

**Guidance for Local Health Departments on Influenza Reporting for the  
2009–2010 Influenza Season  
September 18, 2009  
Michigan Department of Community Health**

**New Influenza Reporting and Surveillance for the 2009 – 2010 Influenza Season**

As described in the MDCH September 18, 2009 *Update on Reporting of Influenza-Associated Hospitalizations and Deaths for Clinicians* document, CDC has asked all states to report all hospitalizations and deaths related to any influenza virus during the 2009 – 2010 influenza season. The source of data from which the Michigan Department of Community Health will draw information on influenza-related hospitalizations and deaths will be the Michigan Disease Surveillance System (MDSS). For those entering individual influenza cases into MDSS, please indicate patient status (hospitalized) and check the hospitalized field on the case report form if it is known. MDCH will submit the report on influenza-related hospitalizations and deaths to the CDC each Tuesday afternoon (or daily if requested).

Investigation Information					
Investigation ID	Onset Date mm/dd/yyyy	Diagnosis Date mm/dd/yyyy	Referral Date mm/dd/yyyy	Case Entry Date mm/dd/yyyy	Case Completion Date mm/dd/yyyy
Investigation Status <input type="radio"/> New <input type="radio"/> Active <input type="radio"/> Completed <input type="radio"/> Superseded <input type="radio"/> Cancelled			Case Status <input type="radio"/> Confirmed <input type="radio"/> Not a Case <input type="radio"/> Probable <input type="radio"/> Suspect <input type="radio"/> Unknown		
Patient Status Is Inpatient Is Outpatient Is Died	Patient Status Date mm/dd/yyyy	Part of an outbreak? N=No Y=Yes U=Unknown	Outbreak Name	Case Updated Date mm/dd/yyyy	
Patient Information					
Patient ID	First	Last	Middle	Street Address	

Case ID: FIRST NAME LAST NAME 2009 NOVEL INFLUENZA A (H1N1) 09/18/2009 Page 2

Hospital Information				
Patient Hospitalized <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Hospital Name and City			Hospital Record No.
Admission Date mm/dd/yyyy	Discharge Date mm/dd/yyyy	Days Hospitalized	Patient Died <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Date of Death mm/dd/yyyy
Previous Hospital/ER visits (Most Relevant)				
Hospital/ER Name and Location	Admission Date mm/dd/yyyy	Discharge Date mm/dd/yyyy	Reason for Visit	
Isolation Information				
Is/was the patient isolated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Hospital isolation start date mm/dd/yyyy		Hospital isolation end date mm/dd/yyyy	
If isolated outside of the hospital, specify isolation location		Non-hospital isolation start date mm/dd/yyyy	Non-hospital isolation end date mm/dd/yyyy	

**Changes to MDSS Regarding Influenza Reporting**

In the next release scheduled for mid-October, MDSS will introduce a new ‘2009 Novel Influenza A (H1N1)’ case investigation form, in addition to the seasonal ‘Influenza’ and ‘Novel

Influenza' forms that currently exist. Once the MDSS update has been released, when 2009 novel influenza A (H1N1) lab results are reported from BOL, a case report of 2009 novel influenza A (H1N1) (not novel influenza) will be generated in MDSS. The '2009 Novel Influenza A (H1N1)' form will appear on the reportable condition drop-down menu as 'Influenza, 2009 H1N1.' The new form will have several new fields, including a section on 'Specimen Approval.' Once the specimen testing approval process for the 2009 – 2010 season has been instituted, please enter into MDSS those cases for which specimens are being/have been submitted and complete all fields in the 'Specimen Approval' section as soon as possible. As mentioned on the first page, when entering a new 2009 novel influenza A (H1N1) case, for CDC reporting purposes, please indicate whether the patient is hospitalized.

Specimen Approval			
Approved for MDCH Testing <input type="radio"/> Yes <input type="radio"/> No	Date of Approval mm/dd/yyyy	Name of Approver	Jurisdiction of Approver ▼
Reason for Approval (Check all that apply) <input type="checkbox"/> Death <input type="checkbox"/> Hospitalized <input type="checkbox"/> Outbreak <input type="checkbox"/> Pregnancy <input type="checkbox"/> Underlying Illness <input type="checkbox"/> Other (specify) _____			

*A note regarding deduplication in MDSS:* If you are deduplicating a case in the pending work queue in MDSS, when you reach the patient record screen that presents with the existing record and the new record information, please pay attention to the patient status field in the existing record. In the spring, a number of hospitalized cases lost their inpatient status because 'Inpatient' was not selected in deduplication. If the existing patient status is hospitalized for a recent case, then please select that radio button to preserve that information in the merged record.

