Montana 2024-2025 Respiratory Virus Season Surveillance Guidance

For Use by County and Tribal Health Departments Only

Respiratory virus season is just around the corner. Active surveillance for the 2024-2025 influenza season will begin on Sunday, September 29th, 2024 (MMWR Week 40, 2024). Surveillance will go through Saturday, May 31st, 2025 (MMWR Week 22, 2025). **Your first set of cumulative cases for influenza are due on Wednesday, October 9th, 2024**. Please see the next page for a list of MMWR weeks. I recommend setting a reminder in your email calendar to remind you to report on Wednesdays and establish a back-up for if you are out of office.

Flu surveillance has numerous moving parts and can often be confusing. This document is intended to be a summary of respiratory virus surveillance activities in Montana, with special attention and details for flu surveillance. Additional resources are included as attachments and should be referenced throughout the season for more detailed information related to respiratory virus surveillance.

As always, if you have any questions regarding COVID-19, influenza, or RSV reporting or investigations, please give me a call or send me an email.

Cheers,

Samantha Saycich

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Introduction

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Important Dates and MMWR Weeks

Influenza and RSV surveillance for the 2024-2025 season begin on Sunday, September 29th, 2024 (MMWR Week 40, 2024). Surveillance will go through Saturday, May 31st, 2025 (MMWR Week 22, 2024). Your first set of data (for MMWR week 40) will be due on Wednesday, October 9th, 2024. Your last set of data (for MMWR week 22) will be due on Wednesday, June 4th, 2025.

Aggregate laboratory-confirmed cases of influenza are due weekly on Wednesdays (highlighted yellow below).

2024

October

	S	M	T	W	T	F	S
40			1	2	3	4	5
41	6	7	8	9	10	11	12
42	13	14	15	16	17	18	19
43	20	21	22	23	24	25	26
44	27	28	29	30	31		

November

	S	M	T	W	T	F	S
44						1	2
45	3	4	5	6	7	8	9
46	10	11	12	13	14	15	16
47	17	18	19	20	21	22	23
48	24	25	26	27	28	29	30

December

	S	M	T	W	T	F	S
49	1	2	3	4	5	6	7
50	8	9	10	11	12	13	14
51	15	16	17	18	19	20	21
52	22	23	24	25	26	27	28
1	29	30	31				

2025

January

	S	M	T	W	T	F	S
1				1	2	3	4
2	5	6	7	8	9	10	11
3	12	13	14	15	16	17	18
4	19	20	21	22	23	24	25
5	26	27	28	29	30	31	

February

	S	M	T	W	T	F	S
5							1
6	2	3	4	5	6	7	8
7	9	10	11	12	13	14	15
8	16	17	18	19	20	21	22
9	23	24	25	26	27	28	

March

	S	M	T	W	T	F	S
9							1
10	2	3	4	5	6	7	8
11	9	10	11	12	13	14	15
12	16	17	18	19	20	21	22
13	23	24	25	26	27	28	29
14	30	31					

April

	S	M	T	W	T	F	S
14			1	2	3	4	5
15	6	7	8	9	10	11	12
16	13	14	15	16	17	18	19
17	20	21	22	23	24	25	26
18	27	28	29	30			

May

	S	M	T	W	T	F	S
18					1	2	3
19	4	5	6	7	8	9	10
20	11	12	13	14	15	16	17
21	18	19	20	21	22	23	24
22	25	26	27	28	29	30	31

June

	S	M	T	W	T	F	S
	1	2	3	4	5	6	7

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What's Reportable?

What's Reportable?
Administrative Rule of Montana 37.114.203

Influenza

- Laboratory-confirmed cases
- Hospitalizations and deaths
- Outbreaks

COVID-19

- Confirmed and probable cases
- Hospitalizations and deaths
- Outbreaks

RSV

- Deaths in children younger than 5 years (voluntary)
- Outbreaks

Reporting Deadlines
Administrative Rule of Montana 37.114.204

	Facilities in Your Jurisdiction (hospitals, schools, etc.) → Your Local or Tribal Health Department*	**Your Local Health Department → MTDPHHS (CDEpi)**
Influenza Cases (Laboratory Confirmed)	**Immediately**	Weekly
Influenza, Hospitalizations and Deaths	**Immediately**	**24 hours**
Influenza, Outbreaks	**Immediately**	**24 hours**
COVID-19 Cases	**Immediately**	7 days
COVID-19 Hospitalizations and Deaths	**Immediately**	7 days
COVID-19 Outbreaks	**Immediately**	**24 hours**
RSV Deaths in Children <5 years	Voluntary	Voluntary
RSV Outbreaks	**Immediately**	**24 hours**

*Administrative Rule of Montana 37.114.201 states that individuals must report known or suspected cases or outbreaks of communicable disease immediately to their local health department. Work closely with facilities in your jurisdiction to establish reasonable notification timelines (e.g., non-hospitalized COVID-19 cases during business hours).

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Reporting Requirements: Facilities in Your Jurisdiction -> Your County/Tribal Health Department

Facility Guidelines for Reporting Laboratory Test Results to Local or Tribal Health Departments and State

*Note: Only positive test results for the conditions below need to be reported.

Condition	Tests Required to be Reported to Your County or Tribal Health Department	Tests Required to be Reported to State Health Department	Methods for Reporting to County and State
Influenza	• Molecular (RT-PCR) Test Testing • Rapid Molecular (PCR/NAAT) Testing • Rapid Antigen Testing (also called Rapid Influenza Diagnostic Tests or RIDTs)	**None** *Note- if your facility is participating in weekly molecular surveillance efforts, please continue to report through the Jotform link shared with you.	• Work with your local or tribal health department to establish a reporting protocol for positive cases of influenza.
COVID-19	• Polymerase Chain Reaction (PCR) Tests ○ May enter MIDIS and have "NAAT", "RNA", or "ORF1" in the name. • Antigen Tests performed With CLIA Oversight ○ E.g. someone trained to administer an antigen test on a patient.	• Polymerase Chain Reaction (PCR) Tests ○ May enter MIDIS and have "NAAT", "RNA", or "ORF1" in the name. • Antigen Tests performed With CLIA Oversight ○ E.g. someone trained to administer an antigen test on a patient.	• Preferred Methods: ○ SimpleReport ○ Electronic Lab Reporting (ELR) ○ NHSN POC Testing Module (LTCFs only) • Fax to County Health Department
RSV	**None**	**None**	**None**

Information Required to Be Included with Laboratory Test Results

This is established in Administrative Rule of Montana 37.114.205.

