

2024-2025 Hospitalizations and Deaths due to COVID-19 Infection Reporting Form

Cases, hospitalizations, and deaths due to COVID-19 infection must be reported to your local or tribal health department as established in Administrative Rule of Montana 37.114.203. This form should only be completed for hospitalizations and deaths due to COVID-19 infection.

Reporting Jurisdiction:	Reporting Facility:
Jurisdiction Point of Contact and Contact Information:	Facility Point of Contact and Contact Information:

Patient Demographic Information

Last Name:	First Name:	DOB:	Age:
Street Address:			
City of Residence:		County of Residence:	
Race: White <input type="checkbox"/> Black <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>			
Ethnicity: Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/>		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>	

Clinical Information

Laboratory Confirmed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Test:		Clinical Diagnosis Only: <input type="checkbox"/>	
Type of Test*: PCR <input type="checkbox"/> Antigen <input type="checkbox"/> At-Home Antigen <input type="checkbox"/> Unknown <input type="checkbox"/>				MTPHL Confirmation: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Up to Date on COVID-19 Vaccines? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			Most Recent Vaccination Date:		
Primary HCP Name:				HCP Phone:	
Symptom Onset Date:			Hospital Admission Date:		
Discharge Date:		Discharge Status: Pending <input type="checkbox"/> Home <input type="checkbox"/> Long Term Care <input type="checkbox"/>			
If a resident of a congregate living facility, please identify facility:					
Died due to Illness: No <input type="checkbox"/> Yes <input type="checkbox"/>			Date of Death:		
Select All Applicable Pre-Existing Medical Conditions/Comorbidities**					
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Chronic Lung Disease	<input type="checkbox"/> Immune Suppression	<input type="checkbox"/> Metabolic Disorder	<input type="checkbox"/> Neurologic Disorder
<input type="checkbox"/> Neuromuscular Disorder	<input type="checkbox"/> Obesity (BMI ≥40)	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Renal Disease	<input type="checkbox"/> No Known Condition	<input type="checkbox"/> Other: _____
Comments:					

*Types of COVID-19 Tests

Numerous tests are available to detect COVID-19 viruses in respiratory specimens.

- **PCR:** Gold standard of COVID-19 tests. A type of nucleic acid amplification test (NAAT) that are more likely to detect the virus than antigen tests. There are rapid options, but most take a few days to receive test results. Patients may test positive for up to 90 days following their initial infection.
- **Antigen:** Rapid tests that produce results in 15-30 minutes. Positive results are very accurate and reliable. However, antigen tests are generally less likely to detect the virus than PCR tests, especially if the patient is asymptomatic or presymptomatic. The FDA recommends that an individual have 2 negative antigen tests if they are symptomatic or 3 negative antigen tests if they are asymptomatic performed 48 hours apart to rule out active infection.
- **At-Home Antigen:** Self-tests, or at-home tests, are antigen tests that can be taken anywhere without having to go to a specific testing site. These may be less reliable due to potential errors in administering the test.

**Risk Factor/Preexisting Comorbidities Reporting

To better understand the impact of COVID-19 in Montana, CDEpi is requesting additional information on underlying risk factors and preexisting medical conditions/ comorbidities among reported cases of influenza hospitalization and death. Use the list below to determine if the reported case has any of the risk factors or medical conditions/comorbidities and check the box in the "Pre-existing Medical Conditions/Comorbidities" section of the form.

Description of pre-existing medical conditions/comorbidities:

- Asthma: Medical diagnosis of asthma or reactive airway disease.
- Cardiovascular Disease: Such as congenital heart disease, congestive heart failure, coronary artery disease, stroke.
- Chronic Lung Disease: Such as COPD and cystic fibrosis.
- Immune Suppression: Due to disease or medication (such as people with HIV or AIDS, cancer, or those taking steroids).
- Metabolic Disorders: Such as inherited metabolic disorders, mitochondrial disorders, diabetes mellitus, thyroid dysfunction, adrenal insufficiency, liver disease.
- Neurologic Disorders: Such as seizure disorder, cerebral palsy, and cognitive dysfunction.
- Neuromuscular Disorders: Such as multiple sclerosis and muscular dystrophy.
- Renal Disease: Such as acute or chronic renal failure, nephrotic syndrome, glomerulonephritis, and impaired creatinine clearance.