

#### **Massachusetts Department of Public Health**

# MDPH Tuesday Infectious Disease Webinar Series

# **Tools for Local Boards of Health**

#### General Case Investigation Fall 2024: Labs and Cluster Events

**September 10, 2024** 

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# General Case Investigation: Fall 2024 Agenda

#### Introduction

- 105 CMR 300 Expectations & Best Practices Reminder
- Key Trainings to Check Out

#### Laboratory Tests & Concepts Overview

- Serology Tests (IgM vs. IgG)
- Locating the Ordering Provider in the Lab Tab

#### Cluster Events (Outbreak Events) in MAVEN

- What is a Cluster event and how is it used?
- How to find a Cluster in MAVEN?
- Cluster Naming Conventions
- How to report a Cluster to MDPH?
- Linking individual MAVEN cases to a Cluster Event



#### **MAVEN Coverage: Required for LBOH**

#### 105 CMR 300.110

"Each local board of health shall report to the Department the occurrence or suspected occurrence of any disease reported to the board of health, pursuant to 105 CMR 300.100. The case's full clinical data, demographic data and epidemiologic data, as defined by the Department, must be included for each report.

Each local board of health shall utilize the secure electronic disease surveillance and case management system (MAVEN) designated and maintained by the Department."

 TLDR: Each town is required to follow up promptly on your cases and you are required to complete that follow-up in MAVEN.

## **Monitoring Administrative Steps 1-5**

#### How can I identify new cases? Answer: Your Workflows!

- The **LBOH Notification for Immediate Disease** and **LBOH Notification for Routine Disease** will show cases for your jurisdiction(s) where Step 1 has not been acknowledged.
- The LBOH Case Report Forms (CRF) are pending shows cases where Step 4 has NOT YET been acknowledged
  - This **CRF Pending** Workflow is the place to find your current/ongoing cases after you've acknowledged receiving notification in Step 1 and prior to completing Step 4 (acknowledging when casework is completed).

We suggest monitoring these workflows <u>daily</u> to review and acknowledge cases. This will help you to provide timely infectious disease follow-up.

Workflows		₽2-	
	Workflow Queue	Events	Assigned
*	LBOH Case Report Forms (CRF) are pending	5	0
*	LBOH Notification for Immediate Disease	153	0
*	LBOH Notification for Routine disease	182	0

Best Practice	Capacity Assessment Baseline
IMMEDIATE diseases often need action right away (within 24 hours).	Acknowledged within 2 days
ROUTINE diseases should have action within about 3 days or so.	Acknowledged within 1 week

# Best Practices for Good Case Investigation AND Future Assessments

- Jurisdictions should log in to MAVEN at least ONCE DAILY to identify new cases and determine a plan for next steps in follow-up.
  - **IMMEDIATE** diseases often need action right away (within 24 hours).
  - **ROUTINE** diseases should still have action within about 3 days or so.
- Control Measures (identifying infectious periods for determining exposures and close contacts, or identifying high risk occupations and if a case is a food handler and needs to be excluded from work, etc.) are actions that may be needed for both Immediate and Routine diseases.
- If your jurisdiction maintains only partial coverage (e.g., only staffed for 4 hours 1x per week), this will be difficult.
  - Discuss a better infectious disease coverage option with your Shared Services Coordinator or with neighboring jurisdictions.
  - This will help you meet assessment goals, but MORE IMPORTANTLY, it will help provide disease intervention when needed in your communities.

# Introduction to Infectious Disease Epidemiology for Local Health (Beyond COVID-19) Parts 1 & 2 Key Trainings to Check Out

 Two-part introductory series on the core components of infectious disease epidemiology in Massachusetts!

#### Topics Include:

- Reporting Requirements,
- Surveillance,
- · Case Investigation Resources, and
- The importance of Shoe-Leather Epidemiology in identifying and investigating cases and outbreaks in your local community.
- This Training lays the foundation for additional disease-specific trainings.

#### **Recordings and Slides on MAVEN Help:**

- Introduction to Infectious Disease Epidemiology for Local Health (Beyond COVID-19) Part 1: Surveillance
  - Part 1: Surveillance (Webinar Recording)
  - Part 1: Surveillance (<u>Slides PDF</u>)
- Introduction to Infectious Disease Epidemiology for Local Health (Beyond COVID-19): Part 2: Epidemiology
  - Part 2: Epidemiology (Webinar Recording)
  - Part 2: Epidemiology (Slides PDF)
  - These trainings are appropriate for new and existing local health staff and board members wishing to understand the core components of our work in MA as we respond to additional reportable infectious diseases (beyond COVID-19).

This is a great first stop for new and onboarding staff.



# Infectious Disease Case Investigation: A Programmatic Overview for Local Health

- Bureau of Infectious Diseases and Laboratory Sciences Overview
  - Common Acronyms
  - Key MDPH Contact Information.
- 90+ Reportable Infectious Diseases: How to Keep them Straight?
  - MDPH Epi Disease Teams
  - Immediate Vs. Routine
  - Seasonality
- Trainings & Resources: Where to Start
- Case Classification Status: What that Means and How to Treat those Disease Events
- What is Meant by Investigate?

Key Trainings to Check Out

#### **Recordings and Slides on MAVEN Help:**

- Infectious Disease Case Investigation: A Programmatic Overview for Local Health
  - (Webinar Recording)
  - o (Slides PDF)

You don't have to be on MAVEN for this training!

