- the affected grades (pre-school-elementary; junior high/middle; high school)

For COVID-19 outbreaks, the **Symptom Presentation** and **Specimen Testing** sections do not need to be filled out.

It is recommended to document notes in the **Consultation Provided & Additional Actions and Notifications Sections**

Symptom Presentation			
Symptom(s)	Symptom present	Number of Cases with Symptom	Total # of Cases with Information Available
Vomiting	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Diarrhea	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Nausea	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Abd Cramps	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Fever <input type="text"/> (highest recorded)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Bloody Stools	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Respiratory(e.g., coughing, wheezing)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Pneumonia	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Rash	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Itching	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Skin and soft tissue wound/damage	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Other : <input type="text"/> (specify)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

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

Consultation Provided	
<input type="checkbox"/> Environmental cleaning guidelines	<input type="checkbox"/> Infection control precautions
<input type="checkbox"/> Employee restrictions	<input type="checkbox"/> Patient cohorting, isolation and restrictions
<input type="checkbox"/> Visitor restrictions	<input type="checkbox"/> Closed units to transfer and admits
<input type="checkbox"/> Specimen collection and submission	<input type="checkbox"/> Other <input type="text"/>

Additional Actions and Notifications	
<input type="checkbox"/> LHD	<input type="checkbox"/> MDHHS Bureau of Laboratories
<input type="checkbox"/> MDARD	<input type="checkbox"/> MDLARA Bureau of Health Systems
<input type="checkbox"/> Federal Agencies (e.g., CDC, FDA, USDA)	<input type="checkbox"/> MDHHS Public Information Officer
<input type="checkbox"/> Other	<input type="text"/>

Person Providing Report to Public Health		
First : <input type="text"/>	Last : <input type="text"/>	Phone : <input type="text"/>
E-mail : <input type="text"/>	Alt Phone : <input type="text"/>	

Reset Submit Changes Print Case Details Cancel Help

Option to add notes and to attach documents pertaining to the investigation.

Case Reporting Referrer Outbreak Notes Audit

Patient COMFORT CARE AFC, FACILITY

New Note* :

2/8/22: 5 additional resident cases, 1 staff case reported. Facility has stopped taking in new clients. Total case count = 9. Residents = 8. Staff = 1. Last facility exposure date: 2/5/22.

Reset Save Note Help

Previous Case Notes :

*** Added by WEINBERGM1 on 04/07/2022 at 03:54:37 PM ***

2/1/22: Facility director notified LHD of 3 resident cases. Facility will do weekly testing, isolation x 10 days for cases and 10 day quarantine for exposed residents testing negative.

*indicates required items

Case Documents **Attach New Document**

Date	Name	Description		
04/07/2022	Line List as of 4_7_2022.xlsx	staff and residents line list	View	Delete

Cancel Help

Outbreak Investigation Support is Available

- Regional Epidemiologist and Regional Support Epidemiologist Assistance
 - Conduct data analysis and prepare outbreak summary
 - Assist with OMS* outbreak entry and monitoring data analysis
 - Provide MDSS and OMS technical support and training
 - Provide situation updates
 - Assist with inter-jurisdictional communication
- MDHHS Infection Prevention Unit
 - Assist with outbreak/cluster investigations in Long-term Care (LTC), Adult Foster Care (AFC), and Homes for the Aged (HFA).
 - To request support email MDHHS-IPRAT@michigan.gov

*Outbreak Management System (OMS)