Patient Record Merge		
Source	New Data	Existing
Patient Record ID		4448539
Created Date	09/10/2009	09/09/2009
Last Modified Date	09/10/2009	09/09/2009
Patient Status	<input checked="" type="radio"/> OUTPATIENT	<input type="radio"/> INPATIENT
First Name	<input checked="" type="radio"/> BETTY	<input type="radio"/> BETTY
Middle Name	<input checked="" type="radio"/> D	<input type="radio"/> D
Last Name	<input checked="" type="radio"/> SUE	<input type="radio"/> SUE
Date of Birth	<input checked="" type="radio"/> 06/10/2000	<input type="radio"/> 06/10/2000
Gender	<input checked="" type="radio"/> FEMALE	<input type="radio"/> FEMALE
Race	<input checked="" type="radio"/> UNKNOWN	<input type="radio"/> CAUCASIAN
Ethnicity	<input checked="" type="radio"/> UNKNOWN	<input type="radio"/> NOT HISPANIC OR LATINO
Home Phone	<input checked="" type="radio"/>	<input type="radio"/>
Other Phone	<input checked="" type="radio"/>	<input type="radio"/>
Parent/Guardian First Name	<input checked="" type="radio"/> UN	<input type="radio"/> JACK
Parent/Guardian Middle Name	<input checked="" type="radio"/>	<input type="radio"/> H
Parent/Guardian Last Name	<input checked="" type="radio"/> UN	<input type="radio"/> SUE
<b>Patient Addresses</b>		
Addresses	<input checked="" type="checkbox"/> MAKE CURRENT ADDRESS 9999 OAK ST JOHN'S, MI 48879 CLINTON COUNTY	9999 OAK ST. JOHNS, MI 48879 CLINTON COUNTY

Click 'Inpatient'

## **Overall Summary of Influenza Reporting in MDSS**

With four types of influenza reports soon to be available in MDSS (weekly aggregate flu-like illness, influenza, novel influenza, 2009 novel influenza A (H1N1)), there may be confusion on how to report and classify influenza cases. Please use the following criteria for the 2009–2010 influenza season. If these criteria change due to requests from the CDC, MDCH will notify local health departments (LHDs) immediately.

- 1. Weekly aggregate flu-like illness counts:** The weekly aggregate flu count for each county should be entered into MDSS by Monday morning at the latest for the previous week. If late reports are anticipated, remember to enter a zero before the close of the current MMWR week to be able return to edit aggregate counts later. These counts should include all reports of flu-like illness from schools, daycares, congregate facilities, physicians, etc. in your jurisdiction. It is preferred that individually reported cases, such as those that are lab-confirmed, hospitalized, pregnant, unusual presentations, deaths, or associated with a facility outbreak, be reported via one of the individual case forms listed below. This is not a change from previous MDCH guidance.
- 2. Individual ‘Influenza’ Cases:** Individual cases of seasonal influenza A (H1N1), A(H3N2), or B should be reported via this case form. Suspect, probable or confirmed cases of influenza that did not or will not have laboratory testing performed can also be reported on this form. It should be recognized that cases may need to be reclassified (e.g., to 2009 Novel Influenza A (H1N1)) if additional laboratory data are received.

Please indicate patient status (hospitalized) and check the hospitalized field on the case report form if it is known. MDCH is requesting that the case details form be completely filled out for influenza-associated deaths, and is highly recommending the details form be completed for other patients of public health interest (pregnant women with severe illness, unusual presentations, ICU hospitalizations, cases associated with facility outbreaks).

- 3. Individual ‘2009 Novel Influenza A (H1N1)’ Cases:** Suspect, probable and confirmed individual cases of 2009 novel influenza A (H1N1) should be reported via this case form (once available; example attached). It should be recognized that cases may need to be reclassified (for example, to seasonal influenza) if additional laboratory data are received. Please reference the most current 2009 novel influenza A (H1N1) case definitions below.