(1) A report of a case of reportable disease or a condition which is required by ARM 37.114.204(1) or (2) must include, if available:

(a) first and last name and middle initial, physical address including city, state and zip code, date of birth, gender, race, and ethnicity of the case;
(b) dates of onset of the disease or condition and the date the disease or condition was reported to the health officer;
(c) whether or not the case is suspected or confirmed;
(d) name and address of the case's physician; and
(e) name of the reporter or other person the department can contact for further information regarding the case.

(2) The information required by (1) must be supplemented by any other information in the possession of the reporter which the department or local health officer requests and which is related to case management and/or investigation of the case.

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Example Season-Start Letter for Your Surveillance Partners

Guidance for Reporting During the 2024-2025 Respiratory Virus Season

Jurisdiction Logo Here

The (**Insert Your Jurisdiction Here**) Health Department would like to take this time to remind your team of reporting requirements for the 2024-2025 respiratory virus season.

Summary:

- Any person, including a physician, dentist, nurse, medical examiner, other health care practitioner, administrator of a health care facility or laboratory, public or private school administrator, day care facility or youth camp personnel, or laboratory professional, who knows or has reason to suspect that they have a patient with a case of a reportable disease or condition defined in Administrative Rule 37.114.203 must immediately report to the local health officer the information specified in Administrative Rule 37.114.205.
- Examples of reportable events during respiratory virus season include, but are not limited to:
  - COVID-19: Cases, hospitalizations, deaths, outbreaks, cases resulting in MIS-C
  - Influenza: Cases, hospitalizations, deaths, outbreaks
  - RSV: Outbreaks, deaths in children <5 years of age (voluntary reporting)
  - Pertussis: Suspected or confirmed cases
- COVID-19 labs may be reported via SimpleReport, Electronic Laboratory Reporting (ELR), or by notifying our jurisdiction directly.
- Influenza labs should not be reported by ELR. Please notify our health department directly, either through the JotForm link provided or by calling us at (406) XXX-XXXX, of any influenza cases, hospitalizations, and deaths.
- Outbreaks of any respiratory illness, including but not limited to COVID-19, influenza, RSV, parainfluenza virus, croup, human metapneumovirus, and adenovirus, must be reported to our health department by (**Administrative Rule of Montana 37.114.201 technically says immediately but use your discretion. You could put "the next business day" so you aren't getting calls at 2am about a flu outbreak at a daycare**).

Important Resources:

- JotForm Link for Reporting Flu Data: This is a HIPAA-compliant form that allows your team to submit your positive flu data, including positive cases, hospitalizations, and deaths to our health department.
  - **This is a template, customize it for your jurisdiction!**
- (**Customize for your jurisdiction and attach to the email/letter you send out**) Disease Reporting Reference: This is a document that lists what conditions must be reported to our health department and what conditions require a confirmatory specimen to be submitted to Montana Public Health Laboratory (MTPHL).

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More Information:
Reports of cases of COVID-19 and influenza should include the following information:

- Patient Information:
  - First and last name
  - Date of birth
  - Physical address including city, state, and zip code
  - Sex
  - Race and ethnicity
  - Contact information (e.g., phone number, email, etc.)

- Additional information to be included with case reports:
  - Condition of interest (e.g., COVID-19, flu, etc.)
  - A copy of the laboratory report if available
  - Contact information for the reporter (your facility)

Also reportable are outbreaks of respiratory illness that are not directly listed in Administrative Rule 37.114.203, including (but not limited to) RSV, parainfluenza virus, croup, human metapneumovirus, adenovirus, and outbreaks of respiratory illness with an unknown cause. To report an outbreak of a respiratory illness in your facility, please (**insert method of reporting here**).

Reports of outbreaks should include the following information:

- Date that the first person became ill or date of first positive test result if the date of symptom onset is unknown
- Date that you suspected that there may be an outbreak in your facility
- Date that the last person became ill
- Number of ill staff
- Total number of staff exposed
  - **Note**: This will not always be all the staff in your facility. For instance, if an outbreak is occurring on one unit that the kitchen staff does not interact with, they probably wouldn't be included in this number unless there was a direct exposure with a sick individual.
- Number of ill residents/attendees/students
- Total number of residents/attendees/students exposed
- Suspected or confirmed cause of outbreak (e.g., COVID-19, influenza, acute respiratory illness, pertussis, RSV)
- Outcome of cases (e.g., did any seek medical care, were any admitted to a healthcare facility because of the illness, or did anyone die from this illness)

Please reach out to our health department with any questions about reporting cases of communicable disease in your facility (insert your contact information here).

Reporting Requirements: County/Tribal Health Department -> CDEpi

How to Report (From Your Local or Tribal Health Jurisdiction to State Health Department)

Condition	Event	Where to Report	Reporting Frequency
Influenza	**Cases** **Note**: You must report even if you had 0 cases!	**County Health Departments:** • MIDIS ○ Go to "Data Entry" on the menu bar and then select "Summary Data". ○ Select your county and then do the following: ▪ *Change MMWR Week to the previous week*, **NOT THE CURRENT WEEK.** ▪ Select "Get Summary Reports" to see if there is already a report for that week. If there isn't, select "Flu" for the condition and select "Add Summary Report". ▪ You can then click the hyperlinked number to update the count if you have a number different than 0 and then you're DONE. **Tribal Health Departments:** • Jotform: https://form.jotform.com/242466842654161	Weekly on Wednesdays during Active Surveillance (MMWR weeks 40-22)
	Hospitalizations/ Deaths	**MIDIS**: Create an investigation and select "Influenza, Hospitalization or Death" as the condition. **Note**: Pediatric deaths should be reported to CDEpi ASAP (during business hours) and require an additional form to be completed. It can be found on the CDEpi Secret Site.	Within 24 Hours
	Outbreaks	**Jotform**: https://hipaa.jotform.com/app/223254785775165	Within 24 Hours
COVID-19	**Cases, Hospitalizations, Deaths**	**MIDIS**: Create an investigation and select "2019 Novel Coronavirus" as the condition.	Within 7 Days
	Outbreaks	**Jotform**: https://hipaa.jotform.com/app/223254785775165	Within 24 Hours
RSV	**Outbreaks**	**Jotform**: https://hipaa.jotform.com/app/223254785775165	Within 24 Hours
	Deaths in Children <5 Years Old	**Call CDEpi: (406) 444-0273**	

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General Recommendations for Case Management

The following recommendations apply to COVID-19, influenza, RSV, and other acute febrile viral illnesses in **non-healthcare settings**.

