

Public Health – Muskegon County Communicable Disease Reporting Form

Secured Fax Number: (231) 724-1325

STD Phone: (231) 724-3562

Provider Name: _____

Communicable Disease Phone: (231) 724-4421

Provider Address: _____

Contact Person: _____

Contact Phone Number: _____

Disease: _____

Patient Name: _____ Birth Date: _____ Race: _____ Ethnicity: _____

Street Address: _____ City/Township/Village of: _____

County: _____, Michigan Zip Code: _____ Telephone: (____) _____

Sex: M F **Parent/Guardian's name if patient is a minor:** _____

Patient Medical Information:

Onset Date: _____ Specific Laboratory Test Performed: _____ Test Date: _____ Results: _____

Medication: _____ Treatment Date: _____ Pharmacy: _____

Is Patient Pregnant? Yes No **If diarrhea: Daycare or Food Handler? Yes No**

A Guide for Physicians, Health Care Providers, and Laboratories

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department **within 24 hours**, (unless otherwise noted) if the agent is identified by clinical or laboratory diagnosis. **Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.**

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| <ul style="list-style-type: none"> <input type="checkbox"/> Acute flaccid myelitis (1) <input type="checkbox"/> Anaplasmosis (<i>Anaplasma phagocytophilum</i>) <input type="checkbox"/> Anthrax (<i>Bacillus anthracis</i>, <i>Bacillus cereus</i>) (4) <input type="checkbox"/> Arboviral encephalitis, neuro- and non-neuroinvasive: Chikungunya, Eastern Equine, Jamestown Canyon, LaCrosse, Powassan, St. Louis, Western Equine, West Nile, Zika (6) <input type="checkbox"/> Babesiosis (<i>Babesia microti</i>) <input type="checkbox"/> Blastomycosis (<i>Blastomyces dermatitidis</i>) <input type="checkbox"/> Botulism (<i>Clostridium botulinum</i>) (4) <input type="checkbox"/> Brucellosis (<i>Brucella</i> species) (4) <input type="checkbox"/> Campylobacteriosis (<i>Campylobacter</i> species) <input type="checkbox"/> Carbapenemase Producing – Carbapenem Resistant Enterobacteriaceae (CP-CRE): all genera (4) <input type="checkbox"/> Chancroid (<i>Haemophilus ducreyi</i>) <input type="checkbox"/> Chickenpox / Varicella (<i>Varicella</i> virus) (6) <input type="checkbox"/> Chlamydial infections (including: trachoma, genital infections, LGV) (<i>Chlamydia trachomatis</i>) (3) (6) <input type="checkbox"/> Cholera (<i>Vibrio cholera</i>) (4) <input type="checkbox"/> Coccidioidomycosis (<i>Coccidioides immitis</i>) <input type="checkbox"/> Coronaviruses, Novel; including deaths and SARS-CoV-2 variant identification (SARS, Mers-CoV, Covid-19) (5) <input type="checkbox"/> Cryptosporidiosis (<i>Cryptosporidium</i> species) <input type="checkbox"/> Cyclosporiasis (<i>Cyclospora</i> species) <input type="checkbox"/> Dengue Fever (Dengue virus) <input type="checkbox"/> Diphtheria (<i>Corynebacterium diphtheriae</i>) (5) <input type="checkbox"/> Ehrlichiosis (<i>Ehrlichia</i> species) <input type="checkbox"/> Encephalitis, viral or unspecified <input type="checkbox"/> <i>Escherichia coli</i>, O157:H7 and all other Shiga toxin positive serotypes (5) <input type="checkbox"/> Giardiasis (<i>Giardia</i> species) <input type="checkbox"/> Glanders (<i>Burkholderia mallei</i>) (4) <input type="checkbox"/> Gonorrhea (<i>Neisseria gonorrhoeae</i>) (3,6) (4 sterile sites only) <input type="checkbox"/> Guillain-Barre Syndrome (1) <input type="checkbox"/> <i>Haemophilus influenzae</i>, sterile sites only; submit isolates for serotyping for patients <15 years of age (5) <input type="checkbox"/> Hantavirus <input type="checkbox"/> Hemolytic Uremic Syndrome (HUS) <input type="checkbox"/> Hemorrhagic Fever Viruses (4) | <ul style="list-style-type: none"> <input type="checkbox"/> Hepatitis A virus, (Anti-HAV IgM, Genotype) <input type="checkbox"/> Hepatitis B virus, (HBsAg, HBeAg, anti-HBc IgM, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6) <input type="checkbox"/> Hepatitis C virus, (all HCV test results including positive and negative antibody, RNA and genotype) (6) <input type="checkbox"/> Histoplasmosis (<i>Histoplasma capsulatum</i>) <input type="checkbox"/> HIV (tests including reactive immunoassays (e.g. WB, EIA, IA), detection