

Entering Lead Poisoning Investigations

The MIDIS User Guide defines the data entry requirements for the disease tab of MIDIS investigations. Due to the unique nature of lead poisoning, some data entry requirements in MIDIS for lead poisoning investigations differ from other notifiable diseases and conditions. This resource identifies the fields that are required to be completed in the disease tab of lead poisoning investigations and provides additional guidance on how to complete these fields, as needed.

Required Fields for All Lead Poisoning Investigations

Investigation Summary

Field	Rules for Data Entry	Additional Guidance
Jurisdiction	Required	
Program Area	Required	LEAD
State Case ID		
Investigation Start Date	Required	
Investigation Status	Required	When the investigation is complete and all required fields are entered, select "Closed" and make sure that a notification has been created.
Investigator	Required	
Date Assigned to Investigation	Required	

Reporting Source

Field	Rules for Data Entry	Additional Guidance
Date of Report	Required	
Reporting Source	Enter if available	
Earliest Date Reported to County	Required	
Earliest Date Reported to State	Required	
Reporter		

Clinical

Field	Rules for Data Entry	Additional Guidance
Physician	Enter if available	
Was the patient hospitalized for this illness?	Required	
Diagnosis Date	Required	This date should match the "Specimen Collection Date" field from the lab that was used to meet the lead poisoning case definition for the <u>current</u> MIDIS investigation.

Field	Rules for Data Entry	Additional Guidance
Illness Onset Date	Enter if available	Many patients with lead poisoning do not have symptoms. If the patient is symptomatic, enter the date that the symptoms began. Otherwise, leave blank.
Illness End Date		
Illness Duration		
Age at Onset		
Is the patient pregnant?	Required	
Does the patient have pelvic inflammatory disease?		
Did the patient die from this illness?	Required	

Epidemiologic

Field	Rules for Data Entry	Additional Guidance
Is this patient associated with a day care facility?	Required, under age 6	Complete this field if the patient is under 6 years of age. Day care facility is defined in Montana Code Annotated 52-2-703 .
Is this patient a food handler?		Not applicable to this condition.
Is this case part of an outbreak?	Required	Immediately reach out to the contact listed at the end of this document if you are concerned about an outbreak. Otherwise, select "No."
Where was the disease acquired?	Required	If the patient is lost to follow-up, select "Unknown". If the lead exposure occurred "Out of State" or "Out of Country", you must also complete the "Imported State" or "Imported Country" fields that will auto-populate this form from those selections.
Transmission Mode		
Detection Method		
Confirmation Method	Required	For confirmed cases, select "Laboratory Confirmed." For suspect cases, select "Laboratory Report."
Confirmation Date	Required	This date should match the "Specimen Collection Date" field from the lab that was used to meet the lead poisoning case definition for the <u>current</u> MIDIS investigation.
Case Status	Required	"Confirmed" and "Suspect" are the only appropriate case status responses for lead poisoning investigations. Strictly follow the case definitions, which are based upon blood lead labs alone. An investigation that meets "Suspect" case status based upon an elevated capillary test should <u>not</u> be changed to "Not a Case" after additional testing.
MMWR Week	Required	
MMWR Year	Required	

Administrative

Field	Rules for Data Entry	Additional Guidance
General Comments	Enter if needed	Enter non-exposure related comments about this case, including relevant health information about this patient, confirmatory/follow-up testing schedules, and any referrals made to services.

Custom Fields

Field	Rules for Data Entry	Additional Guidance
Control Measures Implemented	Required	For suspect cases, enter the date that lead education was provided to the patient's family or caregiver. For confirmed cases, enter the date of the lead exposure interview. Leave blank if the patient is lost to follow-up.
Lost to Follow-up	Required	
Onset Date Could Not Be Determined	Required	Select "No" if the lead poisoning occurred following an acute lead exposure event that occurred on a known date (e.g., patient shot with lead bullet; patient observed swallowing lead fishing weight). Otherwise, select "Yes."

Condition Specific Custom Fields

Field	Rules for Data Entry	Additional Guidance
Was the ordering physician contacted?	Required	
If YES, has an appropriate re-testing schedule been determined?	Required, if applicable	Leave blank if the ordering physician was not contacted.
Is the patient enrolled in Medicaid?	Required	
Recipient of Women, Infants and Children (WIP) Program Services?	Required	

Required Fields for Lead Poisoning Investigations with a Confirmed Case Status (Optional for Suspect Case Status)

Exposure Questions

Field	Rules for Data Entry	Additional Guidance
Does the patient live in or visit a home, daycare or other building built before 1978 with peeling or chipping paint or with recent or ongoing renovation or remodeling?	Required	Leave blank if the patient is lost to follow-up.

Field	Rules for Data Entry	Additional Guidance
Does the patient live in a rental property?	Required	Leave blank if the patient is lost to follow-up.
Does the patient eat or chew on non-food items such as paint chips or dirt?	Required	Leave blank if the patient is lost to follow-up.
Does the patient have a family member or friend who has or did have an elevated blood lead level?	Required	Leave blank if the patient is lost to follow-up.
Are there any other at-risk household members with would benefit from lead screening?	Required	Leave blank if the patient is lost to follow-up.
Is the patient a refugee, immigrant, or adopted from another country?	Required	Leave blank if the patient is lost to follow-up.
Exposure Comments	Required	<p>Enter exposure-related information learned from the investigation, including:</p> <ol style="list-style-type: none"> 1) lead exposure sources that are not listed on this form (e.g., occupations or hobbies of patient or household members that involve lead); 2) details from exposure questions listed on this form with a "Yes" response (e.g., if the patient eats or chews non-food items, list those items); 3) for adults who are occupationally exposed to lead, you <u>must</u> include their occupation and industry information (e.g., corrosion control specialist for USAF; welder for the railroad; auto mechanic for auto repair shop); 4) if patient is under 6 years of age and attends daycare, provide daycare building age/condition information or daycare address for state to look up; and 5) the findings from any environmental testing for lead or lead inspections. <p>Leave blank if the patient is lost to follow-up.</p>

Contact

If you have any questions about conducting a lead poisoning investigation and/or entering the investigation into MIDIS, please contact:

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