2020: Health Care Professional’s Guide to Disease Reporting in Michigan

A summary of the Michigan Communicable Disease Rules
Michigan’s Communicable Disease Rules

Michigan’s communicable disease rules are promulgated under the authority conferred on the Department of Health and Human Services by section 5111 of Act No. 368 of the Public Acts of 1978, as amended, being 333.5111 of the Michigan Compiled Laws. Violations of these laws will be reported to the state of Michigan and may constitute a misdemeanor under MCL 333.2261. For additional reporting requirements regarding HIV and AIDS please refer to MCL 333.5101 et seq. Health care professionals are advised to consult with their local health departments or legal counsel if they have questions about their responsibilities regarding these rules.

The Michigan Department of Health and Human Services maintains, reviews and revises the list of reportable conditions located on pages 6 and 11 at least annually. Please refer to the Michigan Communicable Disease Information website at www.michigan.gov/cdinfo or contact the Communicable Disease Division at the number below for the most recent list.

The Privacy Rule in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows for the disclosure of protected health information, without individual client or patient authorization, to public health authorities, who are legally authorized to receive such reports for the purpose of preventing or controlling disease. 45 C.F.R. § 164.512(b)
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Why Report Communicable Diseases?

The public health system depends upon reports of diseases to monitor the health of the community and to provide the basis for preventive action. The prompt required reporting by physicians, laboratory scientists, infection preventionists, and other care providers of both diagnosed and suspected communicable diseases allows for timely action by local and state public health personnel. This teamwork makes possible important benefits, as listed below, for individual patients and the community.

1. **Identification of outbreaks and epidemics.** The unusual occurrence, outbreak, or epidemic of any disease or condition must be reported to the local health department. The local health department will investigate to identify the source and control the spread of the disease and report those findings to the Michigan Department of Health and Human Services (MDHHS, also referred to as “the Department”). R. 325.174(1), (5). Disease-specific surveillance protocols can be found under the “Communicable Diseases (A-Z)” link at: [www.michigan.gov/cdinfo](http://www.michigan.gov/cdinfo).

2. **Enabling preventive treatment and/or education to be provided.** Close contacts or sexual partners need to be identified for prophylaxis, treatment, and/or education about how to prevent the spread of some infections. See generally, R. 325.175(1).

3. **Successful targeting of prevention programs, identification of care needs, and efficient use of scarce prevention resources.** Public and private health care funding is scarce. State and local public health authorities and health care providers make difficult choices about what prevention and treatment services will be provided. Communicable disease data help to maximize the impact of these dollars.

4. **Evaluation of the success of long-term control efforts.** Public health programs need a means of assessing the continued success of control efforts for some diseases.

5. **Facilitation of epidemiologic research to uncover a preventable cause.** For some diseases of unknown etiology, reporting is needed to allow studies of the occurrence of the disease to help find the cause or modifiable risk increasing factors.

6. **Assistance with national and international disease surveillance and preparedness efforts.** For diseases that are unusual in Michigan, or for those that have the potential to be used as bioterrorism agents, we are part of a national network that the federal government depends on to determine whether national or international investigations are needed.

7. **Compliance with Michigan’s public health laws.** All physicians and laboratories are required by law to report certain cases of communicable disease. Violations of these laws will be reported to the state of Michigan and may constitute a misdemeanor under MCL 333.2261.

**ACCURATE AND COMPLETE DISEASE REPORTING IS ESSENTIAL TO THE COMMUNITY’S HEALTH**
Local Health Department System and Services

Michigan is served by a system of local public health departments that provide basic public health services, including communicable disease-related services, to all Michigan citizens and health care providers in all areas of the state. Communicable disease reports should be directed to the local health department.