It is not necessary to reclassify 2009 novel influenza A (H1N1) cases from the spring and summer that were originally classified as novel influenza to the new 2009 novel influenza A (H1N1) designation. However, LHDs have the option to reclassify these cases as resources permit.

Please indicate patient status (hospitalized) and check the hospitalized field on the case report form if it is known. MDCH is requesting that the case details form be completely filled out for influenza-associated deaths, and highly recommending the details form be completed for other patients of public health interest (pregnant women with severe

illness, unusual presentations, ICU hospitalizations, cases associated with facility outbreaks).

- 4. Individual ‘Novel Influenza’ Cases:** Once the ‘2009 Novel Influenza A (H1N1)’ case form is available on MDSS, LHDs should not use the ‘Novel Influenza’ form for suspected, probable or confirmed cases of seasonal influenza or 2009 novel influenza A (H1N1). As before the outbreak of 2009 novel influenza A (H1N1), this report form will return to only being used for new, emerging human influenza viruses or patients with influenza viruses of animal origin, such as avian influenza A (H5N1). As always, these cases should be reported immediately to MDCH by telephone.

*Please do not ‘double count’ cases (reporting one individual case via the weekly aggregate flu-like illness count and an individual case report form) if at all possible.*

#### **Case Definitions for 2009 Novel Influenza A H1N1**

Please check the ‘CDC 2009 H1N1 Flu’ website for current information on novel 2009 influenza A (H1N1) case definitions: <http://cdc.gov/h1n1flu/>.

As always, for any questions regarding influenza reporting, please contact your regional epidemiologist or the MDCH Division of Communicable Disease at 517-335-8165.

#### **Reminder: Case Investigation Influenza Testing at MDCH BOL**

- The MDCH Bureau of Laboratories is NOT conducting diagnostic or confirmatory flu testing for persons who are mildly or moderately ill, even if they are hospitalized. ALL flu testing for the 2009–2010 influenza season must be related to public health surveillance functions, i.e., case investigation of severely ill or fatal influenza infections. Please review the following criteria for influenza (novel and seasonal) testing at MDCH BOL, which is currently limited to the following groups:
- **ICU-hospitalized** patients with severe influenza-like illness
- Patients with an influenza-like illness of an unusual presentation (e.g., encephalopathy, cardiac complications)
- Pregnant women with severe influenza-like illness
- Outbreaks or clusters of influenza-like illness in congregate settings (e.g., schools, camps, long-term care facilities, daycares, etc.), as requested by local or state public health
- Influenza-related deaths of individuals of any age

A major development since the spring is that a variety of commercial testing resources for detecting and confirming novel influenza A (H1N1) infection are now readily available. Diagnosis of 2009 novel influenza A (H1N1) is no longer dependent upon the services of the public health laboratory system. LHDs may direct requests for routine diagnostic flu testing to other clinical or reference laboratories. MDCH BOL will list those laboratories or commercial test assays that have been validated for 2009 novel influenza A (H1N1) testing on their website: [www.michigan.gov/mdchlab](http://www.michigan.gov/mdchlab).

At this time, LHD pre-approvals are not being required for influenza testing of specimens meeting the criteria listed above. *Regardless of whether an approval process is in place, flu testing at MDCH BOL should always be limited to the patient groups listed above.* With the help of LHDs in reinforcing educational messaging, it is expected that medical providers will honor the testing criteria set forth above. However, if the volume of requests for testing surpasses resources at BOL, then a required pre-approval process will be instituted and LHDs will be notified of this change via the MI Health Alert Network. LHDs and healthcare providers can check online at [www.michigan.gov/flu](http://www.michigan.gov/flu) for the status of any approval process that may be in place.

The only form that will be required with an appropriately submitted laboratory specimen is the MDCH BOL Microbiology/Virology Test Requisition. On the test requisition form, submitters should always indicate the reason for testing (pregnant, ICU hospitalization, etc.) under the heading “Indicate Test Reason Below.” The “Other – Specify Test Code/Name” field should be filled in with the name “Novel Influenza A PCR.” If we should move to a pre-approval, submitters will also need to add the name of the LHD or MDCH staff who gave approval for testing, otherwise testing will be delayed or rejected. Please review the flu testing algorithm, which was posted on the MIHAN on August 17, 2009, and is attached here for your convenience.

