



# MANDATORY REPORT OF COMMUNICABLE DISEASES IN MICHIGAN

## OTTAWA COUNTY HEALTH DEPARTMENT

<b>Disease:</b> _____	<b>Report Date:</b> _____
<b>Patient Name:</b> _____	<b>Birth Date:</b> _____ <b>Race:</b> _____ <b>Sex:</b> M F
<b>Address:</b> _____	<b>City:</b> _____ <b>Zip:</b> _____
<b>Phone #:</b> _____	
<b>Hospitalized:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Has patient been notified of diagnosis?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Primary Physician:</b> _____	<b>Physician Phone #:</b> _____
<b>Reported By:</b> _____	<b>Reporter Phone #:</b> _____

**Please complete the following if sexually transmitted disease**

<b>Date of Treatment:</b> _____	<b>Specify Drug/Dosage:</b> _____
<b>Is Patient Pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is this an Initial test or Retest?</b> _____

NOTIFY HEALTH DEPARTMENT **WITHIN 24 HOURS** OF ALL REPORTABLE DISEASES UNLESS OTHERWISE NOTED  
 FAX TO: (616) 393-5767 TELEPHONE: (616) 396-5266

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| <input type="checkbox"/> Acquired Immune Deficiency Syndrome (AIDS) (2,3)<br><input type="checkbox"/> Amebiasis<br><input type="checkbox"/> Anaplasmosis<br><input type="checkbox"/> <b>Anthrax *</b><br><input type="checkbox"/> Arboviral Diseases, Includes:<br>California serogroup, Eastern or Western<br>Equine Encephalitis, Powassan, St. Louis,<br>West Nile<br><input type="checkbox"/> Babesia microti (Babesiosis)<br><input type="checkbox"/> Blastomycosis<br><input type="checkbox"/> <b>Botulism *</b><br><input type="checkbox"/> Brucellosis<br><input type="checkbox"/> Campylobacter enteritis<br><input type="checkbox"/> Chancroid<br><input type="checkbox"/> Chickenpox (Varicella)<br><input type="checkbox"/> Chlamydia, (Trachoma, Genital, LGV)<br><input type="checkbox"/> Cholera (Vibriosis)<br><input type="checkbox"/> Coccidiomycosis<br><input type="checkbox"/> Cryptosporidiosis<br><input type="checkbox"/> Cyclosporiasis<br><input type="checkbox"/> Dengue Fever<br><input type="checkbox"/> Diphtheria<br><input type="checkbox"/> Ehrlichiosis<br><input type="checkbox"/> Encephalitis, viral or unspecified<br><input type="checkbox"/> <b>E. Coli, O157:H7 and all other shiga toxin positive serotypes †</b><br><input type="checkbox"/> Giardiasis<br><input type="checkbox"/> Glanders<br><input type="checkbox"/> Gonorrhoea<br><input type="checkbox"/> Granuloma inguinale (Donovanosis)<br><input type="checkbox"/> Guillain-Barre Syndrome (1)<br><input type="checkbox"/> Haemophilus influenza, Sterile Sites –<br>Submit isolates for serotyping for patients<br>< 15 years of age. | <input type="checkbox"/> Hantavirus<br><input type="checkbox"/> Hemolytic-Uremic Syndrome (HUS)<br><input type="checkbox"/> <b>Hemorrhagic fevers - viral</b><br><input type="checkbox"/> Hepatitis A (Anti-HAV IgM)<br><input type="checkbox"/> Hepatitis B (HBsAg) Within 24hrs if pregnant<br><input type="checkbox"/> Hepatitis C (Anti-HCV, RNA, RIBA,<br>genotype)<br><input type="checkbox"/> Hepatitis D<br><input type="checkbox"/> Hepatitis E<br><input type="checkbox"/> Histoplasmosis<br><input type="checkbox"/> Human Immunodeficiency Virus (HIV) (2,3)<br>(Confirmed positive HIV diagnostic serology<br>and detection tests; CD4 counts/percents and<br>all viral loads on people already known to be<br>infected)<br><input type="checkbox"/> Influenza (report weekly aggregate counts)<br><b>Pediatric mortality, report individual<br/>         cases, Novel influenza viruses, report<br/>         individual cases</b><br><input type="checkbox"/> Kawasaki Disease (1)<br><input type="checkbox"/> Legionellosis<br><input type="checkbox"/> Leprosy<br><input type="checkbox"/> Leptospirosis<br><input type="checkbox"/> Listeriosis<br><input type="checkbox"/> Lyme disease<br><input type="checkbox"/> Malaria<br><input type="checkbox"/> Measles (Rubeola)<br><input type="checkbox"/> Melioidosis<br><input type="checkbox"/> Meningococcal disease – Sterile sites<br><input type="checkbox"/> Meningitis, other bacterial, viral, fungal, or<br>parasitic<br><input type="checkbox"/> Mumps<br><input type="checkbox"/> Orthopox viruses, includes<br><b>Smallpox *</b> , Monkeypox | <input type="checkbox"/> Pertussis<br><input type="checkbox"/> <b>Plague * (Yersinia pestis)</b><br><input type="checkbox"/> Poliomyelitis, paralytic<br><input type="checkbox"/> Prion disease ( <b>Includes CJD</b> )<br><input type="checkbox"/> Psittacosis<br><input type="checkbox"/> Q fever<br><input type="checkbox"/> Rabies, human<br><input type="checkbox"/> Reye's syndrome (1)<br><input type="checkbox"/> Rickettsial disease (Spotted Fever and<br>Typhus Group)<br><input type="checkbox"/> Rubella<br><input type="checkbox"/> Salmonellosis<br><input type="checkbox"/> Severe Acute Respiratory Disease (SARS)<br><input type="checkbox"/> Shigellosis<br><input type="checkbox"/> Staphylococcus aureus, methicillin resistant<br>(MRSA)-outbreaks only<br><input type="checkbox"/> Staphylococcus aureus, vancomycin<br>intermediate/resistant (VISA/VRSA)<br><input type="checkbox"/> Streptococcus pneumoniae, sterile sites<br><input type="checkbox"/> Streptococcus pyogenes, group A, sterile sites<br>(Including Streptococcal Toxic Shock<br>Syndrome, STSS)<br><input type="checkbox"/> Syphilis<br><input type="checkbox"/> Tetanus<br><input type="checkbox"/> Toxic shock syndrome (1)(non-streptococcal)<br><input type="checkbox"/> Trachoma<br><input type="checkbox"/> Trichinosis<br><input type="checkbox"/> <b>Tuberculosis ‡</b><br><input type="checkbox"/> <b>Tularemia *</b><br><input type="checkbox"/> Typhoid fever<br><input type="checkbox"/> Typhus<br><input type="checkbox"/> Yellow fever<br><input type="checkbox"/> Yersinia enterocolitica<br><input type="checkbox"/> <b>Unusual occurrence, outbreak or epidemic</b> |
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\*Category A bioterrorism agent, notify the MDCH Laboratory Immediately: (517) 335-8063

† An isolate, if available, or the non-culture positive broth and/or stool specimen must be submitted to MDCH laboratory

‡ All preliminary tuberculosis test results are to be reported to appropriate local health department and isolates submitted to MDCH laboratory

(1) Report as soon as possible, reporting within 3 days is required

(2) Report as soon as possible, reporting within 7 days is required

(3) Required to be reported on a special form supplied by local health department or MDCH