Core Prevention Strategies (5)

- Stay Home When Sick
- Seek Health Care for Testing/Treatment
- Practice Good Hygiene
- Stay Up to Date with Immunizations
- Take Steps for Cleaner Air

CDC recommends that all people use core prevention strategies to help protect themselves and others around them from severe respiratory illnesses.

- Stay Home When Sick (e.g., Isolate)
  - **Individuals should stay home and away from others while experiencing symptoms (e.g., fever, chills, fatigue, cough, runny nose, and headache) of a respiratory illness.**
  - They may return to their normal activities when, for **at least 24 hours**, they have been:
    - Fever-free without the use of a fever-reducing medication **-AND-**
    - Their symptoms are improving overall.
  - After returning to normal activities, they should continue to take enhanced precautions (e.g., physical distancing, mask usage, testing before being around others) for **5 days**.
- Seek Health Care for Testing/Treatment
  - Treatments for COVID-19 and for flu can lessen symptoms and shorten the time an individual is sick. Treatment needs to be started within a few days of symptom onset.
  - For individuals with risk factors for severe illness (e.g., pregnant people, older adults, immunocompromised individuals), treatment can help ensure a milder illness.
- Practice Good Hygiene
  - Individuals should cover their nose and mouth when they cough or sneeze with a disposable tissue or with their inner elbow if tissues are not available.
  - Wash hands with soap and water frequently. If soap and water are unavailable, use an alcohol-based hand rub (ABHR) with at least 60% alcohol.
  - Frequently touched surfaces and objects, such as doorknobs, handrails, and countertops, should be cleaned and disinfected frequently.
- Stay Up to Date with Immunizations
  - Individuals should consult with a provider to ensure that they have received the most current flu and COVID-19 vaccine.
  - Everyone ages 75 and older should receive an RSV vaccine.
  - Individuals ages 60-74 who are at risk of severe RSV disease should get an RSV vaccine.
  - To prevent severe illness in infants, the CDC recommends that women who are pregnant get an RSV vaccine or that their infant receives an immunization with an RSV monoclonal antibody.

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- Take Steps for Cleaner Air
    - Bring as much fresh air into closed spaces as possible by opening doors and windows and/or using exhaust fans.
    - Use a portable high-efficiency particulate air (HEPA) cleaner.
    - Move activities outdoors where airflow is best.
    - Ensure existing HVAC systems are providing at least the minimum outdoor air ventilation requirement in accordance with ventilation design codes.

Immunization Updates and Recommendations for the 2024-2025 Season

- **COVID-19 Vaccine Recommendations**:
  - The CDC recommends that <u>everyone ages 6 months and older receive an updated 2024-2025 COVID-19 vaccine</u>.
    - SARS-CoV-2 (the virus that causes COVID-19) changes frequently, and protection from previous COVID-19 vaccines declines over time.
    - Some children 6 months to 4 years of age may need one or more additional doses of COVID-19 vaccine to be considered up to date.
    - Persons who are moderately or severely immunocompromised may need one or more additional doses of COVID-19 vaccine to be up to date.
  - COVID-19 vaccination can help reduce the chances of suffering the effects of Long COVID.
  - Updated COVID-19 vaccines will be available from Moderna, Novavax, and PFizer.
- **Flu Vaccine Recommendations:**
  - <u>The CDC recommends that everyone 6 months and older, with rare exceptions, receive an updated 2024-2025 Influenza (flu) vaccine.</u> Updated flu vaccines will be trivalent and will protect against flu A H1N1, flu A H3N2, and flu B/Victoria lineage.
  - September and October remain the best times for most people to get vaccinated, but flu vaccination is recommended as long as influenza viruses are circulating.
    - Pregnant women who are in their third trimester can get a flu vaccine in July or August to protect their babies from flu after birth, when they are too young to get vaccinated.
    - Some children 6 months to 8 years old need two doses of flu vaccine given at least 4 weeks apart. This includes children getting vaccinated for the first time, those who have only previously received one dose of flu vaccine, or whose flu vaccination history is unknown. For those children, it is recommended they get the first dose as soon as vaccine is available.
    - Vaccination in July or August can be considered for children who have health care visits during those months if there might not be another opportunity to vaccinate them.
    - For adults (especially those 65 years old and older) and pregnant women in the first and second trimester, vaccination in July and August should be avoided unless it won't be possible to vaccinate in September or October.
- **RSV Vaccination and Immunization Recommendations:**
  - <u>RSV vaccine is not currently an annual vaccine</u>, meaning older adults do not need to get a dose every RSV season. That means if you have already gotten an RSV vaccine, you do not need to get another one at this time.
  - The CDC recommends that everyone ages 75 and older and adults ages 60-74 who are at increased risk of severe RSV infection (e.g., adults with chronic heart or lung disease, certain other chronic medical conditions, and those who are residents of nursing homes or other long-term care facilities) receive an RSV vaccine.
  - Pregnant women should receive 1 dose of maternal RSV vaccine during weeks 32 through 36 of pregnancy, administered September through January. Pfizer Abrysvo is the only RSV vaccine recommended during pregnancy.

- All infants aged 8 months and younger born during or entering their first RSV season should receive 1 dose of the monoclonal antibody product, nirsevimab.
- All infants and children aged 8-19 months who are at risk for severe RSV disease and are entering their second RSV season should receive 1 dose of nirsevimab.

