

Reporting COVID outbreak cases from healthcare facilities in MIDIS



1. For **healthcare facility COVID outbreaks**, including assisted living facilities, long-term care facilities (skilled nursing facilities), and acute care hospitals, please answer “yes” to the question, “Is this case associated with an Adult Congregate Living Facility.” Additionally, please complete all highlighted fields.

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These fields are required data elements for case reporting.

Is this case associated with an Adult Congregate Living Facility (nursing, ALF, LTC, etc.):

If yes, what is the name of the Adult Congregate Living Facility?:

What is the facility type?:

If other, please specify the type of Adult Congregate Living Facility.:

If yes, is this case a staff member or resident?:

Correctional Facility:

If yes, what is the name of the correctional facility?:

Is the patient part of a cluster of COVID-19 individuals?:

What is the name of the COVID-19 cluster?:

Is the patient a health care worker in the United States?:

If yes, what is their job setting?:

Other If yes, what is their job setting?:

If yes, what is their occupation (type of job):

Other If yes, what is their occupation (type of job):

Patient history of being in a healthcare facility (as a patient, worker or visitor) in China?:

2. Outbreak nomenclature is important, so we ask that you please use the same facility name each time when you answer “If yes, what is the name of the Adult Congregate Living Facility”.
 - a. For example, if the facility’s name is Best Nursing Home, please type “Best Nursing Home” for each case associated with that facility. Do not also use BNH, Best NH, etc...
 - b. You can shorten the name if you are consistent with the nomenclature. For example, you could put Best NH if you use that every time a case is associated with that facility. Some facilities belong to a corporation; please include city name or house name in your nomenclature. If you have questions about this, please contact Erika Baldry (erika.baldry@mt.gov).
3. For the question, “Is this patient part of a cluster of COVID-19 individuals” please select “yes”
4. For the question, “What is the name of the COVID-19 cluster” use the following nomenclature: **COV_1_05.27.22** which corresponds to *DiseaseAbbreviation_OutbreakNumberofCOVID19_DateOfFirstCase* (mm.dd.yy)

- a. For example, your county's first COVID outbreak of the year, beginning 5/17/22 at Best Nursing Home, would be named: COV_1_05.27.22
- b. You will keep a running list of outbreak numbers for the nomenclature. I.e.. for your first outbreak that you use this nomenclature for, use 1 as the outbreak number. For the second COVID-19 outbreak, use 2. This is not facility specific, but rather, the total number of COVID-19 outbreaks that you've investigated and created MIDIS investigations for. We would highly recommend keeping an excel document (see the example line list shared with this email) or some other shared document where staff can refer to outbreak names being used.
 - i. COV=COVID-19
 - ii. 1= Number of COVID-19 outbreaks reported in your county so far this calendar year
 - iii. 05.27.22=date of first case/date outbreak is opened (mm.dd.yy)
 - iv. Outbreak numbers should restart at the beginning of each calendar year
- c. **All cases associated with the same outbreak should have the same cluster name.** When you close an outbreak and open a new one at the facility, please change the outbreak name by updating it with the date the new outbreak was opened.

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These fields are required data elements for case reporting.

Is this case associated with an Adult Congregate Living Facility (nursing, ALF, LTC, etc.): Yes

If yes, what is the name of the Adult Congregate Living Facility?: Best Nursing Home

What is the facility type?: Skilled Nursing

If other, please specify the type of Adult Congregate Living Facility:

If yes, is this case a staff member or resident?: Staff Member

Correctional Facility:

If yes, what is the name of the correctional facility?:

Is the patient part of a cluster of COVID-19 individuals?: Yes

What is the name of the COVID-19 cluster?:

Is the patient a health care worker in the United States?: Yes

If yes, what is their job setting?: Long Term Care Facility

Other If yes, what is their job setting?:

If yes, what is their occupation (type of job): Nurse

Other If yes, what is their occupation (type of job):

Patient history of being in a healthcare facility (as a patient, worker or visitor) in China?:

New outbreak at facility: If you have another COVID outbreak at Best Nursing Home that starts 8/1/22 then the new outbreak would be named COV_2_08.01.22

