2013 Guidance on Disease Reporting in State Correctional Facilities

Background
Since 2005, the Michigan Department of Corrections (MDOC), Bureau of Health Care Services, has reported and investigated communicable diseases among inmates using the Michigan Disease Surveillance System (MDSS). The MDSS is a tool for public health surveillance in Michigan. This system makes the reporting of diseases/conditions easier, more efficient, and closer to real-time so public health interventions can be effectively implemented. The MDSS allows for reporting 24 hours a day from any computer with an internet connection. The system reduces the number of telephone communications and can also provide documentation of a facility's role in reporting. MDSS contains **confidential** public health information on reported individuals. Not only are data protected by system security and role-defined access, but also participants are bound by rules of confidentiality while accessing system information. MDSS does comply with HIPAA regulations. To realize the goals of this system, patient information must be entered in a **timely** manner.

The MDOC Infection Control Coordinator (MDOC ICC) has been assigned a statewide MDCH access role in MDSS. MDOC has designated that two staff persons at the regional offices (North and South) be trained in MDSS; these individuals are referred to as the **MDOC Regional Coordinators.** The MDOC Regional Coordinators are assigned the healthcare provider role in MDSS. When registering the MDOC Regional Coordinators in MDSS, choose MDOC as the facility affiliation.

MDOC Health Unit Managers (HUMs) are located in each of the state correctional facilities. Because the HUMs work inside the prison grounds, they do not have internet access. The health care staff inside the facilities complete the MDSS disease report forms by hand and then fax the completed forms to the MDOC Infection Control Coordinator and/or the MDOC Regional Coordinators in their respective regional offices. These individuals will then enter the information on these cases into MDSS. (For more information on MDOC regions, visit the MDOC website at www.michigan.gov/corrections.)

Disease Reporting
The current list of the Reportable Diseases in Michigan is posted on the www.michigan.gov/CDinfo website at http://www.michigan.gov/documents/Reportable_Disease_Chart_2005_122678_7.pdf
Any cases of communicable diseases listed in Michigan's Communicable Disease Rules are to be reported into MDSS**.** However, while HIV reporting in MDSS is encouraged, HIV cases may still be reported using the paper case report form (DCH #1355) and mailed to the Michigan Department of Community Health. This form may be accessed at the following website:
http://www.michigan.gov/mdch/0,4612,7-132-2940_2955_2982_46000_46002---,00.html

MDOC is responsible for case reporting and investigation of **ill inmates**. Any **ill correctional facility staff** should be reported to the local health department with jurisdiction in the county of residence (which may be different from that of the correctional facility). The local health department will follow up with any ill facility staff.

Disease Case Definitions
For current disease case definitions, please refer to one of the following websites:
http://wwwn.cdc.gov/nndss/script/casedefDefault.aspx
www.michigan.gov/cdinfo under the **Communicable Diseases (A-Z)** section

Timeliness of case reporting and investigation

Rapid reporting of communicable diseases is necessary for the initiation of public health investigations and implementation of interventions to control and prevent further transmission of disease. Although inmate cases are investigated by MDOC, the cases will appear as assigned to a local public health jurisdiction as a function of MDSS, and as such they will be counted in the statistical reports of the local health jurisdiction. In these reports, four disease reporting timeliness intervals exist: from onset date to referral date, from referral date to case entry date, from referral date to completion date, and from onset date to completion date. Local health departments are required to enter cases into MDSS within 24 hours of notification. It is important that the MDOC cases be reported, investigated, and closed in a timely manner. Within 7 days of notification, at least 90% of case demographic data should be complete. For closed completed cases, 90% of all detailed case report forms should be at least 90% complete. Ref. Michigan Local Public Health Accreditation Program, Section IV, General Communicable Disease Control.)

IMMEDIATELY notify MDCH staff by phone (i.e., speak with someone)	Follow-up: 24 hours	Anthrax, Botulism, Cholera, Plague, Poliomyelitis, SARS, Smallpox, Tularemia, Viral hemorrhagic fevers, Outbreaks of any disease or condition** (**Notify MDCH immediately when serious diseases or any unusual occurrence, cluster, outbreak, or epidemic of any disease, condition, and/or healthcare-associated infection occurs.)
Notify MDCH within 24 hours	Follow-up: 24 hours	Brucellosis, Dengue fever, Diphtheria, *E. coli* (shiga-toxin producing), Hantavirus pulmonary syndrome, Hemolytic uremic syndrome, *Haemophilus influenzae* (invasive), Hepatitis B in a pregnant woman, Invasive strep. group A, Leprosy, Measles, Meningitis – bacterial, Meningococcal disease, Novel influenza, other rare diseases (e.g., VISA/VRSA), Pertussis, Q fever, Rabies, Rubella, Typhoid fever, Yellow fever, Viral encephalitis
Report within 24 hours	Routine follow-up	All other reportable diseases