Per the testing algorithm, sentinel physicians and sentinel laboratories are requested to submit a predetermined number of specimens to MDCH BOL for public health virologic surveillance. These facilities have been encouraged to concentrate submissions to the patient groups listed above.

MDCH BOL distributed flu specimen collection kits to LHDs in early September as a pre-deployment in anticipation of need. LHDs may distribute the collection kits to clinicians who wish to test a patient who falls in at least one of the above listed target populations.

# 2009 Novel Influenza A (H1N1)

## Michigan Department of Community Health

### Communicable Disease Division

Investigation Information					
<b>Investigation ID</b>	<b>Onset Date</b> mm/dd/yyyy	<b>Diagnosis Date</b> mm/dd/yyyy	<b>Referral Date</b> mm/dd/yyyy	<b>Case Entry Date</b> mm/dd/yyyy	<b>Case Completion Date</b> mm/dd/yyyy
<b>Investigation Status</b> <i>New Active Completed Superseded Cancelled</i>			<b>Case Status</b> <i>Confirmed Not a Case Probable Suspect Unknown</i>		
<b>Patient Status</b> I=Inpatient O=Outpatient D=Died	<b>Patient Status Date</b> mm/dd/yyyy	<b>Part of an outbreak?</b> N=No Y=Yes U=Unknown	<b>Outbreak Name</b>	<b>Case Updated Date</b> mm/dd/yyyy	
Patient Information					
<b>Patient ID</b>	<b>First</b>	<b>Last</b>	<b>Middle</b>		
<b>Street Address</b>					
<b>City</b>	<b>County</b>		<b>State</b>		<b>Zip</b>
<b>Home Phone</b> ###-###-####		<b>Ext.</b>	<b>Other Phone</b> ###-###-####		<b>Ext.</b>
<b>Parent/Guardian (required if under 18)</b>					
<b>First</b>		<b>Last</b>	<b>Middle</b>		
Demographics					
<b>Sex</b> <i>Male Female Unknown</i>		<b>Date of Birth</b> mm/dd/yyyy	<b>Age</b>	<b>Age Units</b> <i>Days Months Years</i>	
<b>Race</b> <i>Caucasian African American American Indian/Alaska Native Hawaiian/Pacific Islander Asian Unknown Other (Specify) _____</i>					
<b>Ethnicity</b> <i>Hispanic/Latino Non-Hispanic/Latino Unknown</i>			<b>Worksites/School</b>	<b>Occupations/Grade</b>	
Referral Information					
<b>Person Providing Referral</b>					
<b>First</b>	<b>Last</b>	<b>Phone</b> ###-###-####		<b>Ext.</b>	<b>Email</b>
<b>Primary Physician</b>					
<b>First</b>	<b>Last</b>	<b>Phone</b> ###-###-####		<b>Ext.</b>	<b>Email</b>
<b>Street Address</b>					
<b>City</b>	<b>County</b>		<b>State</b>		<b>Zip</b>

## Specimen Approval

<b>Approved for MDCH Testing</b> <i>Yes No</i>	<b>Date of Approval</b> <small>mm/dd/yyyy</small>	<b>Name of Approver</b>	<b>Jurisdiction of Approver</b>
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**Reason for Approval**  
(Check all that apply)

*Death Hospitalized Outbreak in Aggregate Setting*  
*Pregnancy Underlying Illness Other (specify) \_\_\_\_\_*

## Hospital Information

<b>Patient Hospitalized</b> <i>Yes No Unknown</i>	<b>Hospital Name and City</b>	<b>Hospital Record No.</b>
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<b>Admission Date</b> <small>mm/dd/yyyy</small>	<b>Discharge Date</b> <small>mm/dd/yyyy</small>	<b># Days Hospitalized</b>
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<b>Patient Died</b> <i>Yes No Unknown</i>	<b>Date of Death</b> <small>mm/dd/yyyy</small>	<b>If official cause of death known, please list here:</b>
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**Previous Hospital/ER visits (Most Relevant)**