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Influenza Surveillance

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Influenza Surveillance

- Important Changes to Influenza Surveillance for the 2024-2025 Season
- Weekly Reporting- How to Submit Your Aggregate Numbers
- Creating Investigations in MIDIS for Hospitalizations and Deaths

Important Changes to Influenza Surveillance for the 2024-2025 Season

- **Confirmatory testing for early-season positive rapid antigen is no longer required**. Please include all positive test results in your weekly counts beginning MMWR week 40.
    - **We still encourage facilities to submit specimens for confirmatory testing, especially during outbreak response**. Confirmatory testing allows us to monitor what types of flu are circulating (e.g., Flu A H3N2, Flu A H1N1, Flu B Victoria Lineage).
- We have limited funding available to support testing in outbreak scenarios. Specimens will be sent to MTPHL. This should be reserved for facilities and individuals that do not have the capability or means to cover the cost of testing. Please reach out to CDEpi (406) 444-0273 if this is an option that you would like to discuss.

Weekly Reporting- Submitting Aggregate Numbers

Weekly Reporting

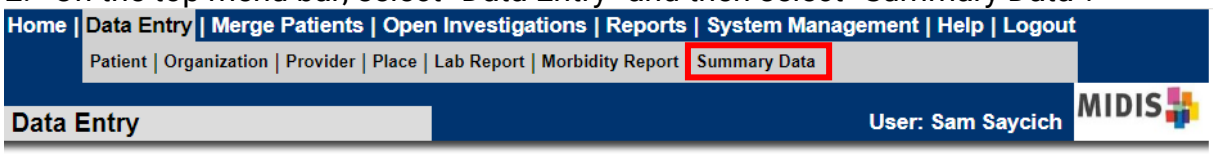
All cases of influenza are immediately* reportable from facilities to local health departments as established in Administrative Rule of Montana (ARM) 37.114.201 and 37.114.203. You can use this template for your jurisdiction to collect influenza data for this season!
https://hipaa.jotform.com/build/242524869406160?s=templates

* This is the language used in the ARM. Use a reasonable timeline with your facilities like at the end of every day or beginning of the next day.

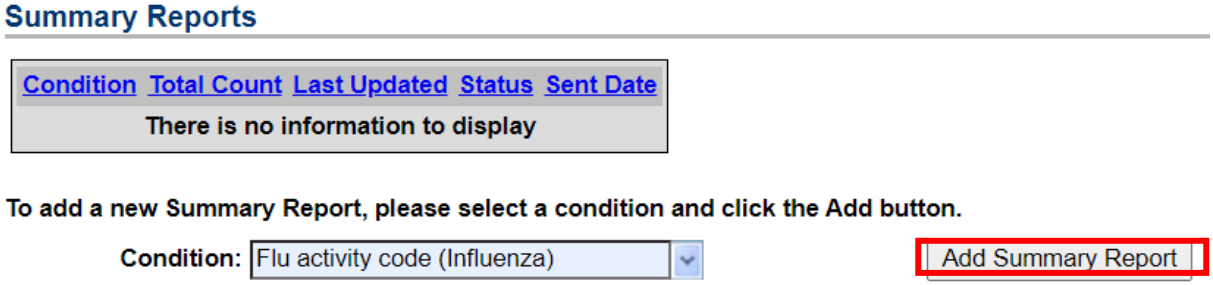
Once a week, your team at the local or tribal health department will submit the total number of **laboratory-confirmed** cases (cumulative) that your jurisdiction saw the week prior. Laboratory-confirmed includes any testing performed in a clinical setting, including rapid antigen testing. Do not include individuals who have a diagnosis of influenza without any testing to support the diagnosis. **These numbers will be due to CDEpi every week on Wednesday**. **Note: YOU MUST REPORT EVEN IF YOU HAD 0 CASES!** We cannot assume that you had 0 if you did not enter data, so we'll mark your jurisdiction as "not reported" if left blank.

Tribal Jurisdictions should report weekly counts here: https://form.jotform.com/242466842654161.
County Jurisdictions should follow instructions on pages 16-17 for reporting their weekly counts.

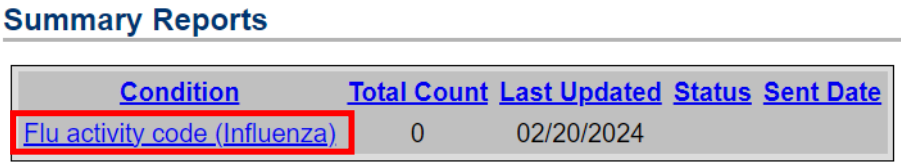
- Reporting Aggregate Flu Numbers in MIDIS (for County Health Department Use):
  1. Login to MIDIS.
  2. On the top menu bar, select “Data Entry” and then select “Summary Data”.



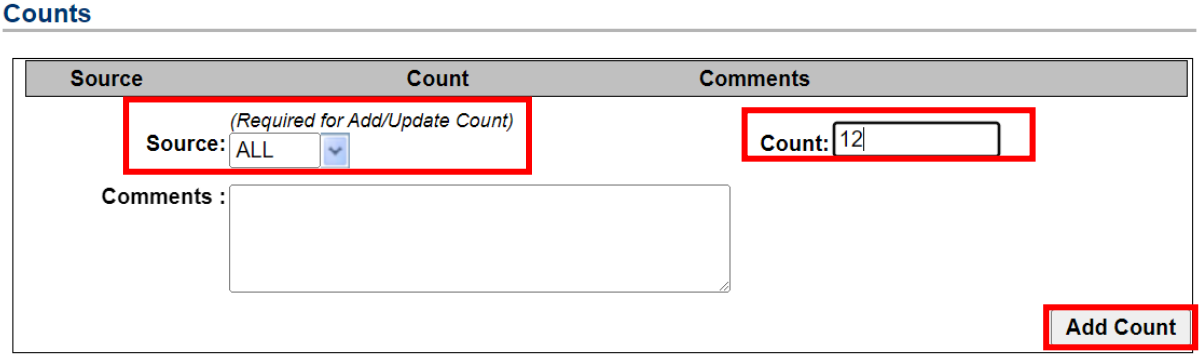
  3. Select your county and **backdate the MMWR week** to the week you are reporting data for.
  4. Select “Get Summary Reports”. If there is nothing in the “Summary Reports” section, continue to step 5. If there is already an entry and it needs to be updated, follow steps 6 and 8.
  5. Select “Flu activity code (influenza)” and then select “Add Summary Report”.