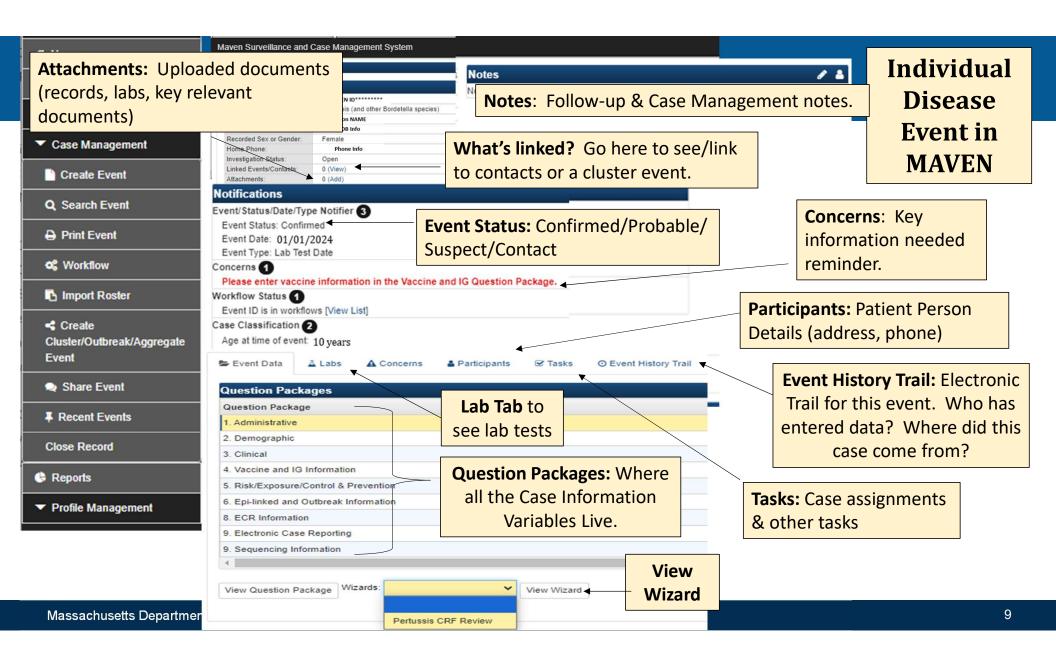
### **MAVEN Overview - Tips and Tricks**

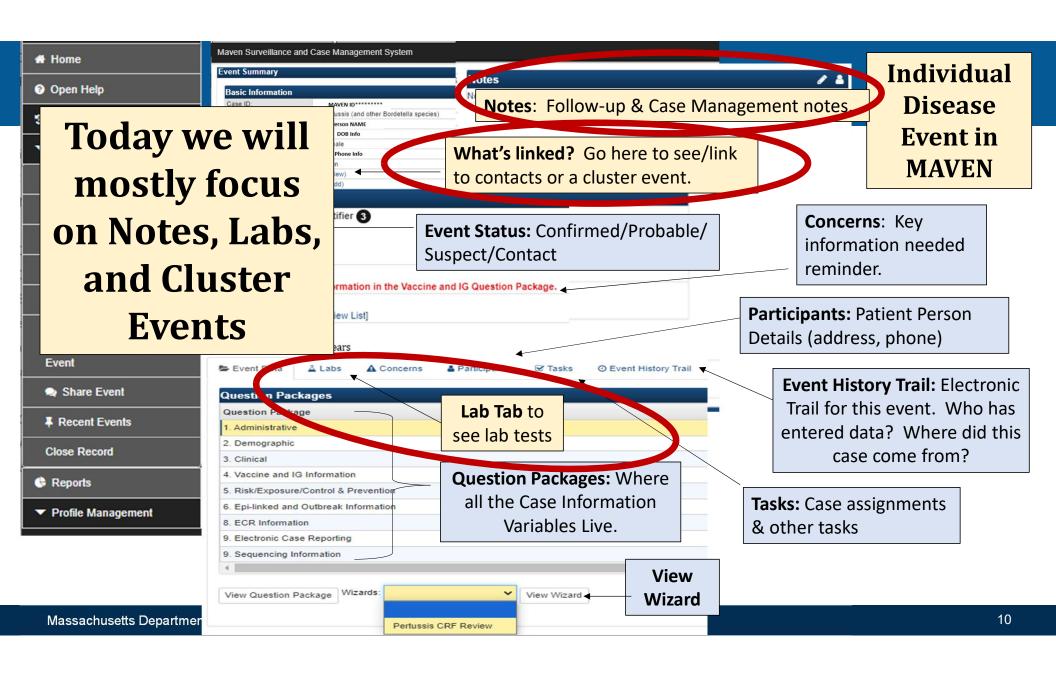
- Training provides an overview and demonstration of some of the most frequently asked MAVEN questions:
  - Workflows
  - Reports (including NEW reports!)
  - Sharing and tasking
  - MAVEN coverage and communication events
  - MAVEN troubleshooting
  - MAVEN resources
  - ...and more!

Key Trainings to Check Out

# Recordings and Slides on MAVEN Help:

- MAVEN Overview Tips and Tricks
  - (Webinar Recording)
  - o (Slides PDF)





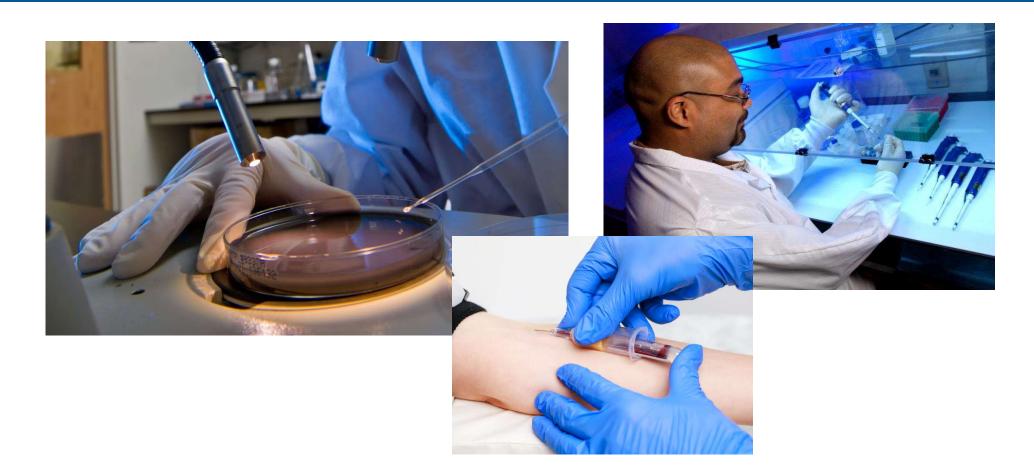
#### **Notes Field**

- **Remember:** Your data is only as good as the information you collect.
  - Notes are great for summarizing case management activities, but filling in the specific variables will allow you to analyze your data.
  - If the information you collect is only in the notes, it does not automatically fill in the data variables and the case will be incomplete. Data MUST be entered into the appropriate Question Packages.

Notes

**Hjohnson:** Anything noted here about the patient, symptoms, risk, medical history, or updates to demographic information MUST also be entered into the relevant MAVEN Variables (questions), or else the investigation remains incomplete.

# **Laboratory Tests - An Overview**



#### **Common Specimen Types for Infectious Disease**

#### **Blood Samples**

Method: Venipuncture

**Used to detect:** bloodborne pathogens such as Hepatitis

B and C.



Throat (OP)/Nasopharyngeal (NP) Swabs

**Method:** Swabbing the throat or nasopharynx

**Used to detect:** respiratory infections like COVID-19 and

influenza.