The primary role of MDHHS in communicable disease control is to provide expert consultation, reference level diagnostic laboratory services, childhood vaccines, and support as needed to Michigan’s local health departments. Local health departments function as administratively autonomous units, separate from MDHHS. As such, they set their own priorities for how they allocate the resources available to them. Most local health departments provide a wide range of communicable-disease-related services. Some of the communicable disease prevention services that are frequently offered include:

- Communicable disease consultation, including information on testing and specimen requirements, and outbreak investigation
- Provision of diagnostic, treatment, and partner services for sexually-transmitted infections
- Childhood immunization clinics
- Animal bite consultation services
- Tuberculosis consultation and treatment services

The telephone number of your local health department is usually listed on their website and in the phone book with other county services (Note: Detroit is the only city in Michigan that has a city health department.) It may be helpful to write your local health department phone number on the cover of this booklet.

For a directory of Michigan local public health departments see page 20 of this guide.

Michigan Laboratory Response Network

The MDHHS Bureau of Laboratories (BOL) is equipped to respond to acts of biological or chemical terrorism, emerging infectious diseases or other public health threats and emergencies. The role of the BOL is to provide rapid identification of etiologic agents, allowing the medical community to provide appropriate prophylaxis and or treatment to minimize morbidity and mortality.

The Laboratory Response Network (LRN) is an integrated national network of laboratories that are capable of responding to biological or chemical public health emergencies. Established by the Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories in 1999, the LRN is now a partnership between government and private organizations that have a stake in all public health threat events. The LRN comprises laboratories that follow consensus protocols developed by the CDC and the Food and Drug Administration (FDA).

All LRN testing services for the agents of bioterrorism and for emerging infectious diseases in Michigan are performed at the MDHHS BOL in Lansing. Regional public health laboratories located in Kalamazoo, Grand Rapids, Pontiac, and Saginaw provide support to local disease outbreak investigations and possible bioterrorism incidents. They work with local hospital laboratories to facilitate the transport to and testing of specimens at MDHHS.

For a directory of the Michigan Regional and LRN laboratories see page 19 of this guide.
A. **Authorization and Obligation to Report**

1. **Physicians and laboratories**

   The Department reviews, maintains, and publishes a list of reportable diseases and infections at least annually. The most recent version of the list can be found at: [www.michigan.gov/cdinfo](http://www.michigan.gov/cdinfo).

   Both physicians and laboratory directors (or their designees) **must** report the suspected or confirmed existence of any disease listed in the tables on pages 6 and 11, or the unusual occurrence, outbreak, or epidemic of any disease, infection, or condition that threatens public health (e.g. norovirus or influenza outbreaks). Physicians and laboratory directors (or their designees) may also report any disease, infection, or condition to the local health department according to their medical judgment.

   When a physician or laboratory director suspects the presence of a designated condition but does not have sufficient information to confirm its presence, the physician or laboratory director **must** report the designated condition as suspect to the appropriate local health department. Upon confirmation of the designated condition, a physician or laboratory director **must** report the condition as confirmed to the appropriate local health department.

   Contact the appropriate local health department for reporting best practices. See pages 19-21 for a list of local health departments and Regional/LRN laboratories contact information.

   (R. 325.172; R. 325.173(1)-(6); 45 C.F.R. 164.512)

2. **Who else may report**

   In addition, the following individuals are specifically authorized to report to local health departments any disease, infection, or condition which poses a threat to public health: administrators; epidemiologists; infection preventionists from health care facilities or other institutions; dentists; nurses; pharmacists; physician assistants; veterinarians; and any other health care professional. All persons with reporting responsibilities should verify that reporting systems are in place at the medical practices and hospitals in which they work, and at the laboratories they use.

   Furthermore, health facility infection control committees or designees **must** develop policies and procedures to ensure appropriate reporting by both physicians who treat individuals at their facilities and by laboratories of such facilities.

   (R. 325.173)(7),(8)

3. **Schools, daycares and camps**

   Primary schools, secondary schools, preschools, camps, or child daycares **must** report to their local health department the suspected occurrence of any communicable disease listed in the table on page 6, along with any unusual occurrence, outbreak, or epidemic of any disease, infection, or condition, amongst those in attendance. Notification to the local health department should include symptoms, number of ill students and staff, affected facilities, and closings due to illness.

