

# Public Health-Muskegon County Communicable Disease (CD) Reporting Form

To: Public Health – Muskegon County      Provider Name: \_\_\_\_\_  
 STD: (231) 724-4532      Provider Address: \_\_\_\_\_  
 Other CD: (231) 724-4723      Contact Person: \_\_\_\_\_  
 TB/Animal Bites/Rabies: (231) 724-4421      Contact Telephone Number: (\_\_\_\_) \_\_\_\_\_  
 HIV: (231) 724-1274

**Secured Fax Number: (231) 724-1325**

***Patient Information:*** Parent/Guardian's name if patient is a minor: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 City/Township/Village (please circle) of: \_\_\_\_\_, MI Zip Code: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Sex: Male Female Other Information: \_\_\_\_\_

***Patient Medical Information:***  
 Specific Laboratory Test Performed: \_\_\_\_\_ Test Date: \_\_\_\_\_ Results: \_\_\_\_\_  
 Name of Laboratory: \_\_\_\_\_ Address of Lab: \_\_\_\_\_  
 Onset/Lab Result/Diagnosis (please circle) date: \_\_\_\_\_  
 Was Patient Hospitalized? Yes No Hospitalization Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
 Hospital Name: \_\_\_\_\_ City: \_\_\_\_\_ Admitted ER Outpatient  
 Medication: \_\_\_\_\_ Treatment Date: \_\_\_\_\_ If diarrhea: Daycare or Food Handler?  
 Is Patient Pregnant? Yes No Initial Test? Yes No Retest? Yes No

**The following conditions are required to be reported within 24 hours, unless noted, to the local health department.**

**Please circle the appropriate disease below:**

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| <ul style="list-style-type: none"> <li>Acquired Immune Deficiency Syndrome (AIDS) (2)</li> <li>Amebiasis</li> <li>Anaplasmosis</li> <li><b>Anthrax*</b></li> <li>Arboviral encephalitides, neuro-and non-neuroinvasive including: California serogroup, Eastern Equine, Powassan, St. Louis, Western Equine, West Nile</li> <li>Babesiosis</li> <li>Blastomycosis</li> <li><b>Botulism*</b></li> <li>Brucellosis</li> <li>Campylobacter enteritis</li> <li>Chancroid</li> <li>Chicken Pox (Varicella)</li> <li>Chlamydia disease, genital</li> <li>Cholera</li> <li>Coccidioidomycosis</li> <li>Cryptosporidiosis</li> <li>Cyclosporiasis</li> <li>Dengue fever</li> <li>Diphtheria</li> <li>Ehrlichiosis</li> <li>Encephalitis, viral or unspecified</li> <li><i>Escherichia coli</i>, O157:H7 and all other shiga toxin positive serotypes</li> <li>Giardiasis</li> <li>Glanders</li> <li>Gonorrhea</li> <li>Guillain-Barre Syndrome (1)</li> <li><i>Haemophilus influenzae</i> disease, Meningitis, epiglottitis, or other invasive disease</li> </ul> | <ul style="list-style-type: none"> <li>Hantavirus pulmonary syndrome</li> <li>Hemolytic - Uremic Syndrome (HUS)</li> <li>Hemorrhagic fever viruses</li> <li>Hepatitis viral:</li> <li>Hepatitis A - Anti-HAV IgM</li> <li>Hepatitis B – HbsAg; <i>especially in pregnant women</i></li> <li>Hepatitis C-Anti-HCV, RNA, RIBA, genotype</li> <li>Hepatitis D – HdsAg, anti-HDV IgM</li> <li>Hepatitis E – Anti-HEV IgM</li> <li>Histoplasmosis</li> <li>Human Immunodeficiency Virus (HIV) (2)</li> <li>Influenza (report weekly aggregate counts) Pediatric mortality, report individual cases</li> <li>Novel influenza viruses, report individual cases</li> <li>Kawasaki Disease (1)</li> <li>Legionellosis</li> <li>Leptospirosis</li> <li>Listeriosis</li> <li>Lyme disease</li> <li>Lymphogranuloma venereum</li> <li>Malaria</li> <li>Measles (Rubeola)</li> <li>Melioidosis</li> <li>Meningitis, bacterial and viral</li> <li>Meningococcal disease <i>Neisseria meningitidis</i>, sterile sites</li> <li>Mumps</li> <li>Orthopox viruses including: <b>Smallpox*</b> Monkeypox</li> <li>Pertussis</li> </ul> | <ul style="list-style-type: none"> <li><b>Plague *</b></li> <li>Poliomyelitis</li> <li>Prion disease, including: Creutzfeldt-Jakob Disease (CJD)</li> <li>Psittacosis</li> <li>Q fever</li> <li>Rabies, human</li> <li>Rheumatic fever (1)</li> <li>Rickettsial disease, including: Rocky Mountain spotted fever, Typhus</li> <li>Rubella including: Rubella Syndrome</li> <li>Salmonellosis</li> <li>Severe Acute Respiratory Disease (SARS)</li> <li>Shigellosis</li> <li><i>Staphylococcus aureus</i>, methicillin resistant (MRSA), outbreaks only</li> <li><i>Staphylococcus aureus</i>, vancomycin intermediate/resistant (VISA/VRSA)</li> <li><i>Streptococcus pneumoniae</i>, sterile sites</li> <li><i>Streptococcus pyogenes</i>, group A, sterile sites</li> <li>Syphilis</li> <li>Tetanus</li> <li>Toxic shock syndrome (1)</li> <li>Trachoma</li> <li>Trichinellosis</li> <li>Tuberculosis</li> <li><b>Tularemia *</b></li> <li>Typhoid fever</li> <li>Vibriosis</li> <li><b>Viral Hemorrhagic Fever *</b></li> <li>Yellow fever</li> <li>Yersiniosis</li> </ul> |
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**\*Category A bioterrorism agent, notify the MDCH Laboratory immediately: (517) 335-8063**  
 (1) Report as soon as possible, reporting within 3 days is required  
 (2) Report as soon as possible, reporting within 7 days is required