http://www.michigan.gov/documents/mdch/ReportableCDPyramid_317048_7.pdf

Reporting Outbreaks

Generally speaking, an outbreak is defined as an incident in which two or more people have the same illness or disease, similar clinical symptoms, or the same pathogen and there is a time, place, and/or person association among these people. An outbreak of MRSA is defined as three or more culture-confirmed, epidemiologically linked cases where transmission/spread is plausible. **An unusual occurrence, outbreak, or epidemic of any disease or condition must be communicated immediately by phone to public health (state and local).** These would include a single case of some diseases that cause severe illness or death, such as:

- Botulism, which must be communicated immediately by phone to public health (state and local)
- Meningococcal disease, which must reported within 24 hours to public health (state and local)

Such cases need to be reported into MDSS within 24 hours of notification. See table on previous page for time reporting requirements for reportable diseases.

Conducting Outbreak Investigations

While state correctional facilities generally conduct their own internal investigation of disease outbreaks, the local public health department may also be available to assist with the outbreak investigation. In addition, the Michigan Department of Community Health can provide assistance and guidance to MDOC with (i) developing hypotheses

to explain the most likely type of illness and vehicle of transmission, (ii) conducting case-control investigations and statistical analyses to help determine the suspect disease vehicle, (iii) specimen collection for laboratory testing, (iv) providing fact sheets, (v) information about reporting disease, and (vi) recommending evidence-based prevention and control measures appropriate to the disease.

Upon notification of an outbreak by MDOC to the state and local health departments, if need be, an outbreak response team across agencies can be assembled. For outbreaks that require closing the facility to visitors and postponing transfer of inmates to stop transmission, it is helpful to provide the designated MDOC public information officer with appropriate messaging for the media and families of inmates.

Hepatitis C

The following procedure was instituted to reduce the time that MDOC chronic hepatitis C cases are open on MDSS. Many of these cases have already been reported and investigated in the past and are follow-up blood work. All new or active MDOC Hepatitis C cases in MDSS will be reviewed by the MDOC ICC once a month. Cases older than 30 days will be closed out by the MDOC ICC according to the case definition. The current case definition and hepatitis C flowchart can be found at www.michigan.gov/cdinfo If there is not enough information to determine that the case is acute, it should be marked as chronic before being completed. If more information becomes available later, the case can be reactivated, updated and completed. Cases with laboratory evidence of a positive RIBA, genotype, or antibody above signal to cut-off indicative of a true positive are to be marked confirmed. All other cases are completed as not a case.

Entering State Facility Inmate Cases into MDSS

In MDSS there is no specific field to indicate that a case is an inmate. As a work-around, the following procedure was put in place.

1. Enter **first name of the inmate followed by the 6-digit prisoner ID number** in the First Name field. The surname goes in the Last Name field. The prisoner ID number will be visible on the local health department case listing (see below).

2. Enter the full name or abbreviation of the correctional facility in the Investigation Address under 'Street' followed by the street address; complete the city, county, and zip code fields as appropriate.

3. MDOC staff members are responsible for follow-up of these cases and need to be able to locate them in the MDSS. The Primary Physician name fields in the referrer tab are searchable. Therefore it is important to enter "MDOC" in the Physician Last Name field and the facility abbreviation in the Physician First Name field.

4. If MDSS flags the case to be a duplicate, it will allow deduplication at the time of entry. MDOC staff should choose 'defer' to allow the LHD or MDCH to deduplicate.

MDSS and the Role of Local Health Departments

Local health departments will see the MDOC cases on their MDSS case listings. MDOC staff will investigate MDOC inmate cases. Local health departments may fax any hardcopy lab reports they receive for inmates to the MDOC Infection Control Coordinator at 517-335-0871. When laboratories refer lab results on inmates at correctional facilities to local health departments, it is preferable that they use MDSS. When a local health department determines a case is a prisoner in a Michigan state facility, the prisoner identification number and facility where housed can be located by checking with www.michigan.gov/corrections under "Offender Search." To ensure that MDOC ICC & AA staff find their cases in MDSS, local health departments need to fill in 'the abbreviation for the specific prison facility' in the physician first name field and 'MDOC' in the physician last name field, as described above in '**Entering State Facility Inmate Cases into MDSS.'**

Note that any ill MDOC staff should be reported to the local health department where the staff person resides; the local health department is responsible for completing follow-up with any ill MDOC staff in their jurisdiction.

