

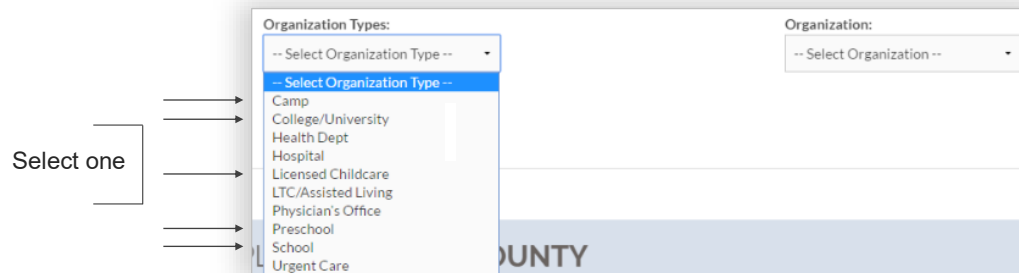
*This guide provides instructions for how to register and quick tips for using the Facility Weekly Report of Communicable Diseases to Ottawa County Department of Public Health. Facilities will report total enrollment and total weekly cases of flu-like illness, stomach virus, absence for COVID-19, and chickenpox.*

How to Register ..... page 1

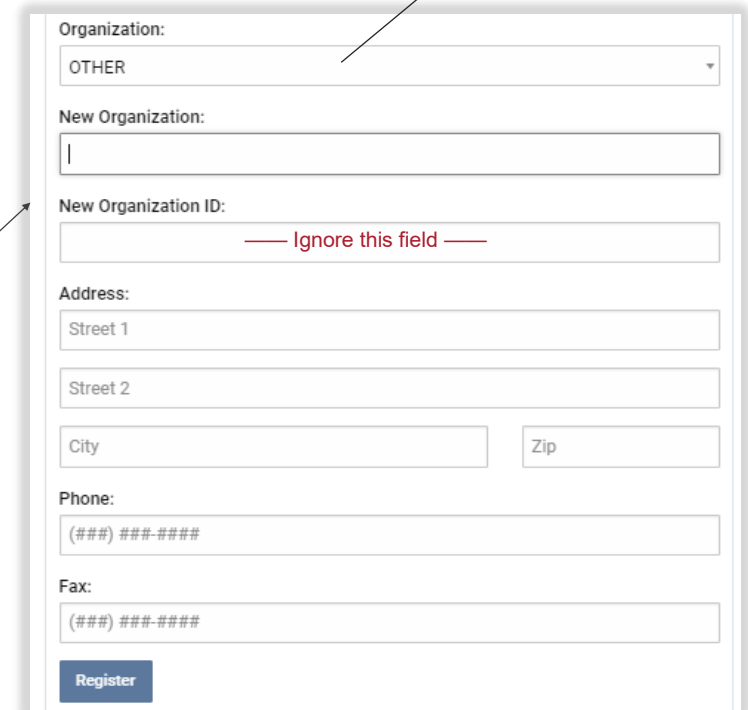
Tips for Weekly Reporting..... page 2-3

### How To Register New Users

1. Open your browser and go to: <https://www.mriottawa.org/CDReporting/>
2. Click on [Register to Use Communicable Disease Reporting](#)
3. Enter the first name, last name & e-mail address of the person who will be doing weekly facility reports
4. In the Organization Types drop-down, select your facility type as shown below



5. If this is the first time registering for your school, camp or childcare facility, select OTHER in the Organization drop-down and additional fields will appear. Fill in your facility name, address and the phone/fax number for contacting the reporter, as shown below. Do not fill in New Organization ID. Once your registration is approved, you will receive a confirmation email with username and temporary password. At your first login, you will reset your password.



