

PLEASE PRINT OR TYPE

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
WEEKLY REPORT OF COMMUNICABLE DISEASES
TO THE COMMUNICABLE DISEASE AND IMMUNIZATION DIVISION**

COUNTY: _____

WEEK ENDING: (mm/dd/yy) _____

LAST M.I.	NAME FIRST	STREET ADDRESS	AGE	SEX (M/F)	RACE/ ETHNICITY	ONSET DATE	DISEASE	LAB- GENUS & SPECIES	CULTURE SOURCE
		CITY OR TOWN, ZIP							
		_____			_____				
		_____			_____				
		_____			_____				
		_____			_____				
		_____			_____				
		_____			_____				
		_____			_____				
		_____			_____				
							CHICKENPOX	TOTAL NUMBER	
							INFLUENZA-LIKE ILLNESS	TOTAL NUMBER	
							SCHOOL CLOSINGS	TOTAL NUMBER	

MEDICAL DIRECTOR OR HEALTH OFFICER _____

INSTRUCTIONS

The following case information should be collected at the time of the initial report and listed in the appropriate column on the reverse side:

- PATIENT'S NAME:** Indicate last name, first name, middle initial.
- STREET ADDRESS:** Include number, street, and city or town of residence and zip code.
- AGE:** Indicate age in days, weeks, months or years.
- SEX:** M = Male F = Female
- RACE:** W = White I = American Indian H = Hispanic B = Black A = Asian
- ONSET DATE:** Indicate month/day/year of onset of illness.
- DISEASE:** Indicate the appropriate disease(s) from the list below.
- LAB GENUS & SPECIES:** Indicate when available:
 For example: *Salmonella typhimurium* *Shigella sonnei* *Neisseria meningitidis*
- CULTURE SOURCE:** Indicate source of culture (stool, blood, urine, etc.)
- *CHICKENPOX, INFLUENZA-LIKE ILLNESS, AND SCHOOL CLOSINGS FOR INFLUENZA:** Please report the total number of cases only. Chickenpox is now age-coded.

WITHIN 24 HOURS

AIDS	Granuloma inguinale	Plague
Anthrax	<i>H. influenzae</i> (meningitis or epiglottitis)	Poliomyelitis
Botulism	Hepatitis B in a pregnant woman	Rabies (human)
Chancroid	Lymphogranuloma venereum	Syphilis
Cholera	Measles (Rubeola)	Tuberculosis
Diphtheria	Meningococcal disease (meningitis or meningococemia)	Viral hemorrhagic fevers
Gonorrhea	Pertussis	Yellow fever

WITHIN SEVEN DAYS

Amebiasis	Hepatitis	Rubella
Blastomycosis	Histoplasmosis	Salmonellosis
Brucellosis	HIV Infection	Shigellosis
<i>Campylobacter</i> enteritis	*Influenza (aggregate numbers)	Staphylococcal disease, (first 28 days post-partum mother or child)
*Chickenpox (aggregate numbers)	Kawasaki disease	Streptococcal, invasive Group A (normally sterile sites)
Chlamydia (genital)	Legionellosis	Tetanus
Coccidioidomycosis	Leprosy	Toxic shock syndrome
Cryptococcosis	Leptospirosis	Trachoma
Cryptosporidiosis	Listeriosis	Trichinosis
Cyclosporiasis	Lyme disease	Tularemia
Dengue fever	Malaria	Typhoid fever
<i>E. coli</i> disease (only shiga toxin producers)	Meningitis (bacterial & viral)	Typhus
Ehrlichiosis	Mumps	<i>Yersinia</i> enteritis
Encephalitis, viral	Psittacosis	
Giardiasis	Q fever	
Guillain-Barré syndrome	Reye's syndrome	
Hantavirus pulmonary syndrome	Rheumatic fever	
Hemolytic-uremic syndrome	Rocky Mountain spotted fever	
	Rubella (congenital syndrome)	

Case history forms are available for most diseases from the M.D.C.H., Communicable Disease and Immunization Division. For further information, please contact our office at (517) 335-8050.