



## Reporting Clusters or Outbreaks Using the MDSS Aggregate Case Report Form

The Michigan Disease Surveillance System (MDSS) Aggregate Case Report form can be used to report any type of cluster or potential outbreak investigation to the Michigan Department of Health and Human Services (MDHHS). The 'Outbreak' tab of the Aggregate Case is similar to the Initial Cluster Report (or 'SIDE') form.

The MDSS Aggregate Case Report form should be updated with additional information as the investigation progresses. These forms are visible to both the local health department and provider entering the case, as well as MDHHS partners. A downloadable format of the [Cluster and Facility Outbreak Notification Report](#) Form is available.

### Creating a New Aggregate Case for a New Cluster or Outbreak

1. In MDSS, under the Case Investigation Tab, click on "New Aggregate Cases" on the left side navigation bar
2. **New Aggregate Cases – First Screen**
  - Required elements on the first screen are red and asterisked.
  - **Reportable Condition**: select appropriate condition from the drop-down menu
  - **Case Status**: automatically defaults to "Confirmed"
  - **Total Number Ill (Cases)**: enter initial number of cases
  - **Reporting Period**: select "Weekly Report"
  - **Outbreak Y/N**: select "Yes"
  - **Outbreak Name**: Enter an outbreak name. Assign outbreak names that are specific (e.g., location/event, month/year) to prevent overlap with other outbreak names. The suggested structure is FacilityNameMMYYYY
    - **Note**: all outbreak-associated Individual Cases Reports within MDSS should have the same outbreak name as what is listed in the Aggregate Case Report
  - Click Continue at the bottom of the screen

Case Investigation	Administration	System Administration	Messages	Reports	Logout
Cases	Aggregate Investigation Information				
New Case	Reportable Condition*: Gastrointestinal Illness Case Status*: Confirmed				
New Aggregate Cases	Total Number Ill (Cases)*: 15 Deaths: 0 Reporting Period*: Weekly Report				
Searches	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				
Investigation Information					
Outbreak Y/N: Yes Outbreak Name: FacilityName_10_2022					
*Indicates required items					
Continue Cancel Help					

### 3. New Aggregate Cases –Second Screen

- Additional required fields:
  - **County:** select the County where the outbreak is occurring (based on facility/resident address)
  - **Reporting Source:** select the appropriate Reporting Source from the drop-down menu
  - **Case notes:** Enter any initial outbreak information, notes are date and time stamped and can also be added at a later time
  - Click Continue at the bottom of the screen

The screenshot displays the 'New Aggregate Cases' second screen. The top navigation bar includes 'Case Investigation', 'Administration', 'System Administration', 'Messages', 'Reports', and 'Logout'. The left sidebar lists various navigation options. The main form area is titled 'Person Providing Referral' and includes fields for 'First' (Sue), 'Last' (Referrer), 'Phone' (555-555-5555), and 'Email'. Below this is the 'Source Information' section, which contains dropdowns for 'County' (Allegan) and 'Reporting Source' (Local Public Health), a 'Source Description' field, and fields for 'School District', 'School Name', and a 'School Closed' checkbox. Further down are fields for 'Phone', 'Ext.', 'Email', 'Street', 'City', 'State', and 'Zip'. A 'Case Notes' section features a large text area with the pre-filled text 'Case notes are date and time stamped'. At the bottom of the form are buttons for 'Continue', 'Back', 'Cancel', and 'Help'.

### 4. New Aggregate Cases – Third Screen

- Enter all available information in the third Aggregate Case Entry screen. Important fields include:
  - Facility/Event Information
  - Epidemiology – *Please remember to include the total population*
  - Symptom Presentation
    - MDHHS needs to report number of cases with each symptom to CDC (excluding COVID-19). Please include the number of cases with each symptom out of the total number that you have information on in the blank box in this section
  - Specimen Testing – *If initial testing has already been done, include test results including influenza type (A/B). Otherwise include date that specimens will be sent to MDHHS Bureau of Laboratories (BOL)*
  - Consultation Provided – *Check all topics that were discussed. Additionally, check the "other" box and enter the date that control measures were initiated*
  - Additional Actions & Notifications – *Check all agencies that were notified and enter any additional information*
  - When finished, click 'Save & Finish' on the bottom of the page
    - **Note:** Case will automatically complete. To make edits to the Aggregate Case Report, search for the case and then change *Investigation Status* to Active or Completed-Follow Up.