   (R. 325.173(9)(a)-(b))
B. How, Where, and When to Report

When reporting is required, reports **must** be made to the local health department where the patient resides, or where the service facility is located. Communicable diseases listed in the tables on pages 6 and 11 **must** (except where otherwise noted) be reported within 24 hours. However, reports should be made as soon as possible. Reports may be written or oral and may be transmitted electronically. (R. 325.171(1)(a); R. 325.173(1)-(5). (10))

A laboratory in Michigan that receives or processes specimens to be tested **must** report a result consistent with the presence of a listed communicable disease agent even if the testing is performed off-site. (R. 325.173(5)(b))

**Note for diseases in the tables that are associated with Category A or other potential bioterrorism agents:** it is requested that anyone who discovers such a disease consult the MDHHS Lansing Laboratory, (517) 335-8063, immediately in addition to reporting the condition to the appropriate local health department. (R. 325.179a)

1. **Michigan Disease Surveillance System (MDSS)**

   Mandatory reporting of communicable diseases can (and, whenever possible, should) be accomplished via the MDSS. The MDSS is a web-based communicable disease reporting system developed for the state of Michigan. The system:
   
   - Facilitates coordination among local, state and federal public health agencies
   - Provides for the secure transfer, maintenance and analysis of communicable disease surveillance information
   - Addresses needs in many areas of traditional disease surveillance, emergent infectious diseases, and biological terrorism
   - Promotes participation from a variety of stakeholders including public health, health care providers, and medical laboratories
   - Complies with national data standards

   For more information or to enroll, contact your local health department communicable disease program, or go to: [www.michigan.gov/mdss](http://www.michigan.gov/mdss)

2. **Duplicate Reporting**

   Please report suspected or confirmed diseases even if you believe the report is duplicative. The MDSS is able to de-duplicate where necessary. Over-reporting is preferable to under-reporting.
C. Content of the Report

The Privacy Rule in HIPAA allows for the disclosure of protected health information, without individual client/patient authorization, to public health authorities, who are authorized by law to collect or receive protected health information for the purpose of preventing or controlling disease. For additional information see section H.1 on page 14.

1. A physician’s report must contain the following information about the patient:
   - Full patient name (and parent/guardian name if patient is a minor)
   - Patient’s full residential address (and current address, if different)
   - Telephone number
   - Date of birth and age (HIV/AIDS reporting requires a date of birth and, if known, ethnicity and country of birth)
   - Sex, race, and ethnic origin
   - Name of the disease, infection, or condition being reported
   - Estimated onset date of the disease, infection, or condition
   - Identity of the reporting person (physician name, address, phone number)
   - Pertinent laboratory results
   - Any other information considered by the physician to be related to the health of the public (e.g., other ill family members/contacts, food handler, group living situation, day care attendee/employee)

   (R. 325.173(11); MCL 333.5114; MCL 333.5131)

2. A report of an unusual occurrence/outbreak/epidemic of a disease/infection/condition must, to the extent that the information is readily available, include:
   - The nature of the confirmed or suspected disease, infection, or condition
   - The approximate number of cases (the number exposed is requested, but not required)
   - The approximate illness onset dates
   - The location of the outbreak (the facility type, e.g., nursing home, day care, restaurant)

   (R. 325.173(17))

3. A laboratory report must contain the following information about the patient:
   - Full name
   - Full residential address
   - Telephone number
   - Date of birth or age
   - Sex
   - The specific laboratory test, date performed, and results
   - The name and address of the reporting laboratory
   - The name, address, and telephone number of the person who ordered the test

   (R. 325.173(16))
D. Physician and Authorized Health Care Professional Reporting Requirements

1. The following conditions must be reported to the Michigan Disease Surveillance System (MDSS) or local health department within 24 hours if the agent is identified by clinical or laboratory diagnosis. See footnotes for exceptions.

Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.