  6. The page will refresh and show “0” in Summary Reports section. If you need to update this number, select the blue hyperlinked “Flu activity code (influenza)”.



  7. For source, select “All” and then enter the total number of laboratory-confirmed influenza cases that were reported in your jurisdiction for that week. Select “Add Count”.



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8. If you need to update the number, select "Edit" and then update the number.

Counts

	Source	Count	Comments
Edit Delete	ALL	12	
		Total: 12	

9. Select "Submit" at the bottom of the page. You should now see the total number of cases entered.

Summary Notifications

Summary Report Selection

County: Beaverhead County
MMWR Year: 2024
MMWR Week: 40 (09/29/2024 - 10/05/2024)

Get Summary Reports

Summary Reports

Condition	Total Count	Last Updated	Status	Sent Date
Flu activity code (Influenza)	12	02/20/2024		

To add a new Summary Report, please select a condition and click the Add button.

Condition:

Add Summary Report

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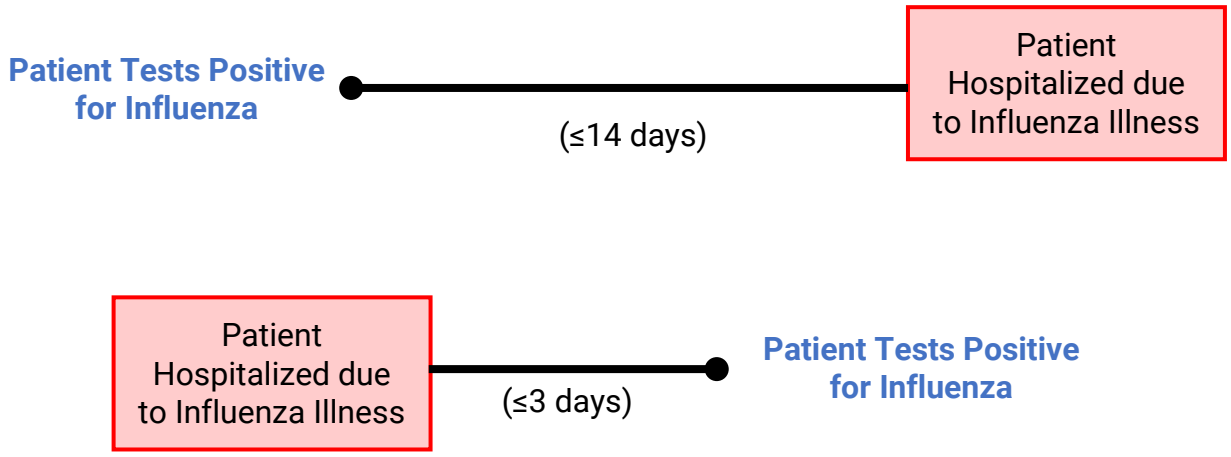
Investigations in MIDIS for Hospitalizations and Deaths

Hospitalizations due to influenza are defined as individuals who were hospitalized for more than 24-hours due to illness. Individuals must have laboratory-confirmed influenza infection and must be hospitalized either 3 days prior to or 14 days following their positive test (see below for examples).



- **Please Notify CDEpi directly of any pediatric deaths due to influenza during business hours.**
- Laboratory-confirmed influenza cases that result in a hospitalization or death require an investigation to be made in MIDIS.
- Laboratory reports should not be entering MIDIS for the patient who is hospitalized or deceased. MTDPHHS does not want flu labs going into MIDIS because of the large volume of testing performed and because facilities should be reporting cases directly to your team.
    - You are not required to manually enter the influenza lab report into MIDIS. Please just indicate in the investigation what type of influenza (A/H3N2, A/H1N1, A/Other, A/Not Subtyped, B) the patient was infected with. <u>This lets us know that laboratory testing occurred and makes it so that your team does NOT have to enter the flu lab report into MIDIS</u>.

Steps for creating an "Influenza, Hospitalization or Death" investigation in MIDIS:

1. Search for the patient in MIDIS. If they do not have a patient file in MIDIS, you will have to create one for them.
2. Go to the "Events" tab of their patient file.
3. Under "Investigations", select "Add New".
4. For "Condition", select "Influenza, Hospitalization or Death".
5. The following data elements are required to be entered into the MIDIS investigation:
    a) Patient Tab
        a. Patient Name
        b. Patient DOB
        c. Patient Address
        d. Patient Phone Number
        e. Patient Race and Ethnicity

b) Case Info Tab
    a. Investigation Details
        i. Investigator
    b. Clinical
        i. Hospitalization Indicator (Yes/No)
        ii. Hospital Information
        iii. Admission Date
        iv. Discharge Date
    c. Condition
        i. Diagnosis Date
        ii. Illness Onset
        iii. Influenza Virus Type
        iv. Influenza Vaccine Information
        v. Underlying Conditions and Comorbidities
        vi. Death Indicator (Yes/No)
            1. Date of Death
    d. Epidemiologic
        i. Outbreak Indicator
        ii. Case Status- **WILL ALWAYS BE CONFIRMED!**
        iii. MMWR Week and Year (Note: remember to backdate the MMWR week to the week that the patient was hospitalized. If the patient died and was not hospitalized, backdate it to the week they died).

Don't forget to select "Create Notification" after submitting the investigation! 😊

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COVID-19 Surveillance

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COVID-19 Surveillance

- Creating Investigations in MIDIS for COVID-19 Cases
- Determining Case Status

Creating Investigations in MIDIS for COVID-19 Cases

Laboratory Reports

- Any facility performing COVID-19 testing is required to report **positive** test results to your team and/or to the state (MIDIS) as established in our Administrative Rules.
    - If you are struggling with a facility that is not reporting, please reach out to the Surveillance and Informatics team (Danny Power and Jennifer Floch) at 406-444-0273.
- Facilities can report COVID-19 test results in a few different ways:
    - Preferred Methods:
        - SimpleReport
        - Electronic Lab Reporting (ELR)
        - NHSN POC Testing Module (Available for LTCFs only, most utilize it but some still use other methods of reporting)
    - Fax to County Health Department
- **Rapid antigen test results are only reportable if the test was overseen by a trained individual at a facility with a CLIA license or waiver** (e.g., hospital, school nurse, LTCF/ALF, correctional facility, etc.). Someone who performs a rapid antigen test at home does not need to have their information entered into MIDIS.