Hospital/ER Name and Location	Admission Date	Discharge Date	Reason for Visit
	<small>mm/dd/yyyy</small>	<small>mm/dd/yyyy</small>	

## Isolation Information

<b>Is/was the patient isolated?</b> <i>Yes No Unknown</i>	<b>Hospital isolation start date</b> <small>mm/dd/yyyy</small>	<b>Hospital isolation end date</b> <small>mm/dd/yyyy</small>
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<b>If isolated outside of the hospital, specify isolation location</b>	<b>Non-hospital isolation start date</b> <small>mm/dd/yyyy</small>	<b>Non-hospital isolation end date</b> <small>mm/dd/yyyy</small>
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## Clinical Information

**Signs and Symptoms Indicative of the Illness**  
(Check all that apply)

*Chills Conjunctivitis Cough Diarrhea Dyspnea Extreme Exhaustion*  
*Fever Feeling Feverish Headache Loss of Appetite Muscle Pain Nasal Discharge*  
*Pain in Throat Seizure Sore Throat Symptom Toxic State (Sepsis) Vomiting*

<b>Multi-organ dysfunction syndrome (MODS)</b> <i>Yes No Unknown</i>	<b>Acute Respiratory Distress Syndrome (ARDS)</b> <i>Yes No Unknown</i>
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**Other clinical signs**

  
  

<b>What was the person's highest measured temperature during this condition/illness?</b>	<b>Temperature Units</b> <i>Celsius Fahrenheit</i>
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<b>If the subject was hospitalized, was the subject admitted to the intensive care unit?</b> <i>Yes No Unknown</i>	<b>If the subject was hospitalized, did the subject require mechanical ventilation?</b> <i>Yes No Unknown</i>
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## Clinical Information cont.

<b>If the subject was hospitalized, did the subject require ECMO?</b> <i>Yes No Unknown</i>	<b>Chest X-ray Result</b> <i>Abnormal Normal Not Done Unknown</i>
<b>Chest CT Scan Result</b> <i>Abnormal Normal Not Done Unknown</i>	<b>Evidence of Pneumonia</b> <i>Yes No Unknown</i>

## Epidemiologic Information

<b>Epi-linked to a suspected or confirmed novel influenza case?</b> <i>Yes No Unknown</i>	<b>Is this case a suspect or confirmed influenza pediatric death?</b> <i>Yes No Unknown</i>
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<b>Was the patient receiving any of the following medications when the influenza illness started?</b> (Check all that apply)	
<i>Aspirin or aspirin-containing products</i>	<i>Chemotherapy</i>
<i>Radiation therapy</i>	<i>Systemic steroids (not inhaled)</i>
<i>Other immunosuppressive medications (specify) _____</i>	<i>Unknown</i>

<b>Did the subject work in a health care facility/setting within 7 days prior to illness onset?</b> <i>Yes No Unknown</i>	<b>Has the subject had family members or close contacts with pneumonia or influenza-like illness within 7 days prior to illness onset?</b> <i>Yes No Unknown</i>
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<b>Underlying Conditions</b>	
<b>Did the subject have Asthma?</b> <i>Yes No Unknown</i>	<b>Did the subject have a chronic lung disease other than those listed?</b> <i>Yes No Unknown</i>

<b>Did the subject have a Chronic Heart or circulatory disease?</b> <i>Yes No Unknown</i>	<b>Did the subject have an Metabolic disease (include diabetes mellitus)?</b> <i>Yes No Unknown</i>
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<b>Did the subject have kidney disease?</b> <i>Yes No Unknown</i>	<b>Did the subject have cancer in the last 12 months?</b> <i>Yes No Unknown</i>
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<b>Did the subject have an Immunosuppressive condition (including HIV infection, chronic corticosteroid therapy, or organ transplant recipient)?</b> <i>Yes No Unknown</i>	<b>Did the subject have a neurological disease?</b> <i>Yes No Unknown</i>
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<b>Was the subject obese?</b> <i>Yes No Unknown</i>	<b>If subject obese, specify:</b> <i>Obese (BMI:30.0-39.9) Morbidly Obese (BMI &gt;= 40)</i>
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<b>Did the subject have a chronic disease other than those listed?</b> <i>Yes (Specify) _____ No Unknown</i>
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## Pregnancy Information

<b>Was the subject pregnant at the time of the event?</b> <i>Yes No Unknown</i>	<b>If subject pregnant, specify gestational age:</b>
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<b>If subject pregnant, define gestational age units:</b> <i>Days Months Weeks</i>
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## Epidemiologic Information cont.