Acute flaccid myelitis (1)
Anaplasmosis (Anaplasma phagocytophilum)
**Anthrax** (Bacillus anthracis and B. cereus serovar anthracis)† (4)
Arboviral encephalitides, neuro- and non-neuroinvasive:
Chikungunya, **Eastern Equine†**, Jamestown Canyon, La Crosse,
Powassan, St. Louis, West Nile, Western Equine, Zika (6)
Babesiosis (Babesia microti)
Blastomycosis (Blastomyces dermatitidis)
**Botulism** (Clostridium botulinum)† (4)
**Brucellosis** (Brucella species)† (4)
Campylobacteriosis (Campylobacter species)
Candidiasis (Candida auris) (4)
Carbenapenemase Producing – Carbapenem Resistant
Enterobacteriaceae (CP-CRE): Klebsiella spp., Enterobacter spp., and
Escherichia coli (5)
Chancroid (Haemophilus ducreyi)
Chickenpox / Varicella (Varicella-zoster virus) (6)
Chlamydial infections (including trachoma, genital infections,
LGV) (Chlamydia trachomatis) (3, 6)
Cholera (Vibrio cholera) (4)
Coccidioidomycosis (Coccidioides immitis)
Cryptosporidiosis (Cryptosporidium species)
Cyclosporiasis (Cyclospora species) (5)
Dengue Fever (Dengue virus)
Diphtheria (Corynebacterium diphtheriae) (5)
Ehrlichiosis (Ehrlichia species)
Encephalitis, viral or unspecified
Escherichia coli, O157:H7 and all other Shiga toxin positive serotypes (5)
Giardiasis (Giardia species)
**Glanders** (Burkholderia mallei)† (4)
Gonorrhea (Neisseria gonorrhoeae) (3, 6) (4, submit isolates from sterile
sites only)
Guillain-Barre Syndrome (1)
Haemophilus influenzae, sterile sites (5, submit isolates for
serotyping for patients < 15 years of age)
Hantavirus
Hemolytic Uremic Syndrome (HUS)
**Hemorrhagic Fever Viruses**† (4)
Hepatitis A virus (Anti-HAV IgM, HAV genotype)
Hepatitis B virus (HBsAg, HBeAg, anti-HBc IgM, HBV NAAT, HBV
genotype; report all HBsAg and anti-HBs (positive, negative, undeterminate)
for children ≤ 5 years of age) (6)
Hepatitis C virus (all HCV test results including positive and negative
antibody, RNA, and genotype tests) (6)
Histoplasmosis (Histoplasma capsulatum)
HIV (tests including reactive immunoassays (e.g., Ab/Ag, TD1/TD2, WB, ELA, IA), detection tests (e.g., VL, NAAT, p24, genotypes), CD4
counts/percent, and all tests related to perinatal exposures) (2,6)
Influenza virus (weekly aggregate counts)
Pediatric influenza mortality, report individual cases (5)
Novel influenza viruses, report individual cases (5,6)
Kawasaki Disease (1)
Legionellosis (Legionella species) (5)
Leprosy or Hansen’s Disease (Mycobacterium leprae)
Leptospirosis (Leptospira species)
Listeriosis (Listeria monocytogenes) (5,6)
Lyme Disease (Borrelia burgdorferi)
Malaria (Plasmodium species)
Measles (Measles/Rubeola virus)
**Meliodosis** (Burkholderia pseudomallei)† (4)
Meningitis: bacterial, viral, fungal, parasitic and amebic
Meningococcal Disease, sterile sites (Neisseria meningitidis) (5)
Middle East Respiratory Syndrome (MERS-CoV) (5)
Mumps (Mumps virus)
**Orthopox viruses†**, including: Smallpox, Monkeypox (4)
Pertussis (Bordetella pertussis)
**Plague** (Yersinia pestis)† (4)
Polio (Poliovirus)
Prion disease, including CJD
Psittacosis (Chlamyphila psittaci)
**Q Fever** (Coxiella burnetii)† (4)
Rabies (Rabies virus) (4)
Rabies: potential exposure and post exposure prophylaxis (PEP)
Rubella (Rubella virus) (6)
Salmonellosis (Salmonella species) (5)
Severe Acute Respiratory Syndrome (SARS)† (5)
Shigellosis (Shigella species) (5)
Spotted Fever (Rickettsia species)
Staphylococcus aureus, vancomycin intermediate/
resistant (VISA (5)/VRSA (4))
Streptococcus pneumoniae, sterile sites
Streptococcus pyogenes, group A, sterile sites, including
Streptococcal Toxic Shock Syndrome (STSS)
Syphilis (Treponema pallidum) (6)
Tetanus (Clostridium tetani)
Toxic Shock Syndrome (non-streptococcal) (1)
Trichinellosis (Trichinella spiralis)
Tuberculosis (Mycobacterium tuberculosis complex);
report preliminary and final rapid test and culture results (4)
**Tularemia** (Francisella tularensis)† (4)
Typhoid Fever (Salmonella typhi) and Paratyphoid Fever (serotypes
Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C) (5)
Vibriosis (Non-cholera vibrio species) (5)
Yellow Fever (Yellow Fever virus)
Yersiniosis (Yersinia enterocolitica) (4, submit isolates only)