**Stool Samples** 

**Method:** Collection of stool in a sterile container

**Used to detect:** GI pathogens such as Salmonella,

Shigella, and E. coli.



**Sputum Samples** 

**Method:** Coughing up sputum into a sterile container

**Used to detect:** certain respiratory infections such as

Tuberculosis.



Cerebrospinal Fluid (CSF) Samples

**Method:** Lumbar puncture (spinal tap)

Used to detect: meningitis and encephalitis-causing

pathogens.

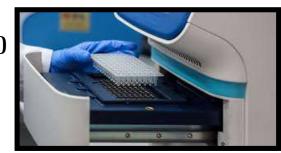
Massachusetts Department of Public Health | mass.gov/dph

#### **Gold Standard Laboratory Tests**

**Gold Standard Test:** a test that is widely accepted as the best available for diagnosing a particular disease.

The following are considered gold standard for most infectious diseases:

- Nucleic Acid Amplification Tests (NAATs) or Polymerase Chain Reaction (PCR)
  - Also called molecular testing. A PCR is a type of NAAT
  - Preferred for their rapid, sensitive and accurate detection of pathogens.
  - Examples: COVID or Flu

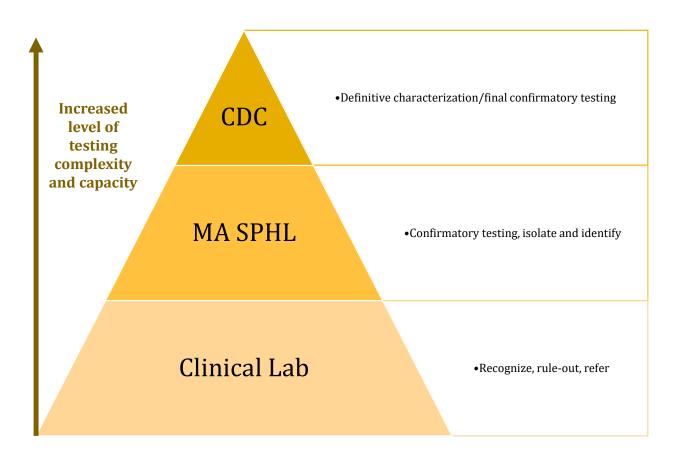


#### Culture

- Remains the gold standard for identifying bacterial pathogens and determining their antibiotic resistance.
- Limitations: Compared to PCR, results can take days to obtain. May not be as sensitive.
- Examples: Blood cultures for Group A Streptococcus or stool cultures for Salmonella or Shigella.

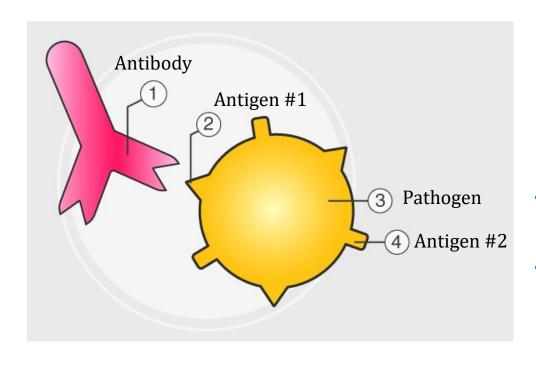


### **US Public Health Laboratory Infrastructure**



- CDC is the gold standard for tests done at MA SPHL.
- Not every case requires testing at each level, but depending on the specific situation, additional testing may be critical to the investigation.

#### **Antibodies**



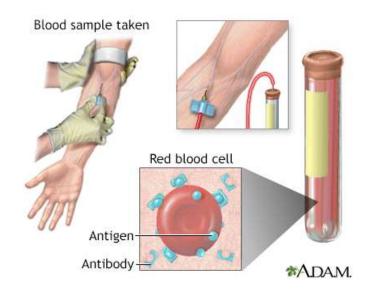
- When your immune system first encounters a pathogen, it:
  - 1. First recognizes the pathogen's antigen as a foreign substance and
  - 2. Then will make antibodies (protective proteins) which bind to the antigen to remove the antigen/pathogen from your body.
- Once the antibodies are made for this antigen they will continue to circulate in your blood.
- There are five main classes of antibodies (immunoglobin A, E, D, M and G), but only two are most important for interpretation of serology testing:
  - IgM
  - IgG

#### **Serology Tests**

Serology tests detect the presence of specific antibodies in a person's blood, which indicates if someone has been exposed to a particular pathogen.

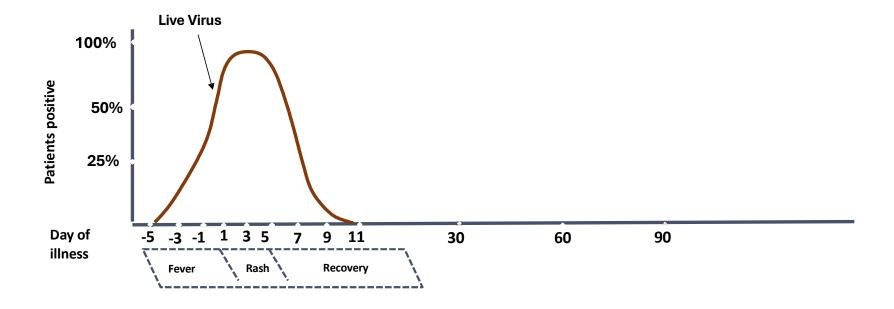
#### Serology tests can be used for identifying:

- **Acute Infection:** Detecting IgM antibodies can help diagnose an ongoing or recent infection.
- **Past Infection or Immunity:** The presence of IgG antibodies may indicate past exposure or immunity to a particular pathogen.
- **Vaccination:** Serology can assess whether a person has developed immunity after vaccination by detecting specific antibodies.



## **Immune Response to a New Virus**

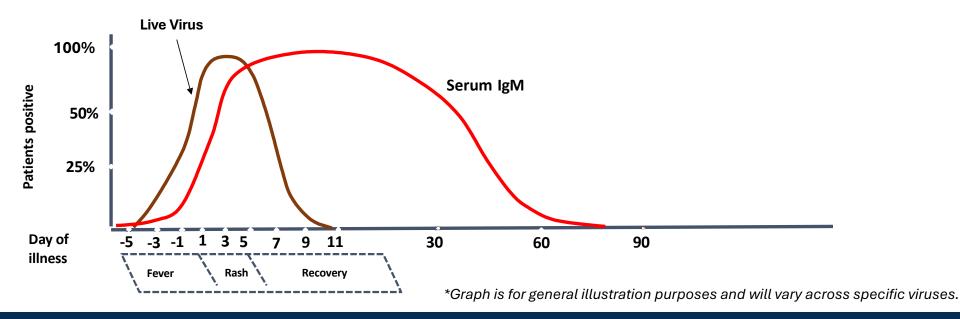
- Live virus replicates or multiplies in the body
- The person begins to experience early symptoms like fever or rash



\*Graph is for general illustration purposes and will vary across specific viruses.

