

## 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.

Local Health Departments can receive special recognition during Accreditation by reporting all outbreaks into the MDSS via the aggregate form (Indicator 2.3). The MDSS Aggregate Case form can 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 at:

[https://www.michigan.gov/documents/mdch/Cluster\\_and\\_Facility\\_Outbreak\\_Report\\_Form\\_2015\\_501633\\_7.pdf](https://www.michigan.gov/documents/mdch/Cluster_and_Facility_Outbreak_Report_Form_2015_501633_7.pdf)

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

#### 1. New Aggregate Cases – Report Form

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

#### 2. New Aggregate Cases – First Screen

- Required elements on the first screen highlighted in 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

### 3. New Aggregate Cases –Second Screen

- Additional required fields:
  - **County**: select County where report is from (based on facility/resident address)
  - **Reporting Source**: select the appropriate Reporting Source from the drop-down menu, *Unknown is an option, if needed*
  - **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

#### 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*

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

Healthcare

Adult Day Care  Child Day Care/K-12 School  Event (e.g., wedding party, funeral)

Restaurant  Senior Apartments/Retirement Center  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
  - 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, please 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.

**Symptom Presentation**

Symptom(s)	Symptom present	Number of Cases with Symptom	Total # of Cases with Information Available
Vomiting	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>
Diarrhea	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>
Nausea	<input type="radio"/> Yes <input checked="" 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" value="102"/> (highest recorded)	<input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Pneumonia	<input checked="" type="radio"/> Yes <input 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" value="Headache"/> (specify)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

**Specimen Testing**

Declined  
  Stool - Norovirus  
  Stool - Bacterial  
  Stool - Ovum and Parasites  
 Respiratory Swab/Secretion  
 sequencing requested   
 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 Cluster Illness Investigation form (within the Aggregate Case Report form) has been saved and finished:

- For questions about outbreaks, please contact:
  - Influenza/ILI: Sally Bidol - [BidolS@michigan.gov](mailto:BidolS@michigan.gov) and Sue Kim - [KimS2@michigan.gov](mailto:KimS2@michigan.gov)
  - Gastrointestinal: Jennifer Beggs - [BeggsJ@michigan.gov](mailto:BeggsJ@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.
- 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

New Case

New Aggregate Cases

Searches

New Search

New Aggregate Search

Disease Specific Search

Search Field Records

Case Definitions

Alert Rules

Blank Forms

User Profile

User Directory

Name of Saved Search  Default Search

Investigation ID : <input type="text"/>	Case Status : Confirmed Confirmed-Non Resident	Investigation Status : Active Canceled
Reportable Condition : Flu Like Disease* Gastrointestinal Illness Head Lice	Outbreak : <input type="text"/>	Outbreak Y/N : No Unknown Yes
Cases: <input type="text"/> to <input type="text"/>	Deaths: <input type="text"/> to <input type="text"/>	

Facility/Event Information

Facility/Event Name : <input type="text"/>	
<b>Date Criteria</b>	
Referral Date (mm/dd/yyyy): 01/01/2022 to <input type="text"/>	Reporting Period : <input type="text"/>
Entry Date (mm/dd/yyyy): <input type="text"/> to <input type="text"/>	MMWR Week (ww-yyyy): <input type="text"/> to <input type="text"/>
Case Update Date (mm/dd/yyyy): <input type="text"/> to <input type="text"/>	

Geographic Criteria

Primary Jurisdiction <input type="checkbox"/>			
Local Health Jurisdiction :	County :	Region :	Facility :
Allegan County Barry-Eaton Bay County Benzie-Leelanau	Alcona Alger Allegan Alpena	1 2 North 2 South 3	ALLEGAN GENERAL HOSP ALPENA GENERAL HOSP BARAGA COUNTY MEM HOSP BATTLE CREEK HLTH SYS

New Information

Hospitalized(New): <input type="text"/> to <input type="text"/>	Isolated(New): <input type="text"/> to <input type="text"/>
Quarantined(New): <input type="text"/> to <input type="text"/>	

Totals

Hospitalized(Total): <input type="text"/> to <input type="text"/>	Isolated(Total): <input type="text"/> to <input type="text"/>
Quarantined(Total): <input type="text"/> to <input type="text"/>	