**LEGENED**

(1) Reporting within 3 days is required.
(2) Report HIV lab results to MDHHS electronically/by arrangement &
case reports to MDSS or by MDHHS Form 1355.
(3) Sexually transmitted infection for which expedited partner
therapy is authorized. See www.michigan.gov/hivstd for details.
(4) A laboratory shall immediately submit suspect or confirmed
isolates, subcultures, or specimens from the patient being tested
to the MDHHS Lansing laboratory.
(5) Isolate requested. Enteric: If an isolate is not available from non-
culture based testing, the positive broth and/or stool in transport
medium must be submitted to the MDHHS Lansing laboratory.
Respiratory: Submit specimens if available.
(6) Report pregnancy status, if available.
**Bold Text†** = Category A bioterrorism or select agent, notify the
MDHHS Laboratory immediately: (517) 335-8063
2. Animal bites/rabies reporting

a. Animal Bite Reporting

Any person who has knowledge of an animal bite where rabies is suspected must, within 24 hours of the biting incident, report the bite to the appropriate local health department and to the local health department where the bite occurred. The report must include all the following information:

- Animal species inflicting the bite
- Animal owner’s name, address, and telephone number
- Vaccination status of animal
- Date and location of biting incident
- Name, address, and telephone number of the person bitten
- Site of the bite on the body
- Name of the reporter of the bite

Please report any encounter with a bat to the local health department, even where exposure is uncertain. For example, a sleeping person awakens to find a bat in the same room or an adult witnesses a bat in a room with an unattended child, mentally disabled person, or intoxicated person.

Upon request by the Department or local health department, any person (including the general public) who has information regarding the identity, whereabouts, or vaccination status of an animal that has bitten an individual or otherwise potentially exposed an individual to rabies, or information about the owner of the animal, must provide information about the animal or the animal's owner to the local health department or MDHHS.

An animal that has bitten an individual or otherwise potentially exposed an individual to rabies must be handled pursuant to the provisions of the publication entitled "Compendium of Animal Rabies Control" issued by the National Association of State Public Health Veterinarians. Copies of this publication are available online at: www.michigan.gov/rabies

b. Rabies Post-exposure Prophylaxis (RPEP) Reporting

Healthcare providers/healthcare facilities are required to report to Michigan local health departments, any initiation of rabies post-exposure prophylaxis to an individual exposed or potentially exposed to rabies, whether through a bite or other type of exposure (e.g., a person wakes to a bat in the room where they were sleeping, bat found in the room with a child, or adult who cannot account for their time in the room with the bat). In addition to the patient information listed in Section C. 1. (Content of the Report) above, the report must also contain the following:

- Date, location, and description of the exposure incident
- Animal species involved in the exposure (e.g., bat, dog, horse)
- Disposition of the exposing animal (e.g., alive, dead, escaped, available for observation, sent for rabies diagnostic testing)
- Treatments initiated (e.g., wound treatment, tetanus immunization, rabies immune globulin administration, rabies vaccine administration) and each subsequent rabies vaccine dose administered in the series.