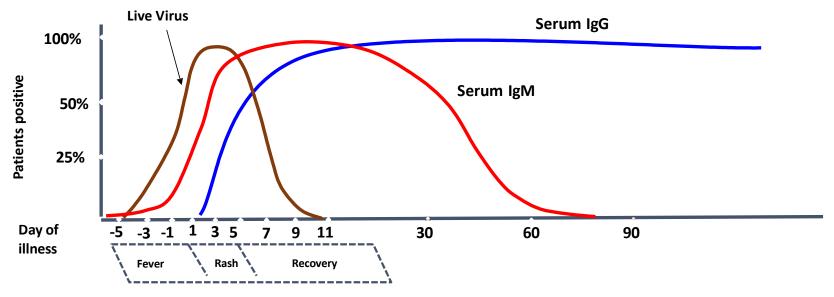
### **Serum IgM Response**

- IgM antibodies are made against the antigen in the early stages of infection and are detectable in the blood after 4 to 7 days.
- IgM antibodies are short-lived and may indicate that the virus is still present.
- In short, presence of IgM antibodies indicate a new, acute, or more recent infection.



#### **Serum IgG Response**

- IgG antibodies are made 7 14 days after infection, and are detectable for months and even years, depending upon the antigen and the individual.
- IgG antibodies are more durable and are key to lasting immunity.
- In short, presence of IgG antibodies suggests past infection and/or possible immunity (from prior infection or vaccine).



\*Graph is for general illustration purposes and will vary across specific viruses.

### Do serology tests require public health follow up?

**A. YES** - MAVEN automatically filters out tests that don't require follow up. What you see in MAVEN requires follow up in most cases.

- For certain serology results Epis will review and decide if it meets the threshold for local health to investigate.
  - Sometimes this threshold is a certain titer value reported with IgM or IgG positive result. A titer value is a numeric value for the level of antibodies measured in the blood (usually noted as 1:125 or <1:60).
  - Some disease case classifications include titer thresholds for a case to be considered suspect. If below the titer threshold, this is not considered a case and requires no follow up.
- Look for Epi instructions in the notes to see if follow up is required.
- Detailed laboratory results interpretation is not expected of LBOH.

#### Do IgM + tests require public health follow up?

- A. In most cases, a single IgM+ result is not enough to confirm a case.
- Information about compatible symptoms and additional risk history or epi-linkage is crucial.
- If the case only has serology testing done, you will want to start by asking the ordering
  provider if, based on their clinical judgement, they are treating this as a true acute case of
  illness.
- This question is important to answer to avoid unnecessary public health investigations.

Examples of diseases where an IgM + result would trigger a suspect case in MAVEN include:

- Hepatitis A
- Tularemia
- Rubella
- Measles
- West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE)
- Certain tickborne diseases

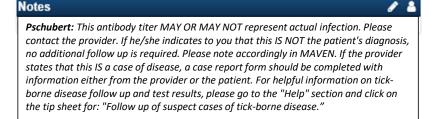
# IgM false positives or negatives

Common reasons an IgM+ result may be a false-positive:

- The case is asymptomatic or does not have compatible symptoms (common with Hepatitis A).
- The case was recently vaccinated.
- The provider was looking to test for IgG for immunity purposes and selected the wrong test.
- Cross-reactivity because IgM is the first antibody made in response to an infection sometimes the antibody will bind to antigens of pathogens that are similar the one being tested.
- Serologic tests can also result in false-negative results when serum specimens are collected too early for a given disease.

### Do IgG + tests require public health follow up?

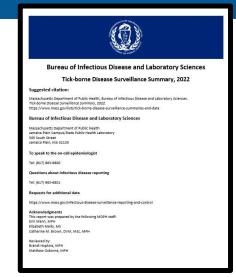
- If you see the case in MAVEN, likely yes. An Epi will review IgG results and decide if it meets the threshold to investigate.
- Suspect cases with only IgG + results are common for certain tickborne diseases.

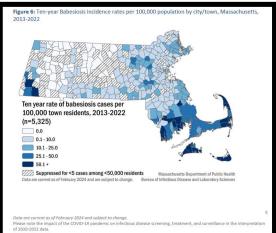


- Since IgG antibodies can remain in the body for so long, it is difficult to interpret the results of IgG tests without the context of recent symptoms and risk information.
- Investigation of cases with only an IgG + result may not require an immediate public health action (routine disease) but they are still important.

### Do IgG + tests require public health follow up?

- This clinical and risk information helps Epidemiologists classify probable cases.
  - Classifying cases help us understand disease burden and prevalence (surveillance) in the state.
- MDPH Epidemiologists analyze and report on population disease burden in yearly surveillance reports.
- At the local level this is something your local Epidemiologist can help with if there's interest in more detailed local data.



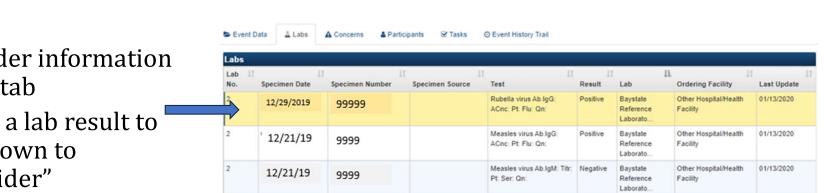


#### Summary

- MAVEN filters serology tests that meet criteria to be investigated.
- MDPH Epidemiologists review these results and decide what should be investigated.
- Look for Epi instructions in the notes to see if follow up is required.
- With serology tests, we typically need more information to know if it's a true case.
- Call x6800 if you're not sure if IgG or IgM result requires investigation

#### **Lab Tab: Investigation Tips**

- A large percentage of cases originate in MAVEN through electronic lab reporting (ELR), and often the Lab Tab has key information on the ordering provider and where the patient sought care.
- The Lab Tab is often the best place to start when looking for who to contact for more information.