tests (e.g. VL, NAAT, p24, genotypes), CD4 counts/percents, and all tests related to perinatal exposures) (2) (6) <input type="checkbox"/> Influenza virus (Weekly aggregate counts) Pediatric mortality, report individual cases Novel Influenza viruses, report individual cases (5) (6) <input type="checkbox"/> Kawasaki Disease (1) <input type="checkbox"/> Legionellosis (<i>Legionella</i> species) (5) <input type="checkbox"/> Leprosy or Hansen's Disease (<i>Mycobacterium leprae</i>) <input type="checkbox"/> Leptospirosis (<i>Leptospira</i> species) <input type="checkbox"/> Listeriosis (<i>Listeria monocytogenes</i>) (5) (6) <input type="checkbox"/> Lyme Disease (<i>Borrelia burgdorferi</i>) <input type="checkbox"/> Malaria (<i>Plasmodium</i> species) <input type="checkbox"/> Measles (Measles/Rubeola virus) <input type="checkbox"/> Melioidosis (<i>Burkholderia pseudomallei</i>) (4) <input type="checkbox"/> Meningitis: bacterial, viral, fungal, and parasitic and amebic <input type="checkbox"/> Meningococcal Disease (<i>Neisseria meningitidis</i>, sterile sites) (5) Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A) <input type="checkbox"/> Mumps (Mumps virus) <input type="checkbox"/> Orthopox viruses (including Smallpox, Monkeypox) (4) <input type="checkbox"/> Pertussis (<i>Bordetella pertussis</i>) <input type="checkbox"/> Plague (<i>Yersinia pestis</i>) (4) <input type="checkbox"/> Polio (Poliovirus) <input type="checkbox"/> Prion disease (including CJD) <input type="checkbox"/> Psittacosis (<i>Chlamydia psittaci</i>) <input type="checkbox"/> Q Fever (<i>Coxiella burnetii</i>) (4) <input type="checkbox"/> Rabies (<i>Rabies</i> virus) (4) | <ul style="list-style-type: none"> <input type="checkbox"/> Rabies: potential exposure and post exposure prophylaxis (PEP) <input type="checkbox"/> Rubella (Rubella virus) (6) <input type="checkbox"/> Salmonellosis (<i>Salmonella</i> species) (5) <input type="checkbox"/> Shigellosis (<i>Shigella</i> species) (5) <input type="checkbox"/> Spotted Fever (<i>Rickettsia</i> species) <input type="checkbox"/> <i>Staphylococcus aureus</i>, vancomycin intermediate/resistant (VISA) (5)/VRSA (4) <input type="checkbox"/> <i>Streptococcus pneumoniae</i>, sterile sites <input type="checkbox"/> <i>Streptococcus pyogenes</i>, group A, sterile sites including Streptococcal Toxic Shock Syndrome (STSS) <input type="checkbox"/> Syphilis (<i>Treponema pallidum</i>) (6) <input type="checkbox"/> Tetanus (<i>Clostridium tetani</i>) <input type="checkbox"/> Toxic Shock Syndrome (non-streptococcal) (1) <input type="checkbox"/> Trichinellosis (<i>Trichinella spiralis</i>) <input type="checkbox"/> Tuberculosis (<i>Mycobacterium tuberculosis</i> complex); report preliminary and final rapid test and culture results (4) <input type="checkbox"/> Tularemia (<i>Francisella tularensis</i>) (4) <input type="checkbox"/> Typhoid Fever (<i>Salmonella typhi</i>) (5) <input type="checkbox"/> Vibriosis (Non-cholera species) (5) <input type="checkbox"/> Yellow fever (Yellow Fever virus) <input type="checkbox"/> Yersiniosis (<i>Yersinia enterocolitica</i>) (4) |
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LEGEND
(1) Reporting within 3 days is required.
(2) Report HIV labs electronically/by arrangement & case reports by MDHHS Form 1355. Report HIV genome sequence data only as Sanger sequences, or as consensus sequences for next generation sequencing.
(3) Sexually transmitted infections for which expedited partner therapy is authorized. See www.michigan.gov/hivstd for details.
(4) A laboratory shall immediately submit suspect or confirmed isolates from sterile sites, subcultures, or specimens from the patient being tested to the MDHHS Lansing laboratory.
(5) Isolate requested. <i>Enteric</i> : If not available from non-culture based testing, the positive broth and/or stool in transport medium must be submitted to the MDHSS Lansing lab. <i>Respiratory</i> : Submit specimens, if available.
(6) Report pregnancy status, if available.
Blue Bold Text = Category A bioterrorism agent, notify the MDHSS Laboratory immediately: (517) 335-8063

This reporting is expressly allowed under HIPAA and required by Michigan Public Act 368 of 1978, 333.5111