**miOttawa Department of**
# Public Health

# MANDATORY REPORT OF COMMUNICABLE DISEASES IN MICHIGAN

| Disease: | Report date: | Has or will patient be notified of diagnosis?: ☐ Y  ☐ N | |
|---|---|---|---|
| Patient name: | Date of birth: | Race: | Sex: ☐ M  ☐ F |
| Address: | City: | State: | Zip: |
| Patient phone: | Hospitalized: ☐ Y ☐ N | Hospital: | |
| Primary physician: | | Physician phone: | |
| Reported by: | | Reporter phone: | |

| **Please complete the following if sexually transmitted disease** | |
|---|---|
| Date of treatment: | Specify drug/dose: |
| Is this an initial test or retest? | Patient pregnant: ☐ Y  ☐ N |

*This reporting is expressly allowed under HIPAA and required by Michigan Public Act 368 of 1978, 333.5111*
Notify the Health Department **WITHIN 24 HOURS** of all reportable diseases unless otherwise noted
## COMPLETE AND FAX WITH LAB RESULTS TO: (616) 393-5767 TELEPHONE: (616) 396-5266
*Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.*

☐ Acute flaccid myelitis (1)
☐ Anaplasmosis (Anaplasm phagocytophilum)
☐ **Anthrax (Bacillus anthracis) (4)**
☐ Arboviral encephalitides, neuro- and non-neuroinvasive:  California serogroup, Chikungunya,  Eastern Equine, Powassan, St. Louis, Western Equine, West Nile
☐ Babesiosis (Babesia microti)
☐ Blastomycosis (Blastomyces dermatitidis)
☐ **Botulism (Clostridium botulinum) (4)**
☐ **Brucellosis (Brucella species) (4)**
☐ Campylobacteriosis (Campylobacter species)
☐ Candidiasis (Candida auris) (4)
☐ Carbapenemase Producing – Carbapenem Resistant Enterobacteriaceae (CP-CRE): Klebsiella spp., Enterobacter spp., and Escherichia coli (5)
☐ Chancroid (Haemophilus ducreyi)
☐ Chickenpox/Varicella (Varicella virus) (6)
☐ Chlamydial infections (including: trachoma, genital infections, LGV) (Chlamydia trachomatis) (3) (6)
☐ Cholera (Vibrio cholera) (4)
☐ Coccidiodomycosis (Coccidioides immitis)
☐ 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)
☐ Guillain-Barre Syndrome (1)
☐ Haemophilus influenzae, sterile sites only;submit isolates for serotyping for patients < 15 years of age (5)

☐ Hantavirus
☐ Hemolytic Uremic Syndrome (HUS)
☐ **Hemorrhagic Fever Viruses (4)**
☐ Hepatitis, viral:
- Hepatitis A virus, (Anti-HAV IgM, HAV genotype)
- Hepatitis B virus, (HBsAg, HBeAg, anti-HBc IgM, HBV NAAT, HBV genotype; report all HBsAg and anit-HBs (positive, negative, indeterminate) for children ≤ 5 of age by 2017) (6)
- Hepatitis C virus, (Anti-HCV, HCV NAAT, HCV genotype) (6)
- Hepatitis D virus, (HDsAg, anti-HDV IgM)
- Hepatitis E virus, (Anti-HEV IgM)
☐ Histoplasmosis (Histoplasma capsulatum)
☐ HIV, (Tests indicative of HIV infection including reactive immunoassays (e.g. WB, EIA, IA), detection tests (e.g. VL, NAAT, p24), CD4 counts/percents, genotypes, and all tests related to perinatal exposures (2) (4) (6)
☐ Influenza virus (Weekly aggregate counts)
- Pediatric mortality, report individual cases
- 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)
☐ **Melioidosis (Burkholderia pseudomallei) (4)**
☐ Meningitis: bacterial, viral, fungal, or parasitic
☐ Meningococcal Disease (Neisseria meningitidis, sterile sites) (5)
☐ Middle East Respiratory Syndrome (MERS-CoV) (5)

☐ Mumps (Mumps virus)
☐ **Orthopox viruses (including: Smallpox, Monkeypox) (4)**
☐ Pertussis (Bordetella pertussis)
☐ **Plague (Yersinia pestis) (4)**
☐ Polio (Polio virus)
☐ Prion disease (including: CJD)
☐ Psittacosis (Chlamydophila psittaci)
☐ **Q fever (Coxiella burnetii) (4)**
☐ Rabies (Rabies virus) (4)
☐ Rabies: potential exposure and post exposure prophylaxis (PEP)
☐ Rheumatic fever (1)
☐ Rubella (Rubella virus) (6)
☐ Salmonellosis (Salmonella species) (5)
☐ **Severe Acute Respiratory Syndrome (SARS)** (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, including Streptococcal Toxic Shock Syndrome (STSS)
☐ Syphilis (Treponema pallidum) (6)
☐ Tetanus (Clostridium tetani)
☐ Toxic Shock Syndrome (non-Streptococcal) (1)
☐ Trichinellosis (Trichinella spiralis)
☐ Tuberculosis (Mycobacterium tuberculosis complex) (5)
☐ **Tularemia (Francisella tularensis) (4)**
☐ Typhoid Fever (Salmonella typhi) (5)
☐ Vibriosis (Non-Cholera species)
☐ Yellow fever (Yellow Fever virus)
☐ Yersiniosis (Yersinia enterocolitica)

*LEGEND:*
(1) Reporting within 3 days is required.
(2) Reporting within 7 days is required.
(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, subcultures, or specimens from the patient being tested to the MDHHS Lansing laboratory.
(5) Isolate requested. If not available from non-culture based testing, the ositive broth and/or stool in transport medium must be submitted to the MDHHS Lansing laboratory.
(6) Report pregnancy status, if available.
**Blue Bold Text** = Category A bioterrorism agent, notify the MDHHS Laboratory immediately:  517-335-8063