## Travel Information

**Did the subject travel within 7 days prior to illness onset?**

*Yes No Unknown*

**Specify travel location(s) and dates:**

*(city, state, country)*

**If the subject did travel within 7 days prior to illness onset, was the subject ill when traveling?**

*Yes No Unknown*

**If yes, transport type:**

*(Check all that apply)*

*Airline company and flight \_\_\_\_\_ Other \_\_\_\_\_*

**If yes, specify departure date and city, arrival date and city:**

**If the subject did travel while ill within 7 days prior to illness onset, did the subject seek health care?**

*Yes No Unknown*

**If the subject did travel while ill within 7 days prior to illness onset, specify the type of health care received when traveling:**

## Treatment Information

**Was patient receiving antiviral medications for prophylaxis prior to illness onset?**

*Yes No Unknown*

**If yes, list antivirals received for prophylaxis:**

*(Check all that apply)*

*Oseltamivir (Tamiflu) Zanamivir (Relenza) Amantadine Rimantadine Other (Specify) \_\_\_\_\_*

**Date first started antiviral prophylaxis**

*mm/dd/yyyy*

**Number of antiviral doses taken for prophylaxis**

**Has the patient received antiviral medications for treatment?**

*Yes No Unknown*

**If yes, list antivirals received for treatment:**

Drug	Date Initiated	Date Discontinued	Dosage (if known)
1=Oseltamivir (Tamiflu) 2=Zanamivir (Relenza) 3=Amantadine 4=Rimantadine OTH=Other	<i>mm/dd/yyyy</i>	<i>mm/dd/yyyy</i>	

**If Other please specify:**

## Vaccine Information

**Vaccinated against influenza during current flu season beginning in September?**

*Yes No Unknown*

**Was the patient vaccinated for novel influenza (H1N1) for the current flu season beginning in September?**

*Yes No Unknown*

## Vaccine Information cont.

Type of Vaccine Administered	Vaccine Administered Date	Vaccine Dose Number
01=Seasonal Inactivated (Injectable) 02=Seasonal Live Attenuated (Spray) 03=Seasonal Unknown 04=H1N1 Inactivated (Injectable) 05=H1N1 Live Attenuated (Spray) 06=H1N1 Unknown	mm/dd/yyyy	

## Laboratory Information

<b>Was laboratory testing for influenza done?</b> <i>Yes No Unknown</i>	<b>Were samples sent to the CDC?</b> <i>Yes No Unknown</i>
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## Laboratory testing

Influenza Test Type	Result	Specimen Source	Specimen Collection Date
01=RT-PCR/PCR 02=DFA/IFA 03=Viral Culture 04=H1 05=Rapid Test 06=Immunohistochemistry 07=Other	01=Flu A 02=Flu B 03=Flu A/H1 04=Flu A/H3 05=Flu A unsubtypeable 06=Flu A Swine H1 07=Indeterminate 08=Negative 09=Unknown	NP=NP swab ASP=NP Aspirate OP=OP swab BAL=BAL TIS=Tissue OTH=Other	mm/dd/yyyy

<b>Specify Commercial Rapid Diagnostic Test Name</b> (if applicable)	<b>Specify Other Source/Tissue Specimen Source</b> (if applicable)
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<b>Name(s) and location(s) of the laboratory that performed the testing</b>	<b>Subtype/Strain</b>
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<b>Specimen used for subtyping</b>	<b>Was testing for any other respiratory diseases performed?</b> <i>Yes No Unknown</i>
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<b>If yes, list tests and results</b>
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## Other Information

<b>Local 1</b>		<b>Local 2</b>		
<b>Name of Person interviewed</b>		<b>Relationship to patient</b>		<b>Date of interview</b> mm/dd/yyyy
<b>Submitted by:</b>	<b>Date</b> mm/dd/yyyy	<b>Health Department</b>	<b>Phone Number</b> ###-###-####	<b>Ext.</b>

**Other Information cont.****Comments or Additional Information**