6. If your facility **has already registered**, find and select it in the Organization drop-down alphabetized list.

## How To Report Each Week

1. Report by end of day Monday for the *prior week* (Sunday to Saturday)
2. Open your browser and go to <https://www.miottawa.org/CDReporting/> OR use the link in Friday's reminder email
3. Login with Username and Password
4. Fill out each applicable field on the [Communicable Disease Reporting](#) page and "Submit"
5. You will receive confirmation of your report

**Communicable Disease Reporting**  
**Facility Weekly Report to Ottawa County Department of Public Health**

**Instructions**  
 A: Fill out form as completely as possible.  
 B: Submit report by end of day on Monday of following week EVEN IF THERE ARE NO DISEASES TO REPORT.  
 C: Complete the "[Chickenpox Reporting Form](#)" for each case of suspected/confirmed chickenpox and fax to 616-393-5767.

**Facility Information**  
 Facility: [Redacted]  
 ID Number: [Redacted]  
 Submitted by: [Redacted]  
 Phone: [Redacted]  
 Fax: [Redacted]  
 E-Mail: [Redacted]  
 Facility Type: [Redacted]

**Closing Information**  
 Closed for the summer  
 Date back in session:  
 mm/dd/yyyy

**Required Information**  
 Enrolled Children: [###]  
 Staff: [###]  
 FOR STAFF AND CHILDREN, NO FLU-LIKE ILLNESS, COVID-19 QUARANTEENED OR LAB CONFIRMED CASES, STOMACH VIRUS OR CHICKENPOX CASES TO REPORTED WITHIN THE LAST WEEK

**Week Ending:(always a Saturday)**  
 mm/dd/yyyy

**Callout Boxes:**

- Report weekly unless facility closed (points to Instructions)
- This section should match your registration information (points to Facility Information)
- Enter week ending date for reporting week (points to Week Ending)
- Enter total children enrolled (points to Enrolled Children)
- Enter total staff employed (points to Staff)
- If there is no flu, stomach virus, chickenpox, or COVID-19 (cases or quarantined contacts) then check here (points to the checkbox for no cases)

## How To Report Each Week (continued)

Please indicate the TOTAL NUMBER of NEW cases for each illness, and the TOTAL NUMBER of COVID-19 related absences during the last week.

**CHILDREN**

FLU-LIKE ILLNESS

ABSENT FOR COVID-19 ISOLATION OR QUARANTINE::

STOMACH VIRUS

CHICKENPOX

**STAFF**

ABSENT FOR COVID-19 ISOLATION OR QUARANTINE

ABSENT FOR ANY OTHER REASON

SERIOUS/RARE ILLNESSES - If a report of any of the following illnesses IMMEDIATELY CALL THE PUBLIC HEALTH DEPARTMENT AT 616-396-5266 ask to speak with a Communicable Disease Nurse.

Measles	Mumps	Meningitis	Tuberculosis
Encephalitis	Pertussis (Whooping Cough)	Unusual occurrence/outbreak	Rubella
Hepatitis	COVID-19		

Submit

**TOTAL CASES**

#

#

#

# Faxed

#

#

**DEFINITION**

Fever plus any of the following symptoms: Sore throat, cough  
\*Please include all potential COVID-like illnesses that meet this definition. Does not include lab confirmed cases

Number of in-person children absent for COVID-19 isolation as a lab confirmed case and/or in quarantine for exposure to COVID-19 case

Diarrhea and/or vomiting for 24 to 48 hours

Complete and fax "**Chickenpox Reporting Form**" for EACH case

Number of in-person staff absent for COVID-19 isolation as a lab confirmed case and/or in quarantine for exposure to a COVID-19 case

Number of in-person staff absent for other reasons (e.g. other illness or leave)

Use as needed

Click on **Submit** before closing. For help, call Shelley at 616-393-5721.

Enter weekly totals of **NEW** child cases for each illness

Enter total number of **children** absent for COVID-19 isolation or quarantine at any time during the week. This box may include the same children from week to week.

Enter total number of **staff** absent for COVID-19 isolation or quarantine at any time during the week. This box may include the same staff from week to week.

Enter total number of **staff** absent for other (non-COVID-19) or unknown reasons.

Use as needed

Use Tally Sheet provided on Login page

Follow definitions