Question Packages

4. Vaccine and IG Information

9. Electronic Case Reporting

9. Sequencing Information

Risk/Exposure/Control & Prevention

6. Epi-linked and Outbreak Information

Question Package

1. Administrative

8. ECR Information

Demographic
 Clinical

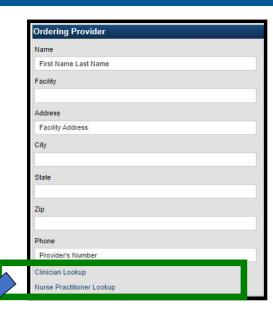
A Concerns

Participants

- Ordering provider information is in the "Labs" tab
- Double click on a lab result to open it, scroll down to "Ordering Provider"

### **Contacting an Ordering Medical Provider**

- More often than not, the Ordering Provider is the place to begin for case investigation.
  - Many of our routine diseases may not even require speaking to the patient if a few key demographics, clinical, and risk questions can be answered by the provider who ordered the test.
- Ordering Provider Information may be available in the Lab
   Tab of a MAVEN Event, but if a contact number is missing,
   you may be able to look up the provider's contact
   information elsewhere. Bookmark these Resources:
  - Npidb.org | National Provider Identifier (NPI) Number Lookup for doctors & medical groups
  - Mass.gov | Board of Registration in Medicine (BORIM)
     Physician License Verification
     Investigation Resources



If you are hitting a dead end with a provider number, you may need to GOOGLE or ask the lab.

- Many provider offices and smaller clinics, and even some hospitals, are part of consolidated lab testing programs and send out their specimens to a <u>different</u> hospital laboratory or location to PERFORM the test.
  - A Current Example: Beth Israel Lahey Health network providers (include several Eastern MA hospitals like Addison Gilbert, Ana Jaques, Beverly Hospital, Mount Auburn, Lahey Burlington, Lahey Peabody, BID Milton, BID Plymouth, BIDMC, New England Baptist, etc.) have consolidated clinical micro lab services in their network.
    - Thus, **Winchester Hospital** now performs these services for about a dozen acute care hospitals and several dozen outpatient facilities.

**Key Takeaway:** The Ordering Provider/Facility is the correct place to call for more information on a case, not the Infection Preventionist (IP) at the hospital with the lab services. They will not be able to help.

When investigating an event:



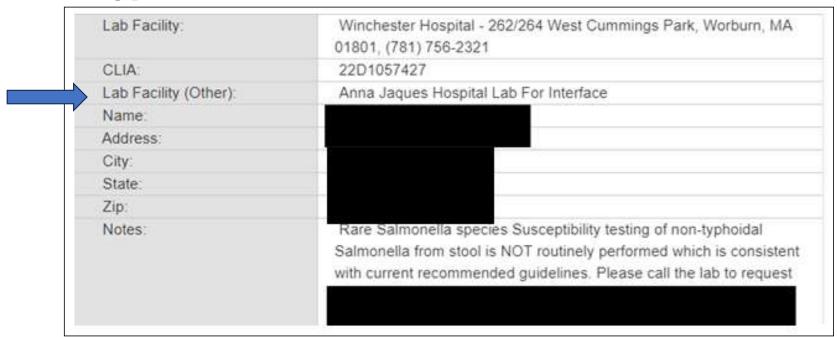
- 1. Please carefully review the information contained in the Lab Tab and pay close attention to the ordering provider and submitting facility information.
- 2. If there is not sufficient contact information (i.e., no phone number) for either the ordering provider or submitting facility in the Lab Tab, then please call the Microbiology Laboratory number contained in the Lab Tab, in order to obtain contact information for the ordering provider or submitting facility.

 To start – when you view these labs from the lab tab without scrolling down or clicking into the lab, they look like they are missing an ordering facility.

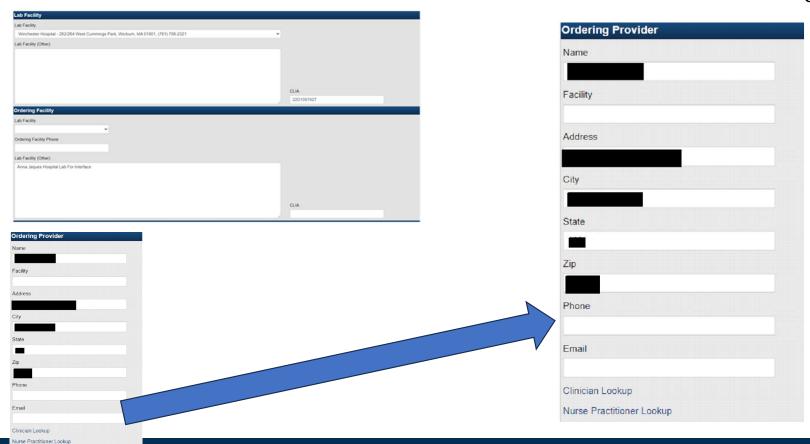
Let's take a look at an example.



If you scroll down though, you can see in the "Details" section that there is
often a "Lab Facility (Other)" that corresponds to the Ordering facility (the
front end label of this variable is, admittedly, confusing!). Beneath that is the
ordering provider.



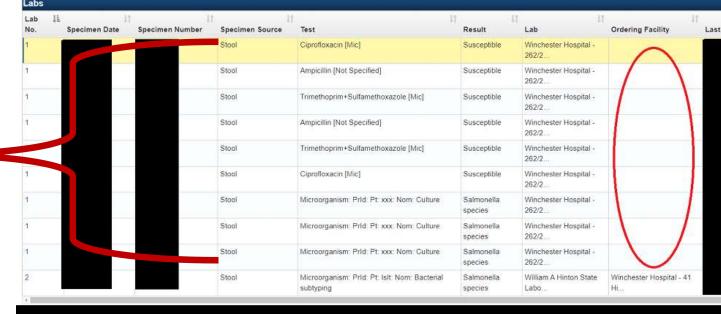
Click into an individual lab to see more information on the ordering provider.



• **Final Note:** Many positive specimens will be sent to the State Public Health Lab (SPHL or William A Hinton State Laboratory) for 'subtyping.' The processing lab will send those to SPHL (and would look like the ordering provider for that line). It is best to select a different line to see who original

ordering provider is.

Check one of these to obtain original ordering provider.



