

*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 patient visits, total weekly cases of influenza-like illness and gastroenteritis, and total weekly positive rapid flu test results by type.*

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## 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 healthcare facility type as shown below

5. If this is the first time registering for your health care 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 be prompted to 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.mtottawa.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 "[Mandatory Report of Communicable Diseases in MI Form](#)" for individual suspected [reportable illnesses](#) or an unusual occurrence and fax to 616-393-5767.  
D: During an outbreak, complete [Influenza & Gastroenteritis Outbreak Weekly Reporting Form](#) and fax to 616-393-5767.

For LTC / Assisted  
Living use ONLY

### Facility Information

Facility: Derick's LTC  
ID Number:  
Submitted by: Derick Chia  
Phone: (616) 393-0000  
Fax: (616) 393-0000  
E-Mail: dchia@mtottawa.org  
Facility Type: health

This section should  
match your registration  
information

Enter total patients  
and week ending date  
for reporting week

### Patients

Total Patients Seen:

total # of patients

From Sunday to Saturday of week ending:

mm/dd/yyyy (always a Saturday)

### Required Information

Please indicate the TOTAL NUMBER of new cases. These DO NOT need to be listed individually.

☐ NO INFLUENZA-LIKE ILLNESS, GASTROENTERITIS OR POSITIVE RAPID FLU TESTS TO REPORT THIS WEEK

Use EMR or Tally Sheet  
provided on Login page

INFLUENZA-LIKE ILLNESS (symptoms and no labs)

TOTAL CASES

#

#### DEFINITION

Fever of  $\geq 100$  F (37.8 C) AND cough and/or sore throat in the absence of a known cause other than influenza.

GASTROENTERITIS

#

Diarrhea and/or vomiting for 24 to 48 hours.

POSITIVE RAPID INFLUENZA TEST RESULTS

Type A

Type B

Type Unknown

In the absence of a positive lab  
result or other known cause

TOTAL RAPID INFLUENZA TESTS CONDUCTED

#

Total number of negative and positive (A, B, and UNKNOWN) rapid influenza tests.

OTHER:

# Faxed

Complete and fax "[Mandatory Reporting Form](#)" for other [reportable illnesses](#) or unusual occurrence.

☐ SUSPECT OUTBREAK OF ILLNESS

During an outbreak, complete [Influenza & Gastroenteritis Outbreak Weekly Reporting Form](#) and fax to 616-393-5767.

If there is no  
gastroenteritis, flu, or  
ILI then check & submit

For ILI, follow the  
definition provided

Don't include these in  
ILI count above

Enter the total number  
of influenza tests con-  
ducted

Optional—use as  
needed

For LTC / Assisted  
Living use ONLY

Submit

Click on **Submit** before closing.  
For help, contact OCDPH Clinic Support Staff at  
616-396-5266.