The initiation of RPEP is a medical urgency, not an emergency. Before initiating treatment, healthcare providers should consider the rabies risk for each situation, including whether the exposing animal might be available for observation or testing. Prompt reporting of animal bites and potential rabies exposures to local authorities aids the investigation into animals that have
potentially exposed people to rabies. In many cases, treatment of the exposed person can wait for the outcome of the animal investigation.

c. Suspect Human Rabies Case Diagnostic Testing

A physician who performs a postmortem on the body of a person who died of rabies or who was suspected of dying of rabies must immediately submit non-preserved portions of the hippocampus major and spinal cord to the MDHHS Laboratory for rabies examination. A written history of the case must accompany the specimens.

(R. 325.180)

3. Influenza reporting

Individual reports are required within 24 hours when influenza is suspected to have caused or contributed to mortality in a person aged less than 18 years, or if the infected individual traveled outside of North America within the 2 weeks prior to symptom onset.

(R. 325.173(15))

4. Pregnancy status reporting and STI testing

Pregnancy status, if available, must be reported for certain conditions. Please refer to the lists on pages 6 and 11 for reporting requirements.

Physicians or other individuals authorized by law to provide medical treatment to pregnant women must, at the time of the woman’s initial examination, collect clinical specimens and submit those to a laboratory for sexually transmitted infection testing including, HIV or an antibody to HIV, and hepatitis B.

Where it appears that testing was not performed during pregnancy, the aforementioned testing must be performed at the time of delivery, or upon the mother seeking treatment in the immediate postpartum period having recently delivered an infant outside of a health care facility. However, this testing need not be performed where the mother does not consent to testing, or where testing is medically inadvisable.

(MCL 333.5123)(1))

E. Expedited Partner Therapy

Sexually transmitted diseases (STD) are a significant public health problem in Michigan. Reported cases of gonorrhea and chlamydia exceed 55,000 annually, making them the two most commonly reported infections; they are highly contagious as well as easy to treat. To impact the transmission of STDs, it is important that clinicians have a menu of options to assure individuals at risk due to exposure are provided treatment. Expedited Partner Therapy (EPT) allows clinicians to provide patients with medication or a prescription to deliver to his or her sex partner(s) without a medical evaluation or clinical assessment of those partners. It is an alternative strategy to assure sexual partners of patients diagnosed with uncomplicated Chlamydia trachomatis or Neisseria gonorrhoeae are treated. More information can be found at: www.michigan.gov/hivstd
Patients most appropriate for EPT are those with partners who are unable or unlikely to seek prompt clinical service. Even if EPT is provided, the partner should be encouraged to seek follow-up care as soon as possible.

EPT should **not** be used for the following:

- For men who have sex with men diagnosed with gonorrhea, EPT is not recommended due to lack of data to demonstrate the effectiveness in this population and the risk of missing STD/HIV co-infections
- For patients co-infected with treatable STDs, other than chlamydia or gonorrhea
- Cases of suspected child abuse or sexual assault
- Situations where a patient’s safety is in question
- For partners with known allergies to antibiotics

(MCL 333.5110)

**F. Immunization Requirements and Reporting**

1. **Michigan vaccination requirements**

   The MDHHS and all local health departments in Michigan support immunization as guided by the federal Advisory Committee on Immunization Practices (ACIP). Compliance with current ACIP recommendations generally fulfills all minimum legal requirements for routine vaccination in Michigan.

