

Improving Communicable Disease Case Reporting in Montana

Background. Healthcare providers and laboratories are required to report notifiable diseases and conditions to local health jurisdictions (LHJ) per state statute and the Administrative Rules of Montana (ARM). LHJ investigate and forward reports to the Montana Department of Public Health and Human Services (DPHHS) for additional analysis and forwarding of selected information to the Centers for Disease Control and Prevention (CDC). Complete, accurate and timely case reporting of notifiable diseases and conditions is necessary to understand the disease burden, detect outbreaks and implement control measures in a timely fashion. Ongoing evaluation of public health surveillance systems is essential to ensure that problems of public health importance are monitored efficiently and effectively. In this *Surveillance Snapshot*, we describe recent progress made to improve the quality of case reports and plans for additional efforts in 2013.

Trends in Reporting. In conjunction with the Public Health Emergency Preparedness (PHEP) contract deliverables and using the Montana Infectious Disease Information System (MIDIS), DPHHS began providing feedback to each LHJ on the completeness of case reporting in the third quarter of 2011. Percent of case reports with complete information was determined for each of the following five data elements: *Date of Birth, Onset Date, Race, Ethnicity and Zip Code* (of residence). At that time, completeness for all elements but *Date of Birth* was well below 90%, ranging from 100% for *Date of Birth* to only 24% for *Ethnicity*. An initial goal of 50% was set for the 2011-2012 contract year. In addition, an evaluation of a state level reporting form determined that it did not capture all of the nationally required data elements. As a result, a revised form was distributed in January of 2012 and guidance was provided to LHJ on the importance of complete data collection.

Conclusion. As detailed below (Figure), the change in completeness of case reporting during the last four quarters reflects significant improvement. Completeness for the five variables quickly surpassed the PHEP contract deliverable goal, most notably *Ethnicity*, which as of Quarter 3 of 2012 has increased to 85%. It is clear that enhanced reporting efforts as well as reporting form revisions have contributed to improved completeness of case reporting over the last year. This would not have been possible without the dedicated efforts of the LHJ. In addition to continuing to emphasize collection of these variables, timeliness of reports and submission of required forms (or an approved equivalent) will be emphasized in 2013. The assistance of LHJ and reporting providers will be essential to ensure that our public health system has the information necessary to guide sound public health decisions.

Figure. Completeness of Selected Variables in Notifiable Disease Case Reports by Quarter 2011-2012, Montana Department of Public Health and Human Services