Other MDSS Functions

Deduplication

The purpose of deduplication is to determine whether the patient and/or case information already exists in the system. MDSS deduplicates patient records at the time of New Case entry or from the Pending Work Queue (under the Administration module). The health care provider role in MDSS does not allow for the deduplication function. If a health care provider submits a new case and it does not appear immediately on the case listing, it can be found by clicking on the 'Unassigned Cases' button under the Case Investigation module where it will remain until deduplicated (see next section). Deduplication is a two-step process, and is described below.

Patient deduplication — When a new case is entered in MDSS and a patient record exists for that individual, the patient will have to be deduplicated, i.e., the MDSS user at the local health department or state level will decide whether the patient is the same individual. Specifically, if the patient information for names, date of birth, and gender match, then the patient records can be merged; if not enough information matches, then the records are not merged. **When merging an MDOC case with an existing patient record, the 6-digit prisoner ID number should be kept during the patient deduplication process**. After deduplication, conduct a search to find the patient just merged and update the record by adding MDOC to the physician last name field and the MDOC facility to the physician first name field under the Referrer tab. If the merged case was completed, the case can be activated, updated, and then closed again.

Case deduplication — When the case deduplication screen appears, the MDSS user must determine if the new case matches another existing disease report for this patient. When a new case for an inmate is merged with an existing patient record, the record can be reactivated and updated with new patient information. When deduplicating, if there is any doubt about whether the two patients are the same individual, do not merge.

FOR HIV CASES ONLY: If the patient information for names, date of birth, and gender match, then the patient records can be matched, however, **do not proceed through the case deduplication portion**. Simply click 'Place in Queue' and the case will be deduplicated from the queue. This will ensure that case information is not erased by new information.

Searching for MDOC cases:
1. Log onto MDSS
2. Under the case investigation module, choose 'New Search'
3. Enter in the appropriate time frame under Referral Date
4. Click the 'Advanced' button
5. Type MDOC into the Physician Last Name field
6. Hit the 'Search' button

Investigating and closing out (completing) cases in MDSS
HUMs will complete a disease-specific MDSS report form for each case to be reported; these forms are available from the MDSS (Display Supplemental Forms link). When filled out, the completed form should be faxed to the MDOC Infection Control Coordinator and/or the MDOC Regional Coordinators in their respective regional offices to be entered in MDSS. Once the appropriate case definition is reached for the particular disease and the MDSS disease report form is completed in MDSS, the case can be closed out (i.e., mark as completed). Additional information received after the case has been completed can be added to the case report by the **MDOC ICC** by changing the case investigation status from 'completed' to 'completed – follow up.'

MDSS Reports
Selecting the **REPORTS** menu from the TopBar displays all of the MDSS Reports options in the SideBar along with the default report's parameters or "limitations/selection" screen. Report parameters are used to identify which cases you would like to include or exclude from the report output. Most reports can be output in three different formats. Of note, "Report 1: Line Listing" presents patient-level data; therefore, the data that can be viewed/exported by a user are limited by the user's role and permissions. All other reports present only aggregate level data and are not limited by a user's role or permissions.

For HIV data only: Please continue to contact the MDCH HIV program for all data requests. Or you may access the HIV stats on-line at www.michigan.gov/hivstd

Year-end Case Closing
The previous year's cases in MDSS must be closed out in February of the new year so that MDCH can prepare a final disease report file for the previous year to send to CDC. The MDSS Coordinator typically sends out a notice by email in January to all MDSS users advising them of the year-end deadline for completing cases. Please contact the Region 1 Regional Epidemiologist if MDOC foresees any difficulties in closing out the previous year's cases by the deadline.

Resources
- Health Care Professional's Guide to Disease Reporting in Michigan (Brick Book): http://www.michigan.gov/documents/hlth_care_prof_guide_167371_7.pdf
- MDCH Communicable Disease (CDInfo) website: www.michigan.gov/cdinfo
- MDSS website: www.michigan.gov/MDSS
- Regional Epidemiologist contact information: http://www.michigan.gov/documents/MDSS_Support_Resources_87777_7.pdf
- MDCH SHARP (antimicrobial resistant organisms) website: www.michigan.gov/hai
- MDCH Emerging Diseases website: www.michigan.gov/emergingdiseases
- List of Reportable Diseases in Michigan: http://www.michigan.gov/documents/Reportable_Disease_Chart_2005_122678_7.pdf

MDCH Communicable Disease Division
Phone: 517-335-8165
Fax: 517-335-8263
After Hours Phone: 517-335-9030