Investigations

- Most laboratory reports that enter MIDIS will be automatically turned into COVID-19 investigations. However, there are times you will see a COVID-19 laboratory report in your Documents Requiring Review Queue and will need to manually create an investigation.
- When opening a COVID-19 investigation, select “2019 Novel Coronavirus” as the condition.
- The following data elements are required to be entered into the MIDIS investigation:

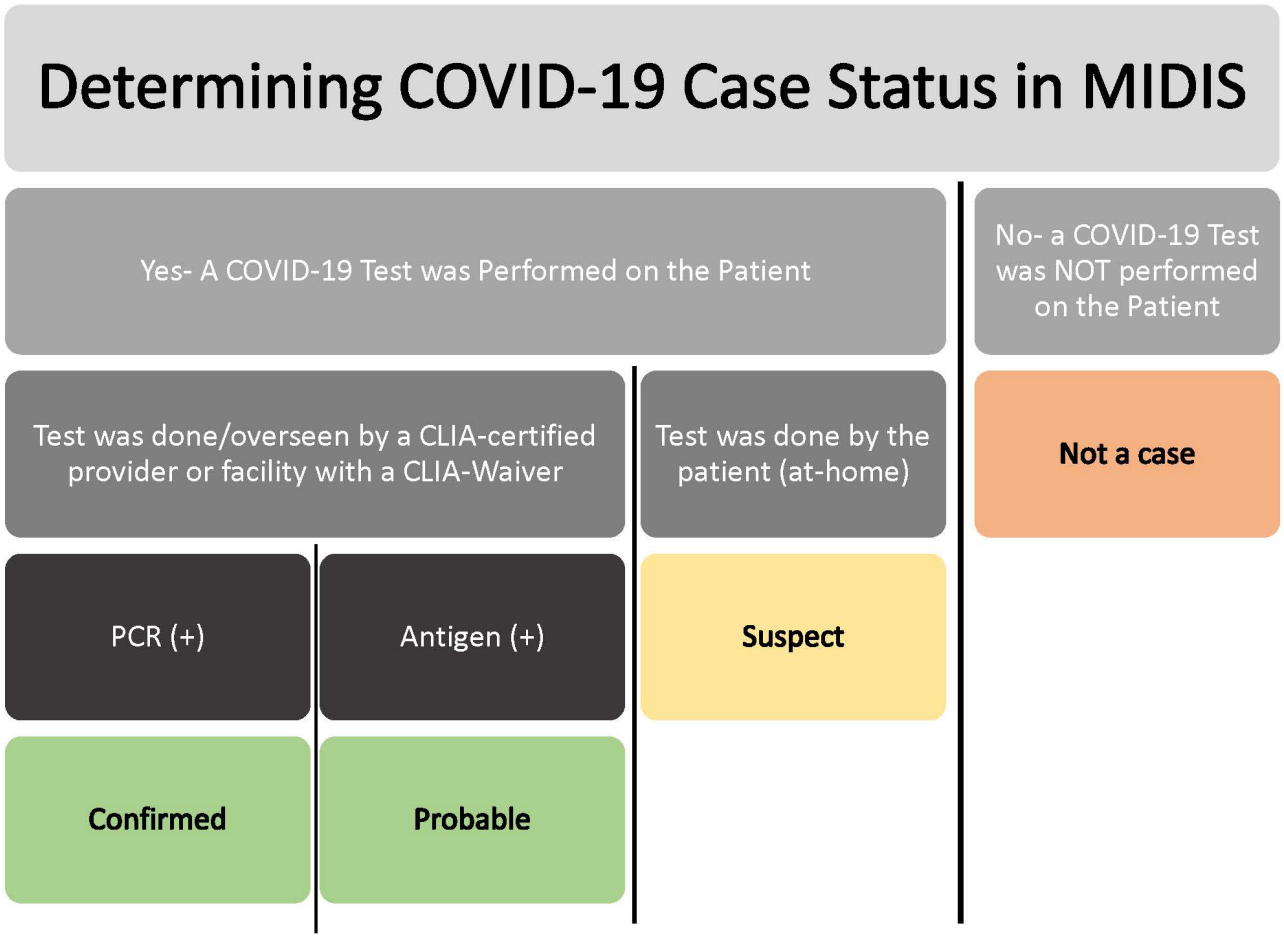
1) Patient Tab
    a) Patient Name
    b) Patient DOB
    c) Patient Address
    d) Patient Phone Number
    e) Patient Race and Ethnicity
2) Case Info Tab
    a) Investigation Information
        i) Investigation start date (date of positive test result)
        ii) Investigator (Investigations that are automatically opened will have “COVID-19 Investigator” as the default investigator. You can reassign it to a member of your team if you would like).
    b) Reporting Information

i) Date reported to county
ii) Date reported to state

c) Clinical
   i) Was the patient hospitalized for this illness?
      (1) Enter hospitalization information if "yes".
      (2) Enter the admission/discharge date.
   ii) Did the patient die from this illness?
      (1) Enter death information if "yes".
      (2) Enter the date of death.

Don't forget to select "Create Notification" after submitting the investigation! 😊

d) Epidemiologic
   i) Confirmation date: Use date of positive test result
   ii) Case Status- **Use algorithm below to determine case status**
   iii) Control Measures Implemented Date: date of positive test result



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Outbreak Guidance

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Outbreak Guidance

- What Outbreaks are Reportable
- Information to Collect for Outbreaks
- How to Report Outbreaks
- Tools and Resources

What Outbreaks are Reportable

An outbreak of any communicable respiratory disease, including COVID-19, influenza, RSV, human metapneumovirus, parainfluenza virus, and those without a known cause (unknown acute respiratory illnesses), in ANY setting (e.g., hospitals, schools, daycares, group homes) must be reported to CDEpi within 24 hours of the outbreak being identified.

When determining if an outbreak is occurring, we want to check to see if there is transmission within a group or cohort (e.g., school classroom, sports team, hospital wing, etc.). Some conditions have specific criteria for opening an outbreak.