#### **Contacting the Ordering Provider**

- Ask to speak to a nurse or doctor who can provide additional clinical information regarding the
  positive lab result that was reported to you (someone with access to medical record/ on the
  care team).
  - Resource: HIPAA memo for LBOHs in Maven Help under "HIPAA Documents"
- Good lead-ins: Why did this patient seek care? Why did the doctor test? What brought this
  patient in?
  - Ask doctor or nurse all missing demographic (i.e., occupation, race, etc.) questions, as well as any clinical questions and relevant vaccine history.
  - Ask if the case-patient recently traveled or there were any exposures of note
  - Ask if the case-patient has been informed of their diagnosis
  - Confirm the case-patient's contact information. Update MAVEN event with additional phone numbers or corrections to existing information.
  - Make sure information collected is appropriately documented in the Demographic, Clinical and Risk/Exposure/Control & Prevention Question Packages

#### **CLUSTER EVENTS in MAVEN**



#### What to Know About Cluster Events in MAVEN

- What is a Cluster event and how is it used?
- How to find a Cluster in MAVEN?
  - Cluster Naming Conventions
- How to report a Cluster to MDPH?
- Linking individual MAVEN cases to a Cluster Event
- Cluster Tips & Tricks

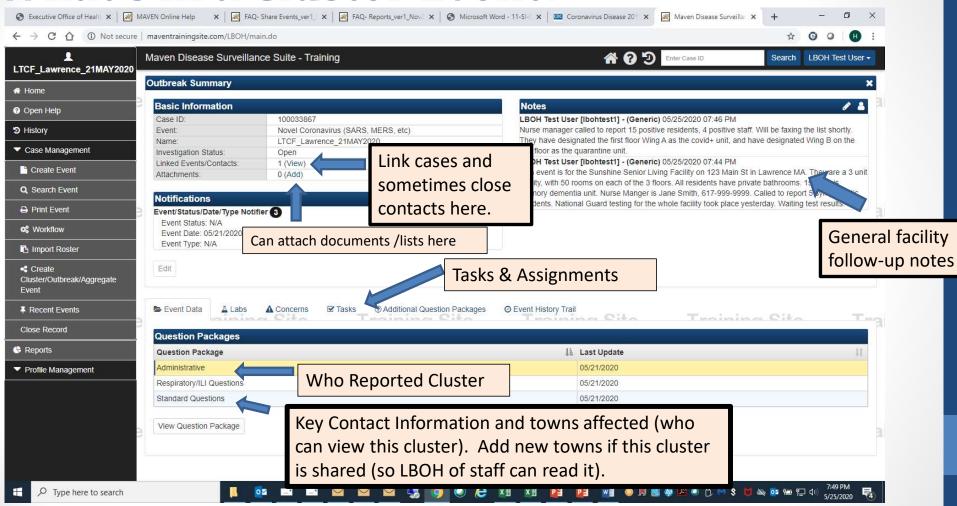
**2024 Cluster Update:** Cluster expectations and guidance for LBOH have significantly changed post-COVID (fewer scenarios where LBOH create a cluster event from scratch). Today we are keeping it simple! Most cluster events today can be created through an online reporting form from a facility or by calling the Epi Program at 617-983-6800.

### What is a Cluster? (The term is used in many ways)

- **CDC:** "a cluster of public health concern is defined by an unusual aggregation, real or perceived, of health events in time and space that is reported to a health agency"
- In general, **DPH** defines a cluster as:
  - At least two confirmed cases from different households with a shared exposure and/or close contact is known or suspected to have taken place.
  - We have a lower threshold for creating cluster events for certain settings: LTCFs and other healthcare facilities, correctional facilities, shelters, etc.
- For our purposes in MAVEN, we utilize the term "cluster" in reference to a shared exposure setting.
  - Clusters: Facility-based events (as opposed to an individual person event). In MAVEN they are called Outbreak Events.

## What's in a Cluster Event?

#### **CLUSTERS**



### **Cluster Naming Conventions**

- Naming Convention for Facility-based Clusters:
  - FACILITYTYPE\_FACILITYNAME\_TOWN

#### **Examples:**

- DAYC\_HAPPYVILLAGE\_SPRINGFIELD
- LTCF\_CAREONE\_NEWTON
- OTHR\_U2CONCERT\_BOSTON
- SCHL\_BUWOMENSSOCCERTEAM\_BOSTON

### **Standard Abbreviations for Facility Types**

Tip Sheet on Cluster
Naming available on
MAVEN Help.

Standard Abbreviations for Facility Types	
ALF	Assisted living facility
BUS	Any workplace, business, or company not captured in other categories
CORR	Correctional facility (prison, jail, etc.)
DAYC	Daycare centers
GH	Group home
HC_OTHR	Other healthcare facility
HOMELESS	Homeless encampment (homeless shelters captured as SHELT)
HOSP	Hospital or medical center
IND	Independent living facility
LTAC	Long-term acute care
LTCF	Long-term care facility
SCHL	School (all types, including elementary, secondary, and colleges/universities)***
OTHR	Other settings, such as an event (e.g., protest, concert), program (e.g., adult day program, camp), or community resource (e.g., place of worship, community center)
oos	Out of State

### Clusters - How to find one that already exists

Cluster: A facility or location-based event (Outbreak Event in MAVEN)

Schools, LTCF, Rest Homes, Nursing Homes, Group Homes, etc.

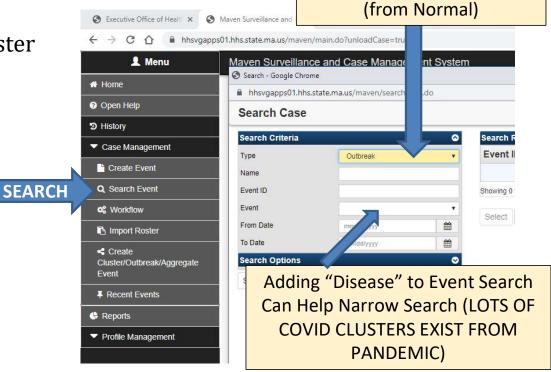
Find one in MAVEN

Then Link individual people events to cluster

- Select the "Search Event" icon on the left-hand menu of the MAVEN dashboard.
- 2. To search for a cluster event, change "Event" from "Normal" to "Outbreak"

If you cannot find a Cluster or are not sure if one already exists, you can also call the Epi Program at 617-983-6800.

Clusters are only viewable if your "Town" has been added to the cluster event.