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Is this case associated with an Adult Congregate Living Facility (nursing, ALF, LTC, etc.): Yes

If yes, what is the name of the Adult Congregate Living Facility?: Best Nursing Home

What is the facility type?: Skilled Nursing

If other, please specify the type of Adult Congregate Living Facility:

If yes, is this case a staff member or resident?: Staff Member

Correctional Facility:

If yes, what is the name of the correctional facility?:

Is the patient part of a cluster of COVID-19 individuals?: Yes

What is the name of the COVID-19 cluster?:

Is the patient a health care worker in the United States?: Yes

If yes, what is their job setting?: Long Term Care Facility

Other If yes, what is their job setting?:

If yes, what is their occupation (type of job)?: Nurse

Other If yes, what is their occupation (type of job)?:

Patient history of being in a healthcare facility (as a patient, worker or visitor) in China?:

Outbreak at a DIFFERENT facility: If you have a COVID outbreak at My Happy Home that starts 08/02/22 then the new outbreak would be named COV_3_08.02.22

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These fields are required data elements for case reporting.

Is this case associated with an Adult Congregate Living Facility (nursing, ALF, LTC, etc.): Yes

If yes, what is the name of the Adult Congregate Living Facility?:

What is the facility type?: Skilled Nursing

If other, please specify the type of Adult Congregate Living Facility.:

If yes, is this case a staff member or resident?: Staff Member

Correctional Facility:

If yes, what is the name of the correctional facility?:

Is the patient part of a cluster of COVID-19 individuals?: Yes

What is the name of the COVID-19 cluster?:

Is the patient a health care worker in the United States?: Yes

If yes, what is their job setting?: Long Term Care Facility

Other If yes, what is their job setting?:

If yes, what is their occupation (type of job)? : Nurse

Other If yes, what is their occupation (type of job)? :

Patient history of being in a healthcare facility (as a patient, worker or visitor) in China?:

5. **Out of Jurisdiction Transfers:** If there is a case of COVID-19 associated with an outbreak in your jurisdiction, but the individual lives in a different jurisdiction, please contact the MT HAI Section. The MT HAI Section will update the MIDIS investigation for that case. This will allow for accurate outbreak numbers as well as jurisdictional case counts. Please include the following information in your notification:
 - a. MIDIS ID for positive case
 - b. If the case is a staff or resident (will mostly be staff)
 - c. Specimen collection date of positive test
 - d. Name of healthcare facility where the individual works
 - e. Outbreak nomenclature

Example: Gallatin County has an outbreak at Best Nursing Home. They identify that one of the staff members lives in Park County. Gallatin will email the MT HAI Section the information above (letters a-e) and a staff member on the HAI team will update the

investigation in MIDIS for Park County. This will allow accurate case counts for the outbreak at Best Nursing Home located in Gallatin County.

6. **Case Counting:** If you have an individual who is associated with an outbreak but **does not work** at a healthcare facility, please include them in the outbreak using the assigned nomenclature for that outbreak. However, please select “no” for the question, “If yes, is this case a staff member or resident”. This way, we do not include in our resident or staff case counts.

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These fields are required data elements for case reporting.

Is this case associated with an Adult Congregate Living Facility (nursing, ALF, LTC, etc.): Yes

If yes, what is the name of the Adult Congregate Living Facility?: Best Nursing Home

What is the facility type?: Skilled Nursing

If other, please specify the type of Adult Congregate Living Facility.:

 If yes, is this case a staff member or resident?:

Correctional Facility:

If yes, what is the name of the correctional facility?:

 Is the patient part of a cluster of COVID-19 individuals?:

 What is the name of the COVID-19 cluster?: COV_3_08.02.22

Is the patient a health care worker in the United States?: No

Example: An individual works at Best Nursing Home as a staff member. They test positive for COVID-19 and isolate in their home. Three days later, their roommate also becomes a case and states they were exposed to the positive staff member. You can include the positive staff member in the outbreak, but we would not want to include them as a staff member or resident associated with the outbreak.