Type of Outbreak: ☒ Gastrointestinal ☐ Respiratory ☐ Rash ☐ Other

**Facility/Event Information**

Facility/Event Name :

Street :  City :

County :  State :  Zip :

Contact First Name:  Contact Last Name:  Phone:

Affected Unit(s)/Floor(s) :

**Type of Facility\***

☒ Long-Term Care Facility (LTC)  Assisted Living ☐ 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) :  Date of Last Onset (mm/dd/yyyy) :  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):  Ill Adults :  Ill Children :

Ill Residents /Patients/ Patrons :  Total Population :

Ill Employees :  Total # Employed :

Ill Food Handlers :  Secondary Cases :

Hospitalized Cases :  Deaths :

**Symptom Presentation**

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

**Specimen Testing**

☐ Declined ☒ Stool - Norovirus ☐ Stool - Bacterial ☐ Stool - Ovum and Parasites

☐ Respiratory Swab/Secretion  ☐ Wound /Skin Cultures:

☐ Food  ☐ Other

Number of Specimens Collected :  Laboratory Performing Tests :  Shipping Date :  Results :

**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 and Notifications**

☒ LHD ☒ MDHHS Bureau of Laboratories ☐ MDARD ☐ MDLARA Bureau of Health Systems

☐ Federal Agencies (e.g., CDC, FDA, USDA) ☐ MDHHS Public Information Officer ☒ Other

**Person Providing Report to Public Health**

First :  Last :  Phone :

E-mail :  Alt Phone :

## Additional Tips

Here are some additional tips once the Aggregate Case Report form has been saved and with the outbreak information:

- For questions about outbreaks, please contact:
  - Influenza/ILI: Sue Kim ([KimS2@michigan.gov](mailto:KimS2@michigan.gov))
  - Gastrointestinal: Cole Burkholder ([BurkholderC1@michigan.gov](mailto:BurkholderC1@michigan.gov))
  - COVID-19 at LTCs: IPRAT ([mdhhs-iprat@michigan.gov](mailto:mdhhs-iprat@michigan.gov))
  - Include your [Regional Epidemiologist](#) on communications
- Communication to MDHHS Communicable Disease Division for any testing at Bureau of Laboratories may be required – discuss with subject matter experts and/or your regional epidemiologist.
- Make sure to provide an Outbreak or Cluster Name for investigation
- Some outbreak types require additional reporting via the 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.
- Additional information about COVID outbreak reporting is available at: [COVID Cluster/Outbreak Reporting into MDSS Aggregate](#)
- Additional information about outbreak definitions and reporting as available at: [Communicable Disease Outbreak Definitions and Reporting](#)
- 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 Report

Once the aggregate case has been entered, 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 Aggregate Case, 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: select appropriate condition
  - Outbreak Y/N: “Yes”
  - Outbreak Name: asterisks (\*) may be used as a wildcard
  - Enter a date parameter
    - **To make edits to the aggregate case report, make sure that the *Investigation Status is set to Active or Completed-Follow Up.***
    - **Note:** Aggregate searches, like basic searches, can be saved to be used again in the future – just give the search a name (at the top of the form) and click ‘Save & Finish.

Case Investigation		Administration		System Administration		Messages		Reports		Logout	
Cases		Name of Saved Search <input type="text"/> Default Search <input type="checkbox"/>									
New Case		Investigation ID : <input type="text"/>		Case Status : Confirmed Confirmed-Non Resident		Investigation Status : Active Canceled					
New Aggregate Cases		Reportable Condition : Flu Like Disease* Gastrointestinal Illness Head Lice		Outbreak : *		Outbreak Y/N : No Unknown Yes		Reporting Source : <input type="text"/>			
Searches		Cases: <input type="text"/> to <input type="text"/>		Deaths: <input type="text"/> to <input type="text"/>							
New Search		Facility/Event Information									
New Aggregate Search		Facility/Event Name : <input type="text"/>									
Disease Specific Search		Date Criteria									
Search Field Records		Referral Date (mm/dd/yyyy): 10/1/222 <input type="text"/> to <input type="text"/>				Reporting Period : <input type="text"/>					
Case Definitions		Entry Date (mm/dd/yyyy): <input type="text"/> to <input type="text"/>				MMWR Week (ww-yyyy): <input type="text"/> to <input type="text"/>					
Alert Rules		Case Update Date (mm/dd/yyyy): <input type="text"/> to <input type="text"/>									
Blank Forms		Geographic Criteria									
User Profile		Primary Jurisdiction <input type="checkbox"/>									
User Directory		Local Health Jurisdiction : Allegan County Barry-Eaton Bay County Benzie-Leelanau		County : Alcona Alger Allegan Alpena		Region : 1 2 North 2 South 3		Facility : ALLEGAN GENERAL HOSP ALPENA GENERAL HOSP BARAGA COUNTY MEM HOSP BATTLE CREEK HLTH SYS			
		New Information									