

MANDATORY REPORT OF COMMUNICABLE DISEASES IN MICHIGAN

Disease:	Report date:	Has or will patient be notified of diagnosis?: <input type="checkbox"/> Y <input type="checkbox"/> N	
Patient name:	Date of birth:	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	City:	State:	Zip:
Patient phone:	Hospitalized: <input type="checkbox"/> Y <input type="checkbox"/> 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: <input type="checkbox"/> Y <input type="checkbox"/> 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.

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Acute flaccid myelitis (1) <input type="checkbox"/> Anaplasmosis (Anaplasma phagocytophilum) <input type="checkbox"/> Anthrax (Bacillus anthracis) (4) <input type="checkbox"/> Arboviral encephalitides, neuro- and non-neuroinvasive: California serogroup, Chikungunya, Eastern Equine, Powassan, St. Louis, Western Equine, West Nile <input type="checkbox"/> Babesiosis (Babesia microti) <input type="checkbox"/> Blastomycosis (Blastomyces dermatitidis) <input type="checkbox"/> Botulism (Clostridium botulinum) (4) <input type="checkbox"/> Brucellosis (Brucella species) (4) <input type="checkbox"/> Campylobacteriosis (Campylobacter species) <input type="checkbox"/> Candidiasis (Candida auris) (4) <input type="checkbox"/> Carbapenemase Producing Organisms (CPO) (4) <input type="checkbox"/> Chancroid (Haemophilus ducreyi) <input type="checkbox"/> Chickenpox/Varicella (Varicella virus) (6) <input type="checkbox"/> Chlamydial infections (including: trachoma, genital infections, LGV) (Chlamydia trachomatis) (3) (6) <input type="checkbox"/> Cholera (Vibrio cholera) (4) <input type="checkbox"/> Coccidioidomycosis (Coccidioides immitis) <input type="checkbox"/> Coronaviruses (Novel) (SARS, MERS-CoV) (5) <input type="checkbox"/> Cronobacter sakazakii (infants <1 year of age) (4 - blood or CSF only) <input type="checkbox"/> Cryptosporidiosis (Cryptosporidium species) <input type="checkbox"/> Cyclosporiasis (Cyclospora species) <input type="checkbox"/> Dengue Fever (Dengue virus) <input type="checkbox"/> Diphtheria (Corynebacterium diphtheriae) (5) <input type="checkbox"/> Ehrlichiosis (Ehrlichia species) <input type="checkbox"/> Encephalitis, viral or unspecified <input type="checkbox"/> Escherichia coli, O157:H7 and all other shiga toxin positive serotypes (5) <input type="checkbox"/> Giardiasis (Giardia species) <input type="checkbox"/> Glanders (Burkholderia mallei) (4) <input type="checkbox"/> Gonorrhea (Neisseria gonorrhoeae) (3) (4 - isolates from sterile sites only) (6) <input type="checkbox"/> Guillain-Barre Syndrome (1) <input type="checkbox"/> Haemophilus influenzae, sterile sites only: submit isolates for serotyping for patients < 15 years of age (5) | <ul style="list-style-type: none"> <input type="checkbox"/> Hantavirus <input type="checkbox"/> Hemolytic Uremic Syndrome (HUS) <input type="checkbox"/> Hemorrhagic Fever Viruses (4) <input type="checkbox"/> Hepatitis, viral: <ul style="list-style-type: none"> - Hepatitis A virus, (Anti-HAV IgM, 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 of age) (6) - Hepatitis C virus (all HCV results including positive and negative antibody, RNA, and genotype tests) (6) <input type="checkbox"/> Histoplasmosis (Histoplasma capsulatum) <input type="checkbox"/> 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) <input type="checkbox"/> Influenza virus (Weekly aggregate counts) <ul style="list-style-type: none"> - Pediatric mortality, report individual cases - Novel Influenza viruses, report individual cases (5) (6) <input type="checkbox"/> Kawasaki Disease (1) <input type="checkbox"/> Legionellosis (Legionella species) (5) <input type="checkbox"/> Leprosy or Hansen's Disease (Mycobacterium leprae) <input type="checkbox"/> Leptospirosis (Leptospira species) <input type="checkbox"/> Listeriosis (Listeria monocytogenes) (5) (6) <input type="checkbox"/> Lyme Disease (Borrelia burgdorferi) <input type="checkbox"/> Malaria (Plasmodium species) <input type="checkbox"/> Measles (Measles/Rubeola virus) <input type="checkbox"/> Melioidosis (Burkholderia pseudomallei) (4) <input type="checkbox"/> Meningitis: bacterial, viral, fungal, or parasitic <input type="checkbox"/> Meningococcal Disease (Neisseria meningitidis, sterile sites) (5) <input type="checkbox"/> Multi-system Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A) <input type="checkbox"/> Mumps (Mumps virus) <input type="checkbox"/> Orthopox viruses (including: Smallpox, Mpox) (4) <input type="checkbox"/> Pertussis (Bordetella pertussis) | <ul style="list-style-type: none"> <input type="checkbox"/> Plague (Yersinia pestis) (4) <input type="checkbox"/> Polio (Polio virus) <input type="checkbox"/> Prion disease (including: CJD) <input type="checkbox"/> Psittacosis (Chlamydia psittaci) <input type="checkbox"/> Q fever (Coxiella burnetii) (4) <input type="checkbox"/> Rabies (Rabies virus) (4) <input type="checkbox"/> Rabies: potential exposure and post exposure prophylaxis (PEP) <input type="checkbox"/> RSV (respiratory syncytial virus) pediatric mortality (<5 years of age) <input type="checkbox"/> Rheumatic fever (1) <input type="checkbox"/> Rubella (Rubella virus) (6) <input type="checkbox"/> Salmonellosis (Salmonella species) (5) <input type="checkbox"/> Salmonella paratyphi (Paratyphoid Fever): serotypes Paratyphi A and Paratyphi B (tartrate negative), and Paratyphi C (5) <input type="checkbox"/> SARS-CoV-2 virus (COVID-19): including variant identification <input type="checkbox"/> Shigellosis (Shigella species) (5) <input type="checkbox"/> Spotted Fever (Rickettsia species) <input type="checkbox"/> Staphylococcus aureus, vancomycin intermediate/resistant (VISA) (5)/VRSA (4) <input type="checkbox"/> Streptococcus pneumoniae, sterile sites <input type="checkbox"/> Streptococcus pyogenes, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS) <input type="checkbox"/> Syphilis (Treponema pallidum): for any reactive result, report all associated syphilis tests, including negative results) (6) <input type="checkbox"/> Tetanus (Clostridium tetani) <input type="checkbox"/> Toxic Shock Syndrome (non-Streptococcal) (1) <input type="checkbox"/> Trichinellosis (Trichinella spiralis) <input type="checkbox"/> Tuberculosis (Mycobacterium tuberculosis complex): report preliminary and final rapid test and culture results (4) <input type="checkbox"/> Tularemia (Francisella tularensis) (4) <input type="checkbox"/> Typhoid Fever (Salmonella typhi) (5) <input type="checkbox"/> Vibriosis (Non-Cholera species) <input type="checkbox"/> Yellow fever (Yellow Fever virus) <input type="checkbox"/> Yersiniosis (Yersinia enterocolitica) |
|---|--|--|

(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

LEGEND: