

# Public Health – Muskegon County Communicable Disease Reporting Form

Secured Fax Number: (231) 724-1325

STI 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: <input type="checkbox"/> M <input type="checkbox"/> F <b>Parent/Guardian's name if patient is a minor:</b> _____	
<u>Patient Medical Information:</u>	
Onset date: _____	Specific Laboratory Test Performed: _____ Test Date: _____ Results: _____
Medication: _____	Treatment Date: _____ Pharmacy: _____

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.**

Acute flaccid myelitis (1)  
Anaplasmosis (*Anaplasma phagocytophilum*)  
**Anthrax (*Bacillus anthracis* and other anthrax toxin-producing *Bacillus* species)** (4)  
Arboviral encephalitis, neuro- and non-neuroinvasive:  
Chikungunya, **Eastern Equine**, Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika (6)  
Babesiosis (*Babesia microti*)  
Blastomycosis (*Blastomyces dermatitidis*)  
**Botulism (*Clostridium botulinum*)** (4)  
**Brucellosis (*Brucella abortus, melitensis, suis, and canis*)** (4)  
Campylobacteriosis (*Campylobacter* species)  
Candidiasis (*Candida auris*) (4)  
Carbapenemase - Producing Organisms (CPO) (4)  
Chancroid (*Haemophilus ducreyi*)  
Chickenpox / Varicella (Varicella-zoster virus) (6)  
Chlamydial infections (All-Sites) (*Chlamydia trachomatis*) (3, 6)  
Cholera (*Vibrio cholera*) (4)  
Coccidioidomycosis (*Coccidioides* species)  
Coronaviruses, Novel (**SARS**, MERS-CoV) (5)  
COVID-19; including SARS-CoV-2 variant  
*Cronobacter sakazakii* (infants <1 year old) (4, blood or CSF only)  
Cryptosporidiosis (*Cryptosporidium* species)  
Cyclosporiasis (*Cyclospora* species)  
Dengue Fever (Dengue virus)  
Diphtheria (*Corynebacterium diphtheriae*) (5)  
Ehrlichiosis (*Ehrlichia* species)  
Encephalitis, viral or unspecified  
*Escherichia coli*, O157:H7 and all other Shiga toxin positive serotypes (5)  
Giardiasis (*Giardia* species)  
**Glanders (*Burkholderia mallei*)** (4)  
Gonorrhea (*Neisseria gonorrhoeae*) (3,6) (4 – isolates from sterile sites only)  
Guillain-Barre Syndrome (1)  
*Haemophilus influenzae*, sterile sites (5, submit isolates for serotyping for patients <15 years old)  
Hantavirus  
*Hemolytic Uremic Syndrome* (HUS)

**Hemorrhagic Fever Viruses** (4)  
Hepatitis A virus, (IgM anti-HAV, HAV genotype)  
Hepatitis B virus (HBsAg, HBeAg, IgM anti-HBc, total anti-HBc, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years old) (6)  
Hepatitis C virus, (all HCV test results including positive & negative antibody, RNA and genotype) (6)  
Histoplasmosis (*Histoplasma capsulatum*)  
HIV tests including: reactive immunoassays including all analytes (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA, Rapids), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percents, and all tests related to perinatal exposures (2, 6)  
Influenza virus (weekly aggregate counts): Pediatric mortality (<18 years old), report individual cases (5), Novel Influenza viruses, report individual cases (5, 6)  
Kawasaki Disease (1)  
Legionellosis (*Legionella* species) (5)  
Leprosy or Hansen's Disease (*Mycobacterium leprae*)  
Leptospirosis (*Leptospira* species)  
Listeriosis (*Listeria monocytogenes*) (5, 6)  
Lyme Disease (*Borrelia burgdorferi*)  
Malaria (*Plasmodium* species)  
Measles (Measles/Rubeola virus) (6)  
**Melioidosis (*Burkholderia pseudomallei*)** (4)  
Meningitis: bacterial, viral, fungal, and parasitic and amebic  
Meningococcal Disease, sterile sites (*Neisseria meningitidis*) (4)  
Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A)  
Mumps (Mumps virus)  
**Orthopox viruses (including Smallpox, Mpox)** (4)  
Pertussis (*Bordetella pertussis*)  
**Plague (*Yersinia pestis*)** (4)  
Polio (Poliovirus)  
Prion disease, including Creutzfeldt-Jakob Disease (CJD)  
Psittacosis (*Chlamydia psittaci*)  
**Q Fever (*Coxiella burnetii*)** (4)  
Rabies (Rabies virus) (4)  
Rabies: potential exposure and post exposure prophylaxis (PEP)

Respiratory syncytial virus (RSV) pediatric mortality (< 5 years old)  
Rubella (Rubella virus) (6)  
Salmonellosis (*Salmonella* species) (5)  
Shigellosis (*Shigella* species) (5)  
Spotted Fever (*Rickettsia* species)  
*Staphylococcus aureus*, vancomycin intermediate/resistant (VISA 5)/VRSA (4)  
*Streptococcus pneumoniae*, sterile sites  
*Streptococcus pyogenes*, group A, sterile sites incl. Streptococcal Toxic Shock Syndrome (STSS)  
Syphilis (*Treponema pallidum*) (for any reactive result, report all associated syphilis tests, including negative results) (6)  
Tetanus (*Clostridium tetani*)  
Toxic Shock Syndrome (non-streptococcal) (1)  
Trichinellosis/Trichinosis (*Trichinella spiralis*)  
Tuberculosis (*Mycobacterium tuberculosis* complex); report preliminary and final rapid test and culture results (4)  
**Tularemia (*Francisella tularensis*)** (4)  
Typhoid Fever (*Salmonella* serotype Typhi) and Paratyphoid Fever (*Salmonella* serotypes Paratyphi A, Paratyphi B (tartrate negative) and Paratyphi C) (5)  
Vibriosis (*Vibrio* species other than *cholerae*) (5)  
Yellow fever (Yellow Fever virus)  
Yersiniosis (*Yersinia non-pestis* species) (5)

## 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/hivsti](http://www.michigan.gov/hivsti) for details.
  - (4) A laboratory shall immediately submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the MDHHS laboratory.
  - (5) Specimen and/or isolate requested. *Enteric*: If an isolate is not available from non-culture based testing, the positive broth and/or stool in transport medium must be submitted to the MDHHS laboratory. *Respiratory*: Submit specimens, if available.
  - (6) Report pregnancy status.
- Blue Bold Text** = Category A bioterrorism/select agent, notify the MDHHS Laboratory immediately: (517) 335-8063

**This reporting is expressly allowed under HIPAA and required by Michigan Public Act 368 of 1978, 333.5**