

Public Health – Muskegon County Communicable Disease Reporting Form

Secured Fax Number: (231) 724-1325

STD Phone: (231) 724-3562

Communicable Disease Phone: (231) 724-4421

Contact Person: _____

Provider Name: _____

Provider Address: _____

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 Parent/Guardian's name if patient is a minor: _____	
<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.**

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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 abortus</i>, <i>melitensis</i>, <i>suis</i>, and <i>canis</i>) (4)<input type="checkbox"/> Campylobacteriosis (<i>Campylobacter</i> species)<input type="checkbox"/> Carbapenemase Producing – Organisms (CPO) (4)<input type="checkbox"/> Chancroid (<i>Haemophilus ducreyi</i>)<input type="checkbox"/> Chickenpox / Varicella (<i>Varicella virus</i>) (6)<input type="checkbox"/> Chlamydial infections (All-Sites) (<i>Chlamydia trachomatis</i>) (3) (6)<input type="checkbox"/> Cholera (<i>Vibrio cholera</i>) (4)<input type="checkbox"/> Coccidioidomycosis (<i>Coccidioides</i> species)<input type="checkbox"/> Coronaviruses, Novel (SARS, MERS-CoV) (5) COVID-19; including SARS-CoV-2 variant identification<input type="checkbox"/> Cryptosporidiosis (<i>Cryptosporidium</i> species)<input type="checkbox"/> Cyclosporiasis (<i>Cyclospora</i> species)<input type="checkbox"/> Dengue Fever (<i>Dengue virus</i>)<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)<input type="checkbox"/> Hepatitis A virus, (Anti-HAV IgM, Genotype) | <ul style="list-style-type: none"><input type="checkbox"/> 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 of age) (6)<input type="checkbox"/> Hepatitis C virus, (all HCV test results including positive & negative antibody, RNA and genotype) (6)<input type="checkbox"/> Histoplasmosis (<i>Histoplasma capsulatum</i>)<input type="checkbox"/> HIV tests including: reactive immunoassays including all analytes (e.g., Ab/Ag, TD1/TD2, 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 (<18 years of age), 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 (<i>Measles/Rubeola virus</i>)<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) (4)<input type="checkbox"/> Mumps (<i>Mumps virus</i>)<input type="checkbox"/> Orthopox viruses (including Smallpox, Mpox) (4)<input type="checkbox"/> Pertussis (<i>Bordetella pertussis</i>)<input type="checkbox"/> Plague (<i>Yersinia pestis</i>) (4)<input type="checkbox"/> Polio (<i>Poliovirus</i>)<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 virus</i>) (4)<input type="checkbox"/> Rabies: potential exposure and post exposure prophylaxis (PEP)<input type="checkbox"/> Respiratory syncytial virus (RSV) pediatric mortality (< 5 years of age)<input type="checkbox"/> Rubella (<i>Rubella virus</i>) (6)<input type="checkbox"/> Salmonellosis (<i>Salmonella</i> species) (5) | <ul style="list-style-type: none"><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>) (for any reactive result, report all associated syphilis tests, including negative results) (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 (<i>Yellow Fever virus</i>)<input type="checkbox"/> Yersiniosis (Non-pestis <i>Yersinia</i> species) (4) Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A) |
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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) 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 Lansing laboratory. Respiratory: Submit specimens, if available.
(6) Report pregnancy status.
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, 333.511