



Communicable Disease Epidemiology

Assigning Jurisdiction of Residence in MIDIS for Incarcerated Individuals & Temporary-Stay Facilities

BACKGROUND In order to count cases in a consistent manner, a standard process for determining residency is needed, especially for incarcerated individuals and those in temporary stays such as treatment centers. This [standardized residency determination process](#) has been set by the Council for State and Territorial Epidemiologist (CSTE) and is outlined below, as it applies to Montana.

TERMS

- **Usual Residence:** The place where the person lives and sleeps most of the time, which is not necessarily the same as the person's legal residence or where they became infected with a reportable disease.
- **Reference Point Date:** Date of symptom onset is selected as the reference point for establishing "usual residence." If date of symptom onset is not available, other dates can be used as the reference point date (in order of priority):
 - date of specimen collection,
 - date of diagnosis, or
 - date of first case report to the health department.
- **County:** In the Montana Infectious Disease Information System (MIDIS), the "county" in the patient tab is the county in which the case resides on the reference point date. This is entered in the investigation and may or may not be the county in which the disease was acquired. Often, the county of residence is auto-populated from information on the laboratory report.
- **Jurisdiction:** In MIDIS, jurisdiction refers to the local or tribal health jurisdiction currently responsible for the disease investigation. The jurisdiction is used to assign the geographic region when reporting disease incidence or prevalence in data reports, such as the CDEpi Annual Report.

DETERMINING RESIDENCE / JURISDICTION

- In most cases, it is easy to determine jurisdiction for a case, based on their place of usual residence. However, some situations are much more ambiguous about where to count a case for reporting purposes; the guidelines below provide some guidance on how to count cases in these circumstances. It is important to note that disease reporting is not necessarily intended to capture the location of exposure.
- **College or university students:** should be reported by the jurisdiction and county of the residence where they live most of the year, which is typically where they are attending college/university.
- **Snow Birds:** Individuals who split time between two or more states or locations should be reported by the jurisdiction and county of the residence where they live most of the year.



Communicable Disease Epidemiology

Assigning Jurisdiction of Residence in MIDIS for Incarcerated Individuals & Temporary-Stay Facilities

- **Individuals incarcerated or admitted to a facility for a temporary stay, such as a correctional facility, inpatient drug/alcohol treatment facility, halfway house, or psychiatric facility:** should be reported by the jurisdiction of the facility where they are staying at the time of disease onset or other reference point date (see [CSTE resource](#), page 5). County will be the county where the facility is located.

COUNTING INCARCERATED CASES IN YOUR JURISDICTION

- **Outbreaks** – Health jurisdictions should report communicable disease outbreaks in the facility to MTDPHHS through [Jotform](#).
- **Other Considerations: Influenza Aggregate Data** - Coordinate with temporary-stay facilities in your jurisdiction to share influenza data with your health department. Facility residents and county resident staff who test positive for influenza should be included in your weekly aggregate influenza reporting to MTDPHHS.

RESOURCES

- [CSTE Guidelines for Determining Residency](#) (see page 5 for institutionalized individuals).

CONTACT

Beth Hopkins
Epidemiology Testing Coordinator
beth.hopkins@mt.gov