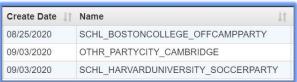


Update Type to "Outbreak"

### **Searching for an Existing Cluster**

- 3. The "Name" field searches on the cluster name (i.e., FACILITYTYPE\_FACILITYNAME\_TOWN). The search functionality is not sensitive to capitalization.
- Use the wildcard function (\*) to search for components of a cluster name.
  - Example: all clusters associated with daycares will be populated by searching for "DAYC\*".
- You can search for a key word in the middle of a cluster's name by using the wildcard before and after your search term.
  - Example: all clusters that have "party" anywhere in the name can be found by searching for "\*PARTY\*"
- Use the From and To Dates to narrow the range of your search.
   These dates search on the date the cluster event was created.



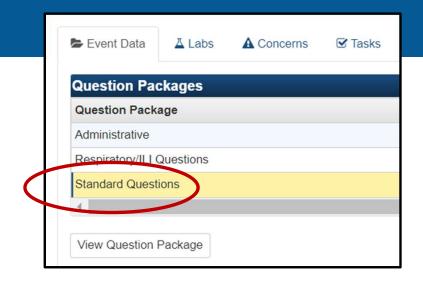


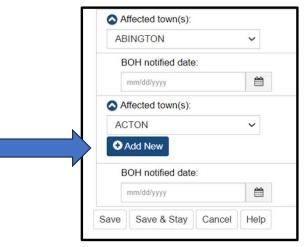
wild card rule: When doing a text search, remember your search must be "exact" or it will not match. A Wildcard search (using \*) is a tool to help when you are less sure of exact matching. Everything you type BEFORE the \* must be an exact match.

#### Who Can See A Cluster?

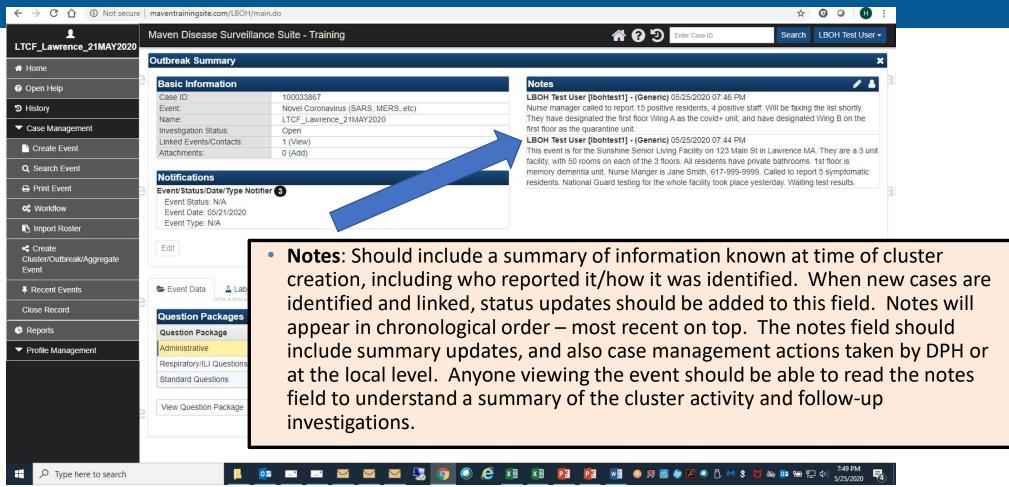
- The Affected Town(s) variable must be completed to allow a LBOH viewing access to the cluster.
  - This Variable is in the Standard Question Package of a Cluster.
  - Select "Add New" to add Affected Town(s).
  - This is how you "share" a cluster event.

**NOTE:** The SHARE option is for individual (person) disease events. You must "add an Affected Town" for cluster events.





#### **Notes Field**



### Is This a Cluster? Things to Consider

- Often people may start out as linked contacts to an index case.
  - **Example:** You are interviewing a case and find out he worked closely yesterday with 10 colleagues (while he was infectious).
    - We do not yet have a cluster, but you should work to create contact events for all the close contacts and link them to your index case.
- Identifying a shared source of exposure for confirmed cases through your interviews can lead to identifying a cluster.
  - Example: 3 of the exposed colleagues became cases.
    - The workplace now meets our definition of a cluster, and could be created as a cluster event in MAVEN. (Call Epi program. We'll help create the cluster.)
    - Notes in the cluster event could include details about the work activities, work setting, risk behaviors, things that help inform our work. It could also include facility communication and details on the follow-up at the worksite.

### Is This a Cluster? Things to Consider

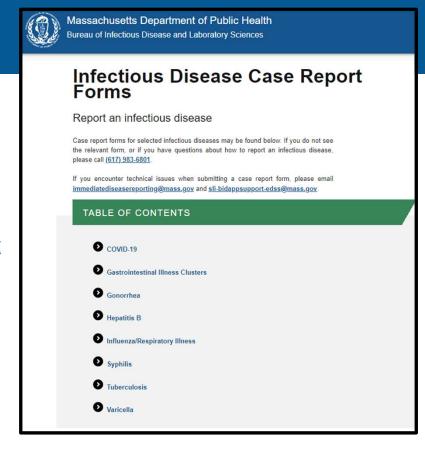
- You can always link contacts to their index case. That should be your primary action.
  - Cluster identification may come after further interviews and information gathering, as well as observing outcomes in quarantining contacts.
- If you have questions about what constitutes a cluster, please call Epi Program 617-983-6800. We are happy to discuss the scenario and provide recommendations.
  - Don't get caught up with whether the 2 cases you have should be a cluster event or not.
     Call the Epi Program.

#### **Cluster Events in MAVEN - Some Caution**

- During the COVID-19 Pandemic, significant work was put into local health creating many individual cluster events.
  - Took lots of time for training and for the work in MAVEN.
  - Incorrect Key Variables in Clusters can result in difficulty "searching" for a cluster or in granting correct access.
  - Duplicate Cluster Events frequently Occurred.
- Now...
  - Non-healthcare associated COVID clusters are no longer analyzed or reviewed by DPH Epi staff.
  - New Online Infectious Disease Case Report Forms are now available to improve reporting and automatically create MAVEN events as needed.
  - Most Clusters are created by MDPH Epis or online forms.
  - LBOH can call Epi Program to discuss if a cluster is needed and to prevent possible duplicates.