Examples of reportable outbreak events:

- COVID-19 circulating within a school or intramural sports team
- RSV circulating within a daycare classroom
- Acute febrile illness (an unknown respiratory condition with a fever) circulating within a homeless shelter
- Parainfluenza virus circulating within an office

Outbreak Criteria for Frequently Circulating Respiratory Conditions

	What Opens an Outbreak (Non-healthcare Setting)	What Closes an Outbreak (Non-healthcare Setting)
COVID-19	A sudden increase in the frequency (# of cases) of COVID-19 above the usual or expected rate. Sustained transmission also occurring within or between the facility/cohorts.	7 days no new cases
Influenza	2 cases identified within a cohort within 72-hours.	8 days no new cases
RSV	A sudden increase in the frequency (# of cases) of RSV above the usual or expected rate. Sustained transmission also occurring within or between the facility/cohorts.	12 days no new cases
Unknown or Other Acute Febrile Illness	A sudden increase in the frequency (# of cases) of a respiratory condition. Sustained transmission also occurring within or between the facility/cohorts.	12 days no new cases

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Information to Collect for Outbreaks

- **Important Dates**
  - *First ill onset*: Date first person became ill or date of first positive test result if onset is unknown.
  - *Date outbreak identified*: Date reporter (e.g., school nurse, facility admin, daycare employee) realized there was a possible outbreak in their facility.
  - *Investigation started*: Date local health jurisdiction began investigating the outbreak.
  - *Date control measures implemented*: Date first control measures (e.g., exclusions, distancing, cohorting, etc.) were implemented.
  - *Date LHJ notified*: Date local health jurisdiction was notified of the problem.
  - *Date DPHHS notified*: Date DPHHS was notified of the problem.
  - *Last ill onset*: Date the last person became ill.
  - *Outbreak closed:* Must be at least two incubation periods past the last illness onset date.
- **Population**
  - Setting type (e.g., assisted living, school, day-care, long-term care)
  - City and county name of the facility
  - Facility name
  - Staff data
    - Number of ill staff: The total number of staff that experienced symptoms related to this outbreak of disease (numerator)
    - Number of exposed staff: The total number of staff that were exposed. Please include all staff that were exposed, regardless of if they developed symptoms or not (denominator)
    - Total number that sought healthcare and the type of care they sought (e.g., urgent care, ER visit, hospital admission)
    - Total number that died
  - Residents/attendees
    - Number of ill residents/attendees: The total number of residents or attendees that experienced symptoms related to this outbreak of disease (numerator)
    - Number of exposed residents/attendees: The total number of residents/attendees that were exposed. Please include all staff that were exposed, regardless of if they developed symptoms or not (denominator)
    - Total number that sought healthcare and the type of care they sought (e.g., urgent care, ER visit, hospital admission)
    - Total number that died
  - Number of community cases
    - Total number that sought healthcare and the type of care they sought (e.g., urgent care, ER visit, hospital admission)
    - Total number that died
- **Pathogen**
  - Pathogen and whether it's laboratory confirmed or suspected
    - If laboratory confirmed, where was testing submitted

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How to Report Outbreaks

We have an "Outbreak Reporting and Resources" app that you can save to your desktop and/or to your phone home screen! It can be found here: https://hipaa.jotform.com/app/223254785775165. You will find the links to the forms to complete for reporting an outbreak as well as helpful resources for responding to outbreaks.

Initial Outbreak Report (Alerts CDEpi That You've Identified a New Outbreak)

1. Go into the outbreak reporting app: https://hipaa.jotform.com/app/223254785775165
2. Select "Report an Outbreak"
3. Select "Initial Outbreak Reporting Form"
4. Enter your email and select your jurisdiction, and then select "Next".
5. Enter the MMWR week and year that the first case associated with the outbreak experienced symptom onset. If this date is unknown, enter the date that the outbreak was identified.
6. Enter all other known information. Don't worry if it's not 100% complete, we will be looking for completeness in the "final outbreak report".

Note: Weekly "Updates to Open/Reported Outbreaks" are not required for outbreaks of respiratory illness. If there is a major change (e.g., deaths associated with the outbreak, cases identified out of jurisdiction, etc.), notify CDEpi or the ICP/HAI team (if outbreak is in a healthcare setting).

Final Outbreak Report (Alerts CDEpi That Your Team Has "Closed" the Outbreak)

1. Go into the outbreak reporting app: https://hipaa.jotform.com/app/223254785775165
2. Select "Report an Outbreak"
3. Select "Final Outbreak Report"
4. Enter your email and select your jurisdiction, and then select "Next"
5. Enter information collected from the investigation

Tools and Resources

- General outbreak reporting form: https://dphhs.mt.gov/assets/publichealth/CDEpi/CDCPBResources/DiseaseForms/OutbreakNotificationForm2019ADA.pdf
- Guidance document for outbreak reporting: https://dphhs.mt.gov/assets/publichealth/CDEpi/CDCPBResources/DiseaseForms/outbreaknotificationguidancedocumentada.pdf
- General outbreak line list: https://dphhs.mt.gov/assets/publichealth/CDEpi/CDCPBResources/GeneralLineListMASTER.xlsx
- COVID-19 outbreak cheat sheet for healthcare and non-healthcare settings: https://dphhs.mt.gov/assets/publichealth/CDEpi/CDCPBResources/DiseaseForms/COVID-19OutbreakDecisionMakingMatrix.pdf

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Appendix A: Respiratory Condition Cheat Sheet

Condition	What's Reportable to the County	What's Reportable to the State	What Goes into MIDIS	Average Incubation	Outbreak Criteria (Non-Healthcare Settings)
COVID-19	• Laboratory confirmed cases (PCR and Antigen) • Hospitalizations and Deaths • Outbreaks	• Laboratory confirmed cases (PCR and Antigen) • Hospitalizations and Deaths • Outbreaks	• All laboratory-confirmed cases, including information on their outcome (hospitalization or death)	**3.5 Days**	**Open:** A sudden increase in the frequency (# of cases) of COVID-19 above the usual or expected rate. Sustained transmission also occurring within or between the facility/cohorts. **Close:** 7 days with no new cases
Influenza	• Laboratory confirmed cases (PCR and Antigen) • Hospitalizations and Deaths • Outbreaks	• Aggregate case counts (weekly) • Hospitalizations and Deaths • Outbreaks	• Aggregate cases (counties only, tribal jurisdictions use Jotform) • Hospitalization/death investigations	**4 Days**	**Open:** 2 cases identified within a cohort within 72-hours. **Close:** 8 days with no new cases.
RSV	• Deaths in children <5 years (voluntary) • Outbreaks	• Deaths in children <5 years (voluntary) • Outbreaks	• Nothing	**6 Days**	**Open:** A sudden increase in the frequency (# of cases) of RSV above the usual/expected rate. Sustained transmission also occurring within or between the facility/cohorts. **Close:** 12 days with no new cases.

Appendix B: Incubation Periods for Frequently Circulating Viral Respiratory Illnesses

Condition	Incubation Period (Time from Exposure to Disease Onset)	# of Days Needed with No New Cases to "Close" an Outbreak (Two Incubation Periods)
COVID-19 (non-healthcare setting)	3.5 Days	7 Days
Influenza	1-4 Days	8 Days
RSV	6 Days	12 Days
Human metapneumovirus	3-6 Days	12 Days
Rhinovirus	12-72 Hours	4 Days
Parainfluenza (HPIV)	2-6 Days	12 Days
Adenovirus https://www.thelancet.com/journals/lancet/article/PIIS1473-3099(09)70069-6/fulltext	5-6 Days	12 Days
Enterovirus	3-5 Days	10 Days

Appendix C: COVID-19 Severe Health Outcome Reporting Form

Note: A fillable PDF version of this can be found on the secret site under "COVID-19" resources

Revised 09/09/2024

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 ☐ Black ☐ Native American/Alaskan Native ☐ Asian/Pacific Islander ☐ Other ☐ Unknown ☐			
Ethnicity: Non-Hispanic ☐ Hispanic ☐ Unknown ☐		Sex: Male ☐ Female ☐ Unknown ☐	

Clinical Information

Laboratory Confirmed: Yes ☐ No ☐	Date of Test:	Clinical Diagnosis Only: ☐
Type of Test*: PCR ☐ Antigen ☐ At-Home Antigen ☐ Unknown ☐		MTPHL Confirmation: Yes ☐ No ☐
Up to Date on COVID-19 Vaccines? Yes ☐ No ☐ Unknown ☐		Most Recent Vaccination Date:
Primary HCP Name:		HCP Phone:
Symptom Onset Date:	Hospital Admission Date:	
Discharge Date:	Discharge Status: Pending ☐ Home ☐ Long Term Care ☐	
If a resident of a congregate living facility, please identify facility:		
Died due to Illness: No ☐ Yes ☐	Date of Death:	

Select All Applicable Pre-Existing Medical Conditions/Comorbidities**

☐ Asthma	☐ Cardiovascular Disease	☐ Chronic Lung Disease	☐ Immune Suppression	☐ Metabolic Disorder	☐ Neurologic Disorder
☐ Neuromuscular Disorder	☐ Obesity (BMI ≥40)	☐ Pregnancy	☐ Renal Disease	☐ No Known Condition	☐ Other: _____

Comments:

Revised 09/09/2024

*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.

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Appendix D: Influenza Severe Health Outcome Reporting Form

Note: A fillable PDF version of this can be found on the secret site under "Influenza" resources.

Revised 09/09/2024

2024-2025 Hospitalizations and Deaths due to Influenza Infection Reporting Form

Cases, hospitalizations, and deaths due to influenza 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 influenza 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 ☐ Black ☐ Native American/Alaskan Native ☐ Asian/Pacific Islander ☐ Other ☐ Unknown ☐			
Ethnicity: Non-Hispanic ☐ Hispanic ☐ Unknown ☐		Sex: Male ☐ Female ☐ Unknown ☐	

Clinical Information

Laboratory Confirmed: Yes ☐ No ☐	Date of Test:	Clinical Diagnosis Only: ☐	
Type of Test*: Rapid Antigen ☐ Rapid NAAT ☐ RT-PCR ☐ Unknown ☐		MTPHL Confirmation: Yes ☐ No ☐	
Influenza Type: Influenza A ☐ Influenza B ☐ Untypeable ☐		Subtype: H3N2 ☐ H1N1 ☐ Other ☐	
Vaccinated for Seasonal Influenza? Yes ☐ No ☐ Unknown ☐		Date of Vaccination:	
Primary HCP Name:		HCP Phone:	
Symptom Onset Date:	Hospital Admission Date:		
Discharge Date:	Discharge Status: Pending ☐ Home ☐ Long Term Care ☐		
If a resident of a congregate living facility, please identify facility:			
Died due to Illness: No ☐ Yes ☐	Date of Death:		

Select All Applicable Pre-Existing Medical Conditions/Comorbidities**

☐ Asthma	☐ Cardiovascular Disease	☐ Chronic Lung Disease	☐ Immune Suppression	☐ Metabolic Disorder	☐ Neurologic Disorder
☐ Neuromuscular Disorder	☐ Obesity (BMI ≥40)	☐ Pregnancy	☐ Renal Disease	☐ No Known Condition	☐ Other: _____

Comments:

Revised 09/09/2024

*Types of Influenza Tests

Numerous tests are available to detect flu viruses in respiratory specimens.

- **Rapid Antigen (rapid influenza diagnostic tests or RIDTs)**: work by detecting antigens that stimulate an immune response. Results are ready within 10-15 minutes. Not as accurate as other flu tests.
- **Rapid NAAT (rapid molecular assays)**: (e.g., Cepheid) work by detecting genetic material (RNA) of the flu virus. Results are ready within 15-20 minutes and are more accurate than RIDTs.
- **Reverse transcription polymerase chain reaction (RT-PCR)** (e.g., Biofire, testing at MTPHL).

RIDTs (rapid antigen tests) have a high rate of false positive results early in the flu season, when flu isn't considered to be "circulating widely". Montana DPHHS recommends that providers order an RT-PCR test to confirm flu in individuals who test positive with an RIDT outside of or early in flu season.

MTDPHHS encourages providers to submit a few specimens each week during the flu surveillance season to MTPHL for additional testing to determine the type and subtype of influenza that a patient is infected with.

**Risk Factor/Preexisting Comorbidities Reporting

To better understand the impact of influenza 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.

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