### **Cluster Reporting Forms**

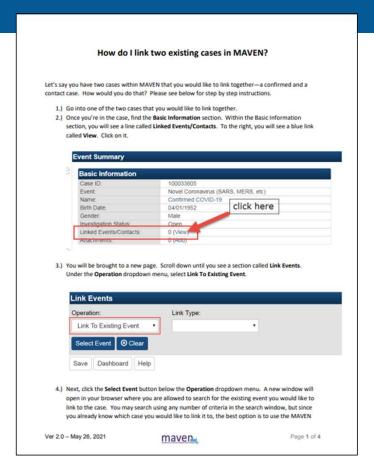
- Utilize an online Cluster Reporting Form to report clusters in most common settings:
  - <u>COVID-19 Healthcare Facility Cluster Reporting</u> Form
  - <u>Gastrointestinal Illness Healthcare Cluster Reporting</u>
     Form
  - Influenza/Respiratory Illness Facility Cluster Reporting Form
  - Varicella Cluster Report
- More Online Forms are in Development!
- Providers (like LTCFs) can report directly with these forms!



https://infectious-disease-reporting.dph.mass.gov/pages/CaseReportForms

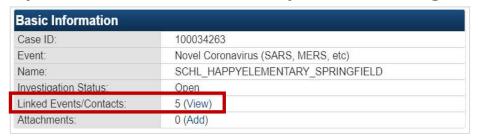
#### **Linking Cases to Cluster Events**

- Today there is less expectation that LBOH will create cluster events directly, however you may identify a case through your interviewing that should then be LINKED to a Cluster Event.
  - Linking two maven events (like a case to a cluster or a case to a contact) is a quick process.
  - There is a <u>MAVEN Tip Sheet for Linking</u> <u>Two Existing Events</u> in MAVEN Help.



### **Linking to Clusters**

- Use the <u>tip sheet</u>.
- You can be in either event and link to the other via the "Linked Events (View)"
  - Keep track of what event you are "in" and what event you are "looking" for.



Link Type:

 Most often, you will be linking to an "existing" event when linking people to clusters.

Link Events
Operation:

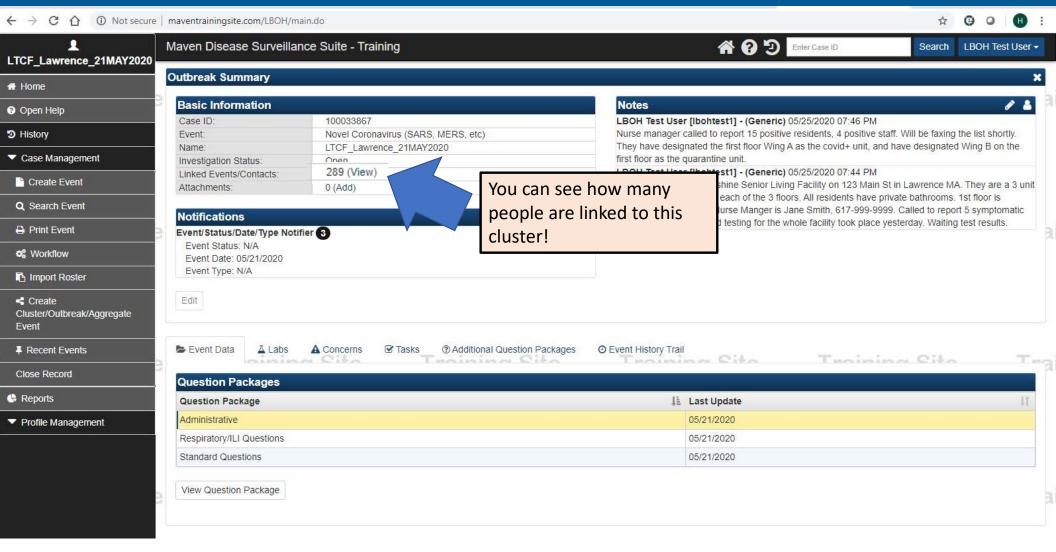
• As opposed to creating and linking to a "new" contact event when linking a contact to an index case.

Link To Existing Event

Select Event Select Event Clear

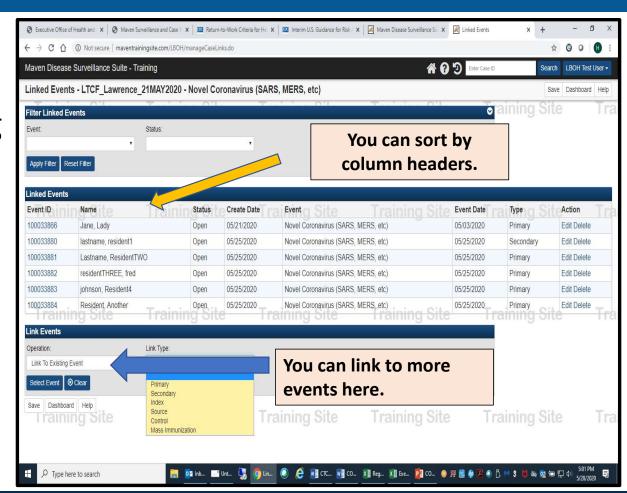
Save Dashboard Help

#### **Cluster Events - How to View the Linked Events**



### **Every Event has a Linked Events Page**

- Link Type should always be Primary when linking events to a cluster event.
  - There are more options for link types when linking contacts to each other. You can use the best link type in that situation (household contact, daycare contact, etc.)



# **Questions on Clusters (Outbreak Events)**

- How do I find a cluster event in MAVEN?
  - Remember to change "Type" from Normal to Outbreak in the Search Screen.
- How do I create a cluster in MAVEN?
  - First search does one already exist?
  - Can you utilize one of the <u>online REPORTING FORMS</u> to report/create the cluster?
  - Recommend that you call 617-983-6800 and an Epi will do it with you on the phone.
    - There may already be a Cluster Event that needs your "affected town" added so that you can also access the Cluster Event.
    - The situation may not need a cluster event.

#### What to Know About Cluster Events in MAVEN

- What is a Cluster event and how is it used?
  - Clusters are facility-based events (as opposed to an individual person event). In MAVEN they are called Outbreak Events and are used to track a shared exposure setting and the linked cases.
- How to find a Cluster in MAVEN?
  - Remember change "Normal" to "Outbreak" type when using Search Box.
- Cluster Naming Conventions
  - FACILITYTYPE\_FACILITYNAME\_TOWN
  - Use the Cluster Naming Tip Sheet
- How to report a Cluster to MDPH?
  - Use the Online Reporting Form if available
  - Call Epi Program (617) 983-6800 to confirm its appropriate and ensure no duplicates.
- Linking individual MAVEN cases to a Cluster Event
  - Use the Linking Events Tip Sheet.

**2024 Cluster Update:** To ensure accuracy, appropriateness, and prevent duplicates, most cluster events today can be created through an online reporting form from a facility or by calling the Epi Program at 617-983-6800.