2. **Michigan vaccine programs**

   Michigan physicians may obtain many childhood vaccines through their local health department by participating in the Vaccines for Children Program, for patients meeting specific eligibility requirements. Health care providers who see adults that are uninsured for vaccines should also refer patients to the local health department for possible eligibility of Tdap, Td, MMR, Shingles, HPV, Pneumococcal, Hepatitis A, and Hepatitis B vaccines if indicated. Hepatitis B vaccine is available to all birthing hospitals to administer the first Hepatitis B vaccine at birth.

3. **Reporting to the Michigan Care Improvement Registry**

   The Michigan Care Improvement Registry (MCIR), formerly known as the Michigan Childhood Immunization Registry, is an electronic database accessible to all enrolled physicians and clinics in the state. It was established to provide a single location for Michigan immunization records so that a complete record can be maintained even if a person received vaccines from multiple providers. By law, persons who administer vaccines **must** report to the Department all immunizations administered to a person who is less than 20 years of age. Providers are strongly encouraged to submit immunization information for all individuals, regardless of age, to the MCIR. A person can provide written notice that they do not wish their or their child’s immunization information to be reported to the MCIR. Access to the MCIR is restricted and all users **must** obtain authorization along with a user ID and a password. The MCIR can provide an official immunization record, an assessment of a person’s immunization status with a forecast of future doses needed, and an assessment of a clinic population. More information about the MCIR is available at:

   [http://www.mcir.org](http://www.mcir.org)

(R. 325.163)
4. **School and childcare immunization requirements**

All children **must** have a complete immunization record or a signed waiver if enrolled in a licensed childcare center or enrolled in kindergarten, 7th grade, or transferred new to the school district. For a listing of required vaccines for school and child care please visit the website listed below (then click on the links for Local Health Departments > Immunization Waiver Information, and scroll to Vaccines Required for School or Child Care).

In 2014, the Michigan administrative rules were modified, changing how non-medical waivers for immunizations will be processed for school and child care programs. R. 325.176(12). This rule went into effect on January 1, 2015. The new rule requires parents or guardians who want to claim a non-medical waiver to receive education from a local health department about the benefits of vaccination and the risks of vaccine-preventable diseases before claiming the waiver. More information can be found at: [http://www.michigan.gov/immunize](http://www.michigan.gov/immunize).

(R. 325.176)
G. Laboratory Reporting Requirements

1. The following conditions must be reported to the Michigan Disease Surveillance System (MDSS) or local health department within 24 hours if the agent is identified by clinical or laboratory diagnosis. See footnotes for exceptions.

**Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.**

Acute flaccid myelitis (1)
Anaplasma phagocytophilum (Anaplasmosis)
Arboviral encephalitides, neuro- and non-neuroinvasive:
Chikungunya, Eastern Equine†, Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika (6)
Babesia microti (Babesiosis)
Bacillus anthracis and B. cereus serovar anthracis (Anthrax)† (4)
Blastomyces dermatitidis (Blastomycosis)
Bordetella pertussis (Pertussis)
Borrelia burgdorferi (Lyme Disease)
Brucella species (Brucellosis)† (4)
Burkholderia mallei (Glanders)† (4)
Burkholderia pseudomallei (Melioidosis)† (4)
Campylobacter species (Campylobacteriosis)
Candida auris (Candidiasis) (4)
Chlamydia trachomatis (Trachoma, genital infections, LGV) (3, 6)
Chlamydothila psittaci (Psittacosis) (4)
Clostridium botulinum (Botulism)† (4)
Clostridium tetani (Tetanus)
Coccidioides immittis (Coccidioidomycosis)
Coronaviruses (SARS†, MERS-CoV) (5)
Corynebacterium diphtheriae (Diphtheria) (5)
Cryptosporidium species (Cryptosporidiosis) (6)
Cyclospora species (Cyclosporiasis) (5)
Ehrlichia species (Ehrlichiosis)
Encephalitis, viral or unspecified
Enterobacter spp., Carbapenemase Producing-Carbapenem Resistant (5)
Escherichia coli, Carbapenemase Producing-Carbapenem Resistant (5)
Escherichia coli, O157:H7 and all other Shiga toxin positive
serotypes (including HUS) (5)
Francisella tularensis (Tularemia)† (4)
Giardia species (Giardiasis)
Guillain-Barre Syndrome (1)
Haemophilus ducreyi (Chancroid)
Haemophilus influenzae, sterile sites (5, submit isolates for serotyping for patients <15 years of age)
Hantavirus
Hemorrhagic Fever Viruses† (4)
Hepatitis A virus (Anti-HAV IgM, HAV genotype)
Hepatitis B virus (HBsAg, HBeAg, anti-HBc IgM, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6)
Hepatitis C virus (all HCV test results including positive and negative antibody, RNA, and genotype tests) (6)
Histoplasma capsulatum (Histoplasmosis)
HIV (tests including: reactive immunoassays (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percent; and all tests related to perinatal exposures) (2, 6)
Influenza virus (weekly aggregate counts)
Pediatric influenza mortality, report individual cases (5)
Novel influenza viruses, report individual cases (5, 6)
Kawasaki Disease (1)
Klebsiella spp., Carbapenemase Producing-Carbapenem Resistant (5)
Legionella species (Legionellosis) (5)
Leptospira species (Leptospirosis)
Listeria monocytogenes (Listeriosis) (5, 6)
Measles virus (Measles/Rubeola)
Meningitis: bacterial, viral, fungal, parasitic, and amebic
Mumps virus
Mycobacterium leprae (Leprosy or Hansen’s Disease)
Mycobacterium tuberculosis complex (Tuberculosis);
report preliminary and final rapid test and culture results (4)
Neisseria gonorrhoeae (Gonorhoea) (3, 6) (4, submit isolates from sterile sites only)
Neisseria meningitidis, sterile sites (Meningococcal Disease) (5)
Orthopox viruses†, including: Smallpox, Monkeypox (4)
Plasmodium species (Malaria)
Poliovirus (Polio)
Prion disease, including CJD
Rabies virus (4)
Rabies: potential exposure and post exposure prophylaxis (PEP)
Rickettsia species (Spotted Fever)
Rubella virus (6)
Salmonella species (Salmonellosis) (5)
Salmonella Paratyphi (Paratyphoid Fever): serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C (5)
Salmonella typhi (Typhoid Fever) (5)
Shigella species (Shigellosis) (5)
Staphylococcus aureus Toxic Shock Syndrome (1)
Staphylococcus aureus, vancomycin intermediate/ resistant (VISA (5)/VRSA (4))
Streptococcus pneumoniae, sterile sites
Streptococcus pyogenes, group A, sterile sites, including
Streptococcal Toxic Shock Syndrome (STSS)
Treponema pallidum (Syphilis) (6)
Trichinel spiralis (Trichinosis)
Varicella-zoster virus (Chickenpox) (6)
Vibrio cholera (Cholera) (4)
Vibrio species (Vibriosis: Non-cholera species) (5)
Yellow fever virus
Yersinia enterocolitica (Yersiniosis) (4, submit isolates only)
Yersinia pestis (Plague)† (4)

**LEGEND**

(1) Reporting within 3 days is required.
(2) Report HIV lab results to MDHSS electronically/by arrangement & case reports to MDSS or by MDHSS Form 1355.
(3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/hivstd for details.
(4) A laboratory shall immediately submit suspect or confirmed isolates, subcultures, or specimens from the patient being tested to the MDHSS Lansing laboratory.
(5) Isolate requested. Enteric: If an isolate is not available from non-culture based testing, the positive broth and/or stool in transport medium must be submitted to the MDHSS Lansing laboratory. Respiratory: Submit specimens if available.
(6) Report pregnancy status, if available.

**Bold Text†** = Category A bioterrorism or select agent, notify the MDHSS Laboratory immediately: (517) 335-8063
2. Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE)

Laboratories and physicians must report cases of CP-CRE according to the following criterion for *E. coli*, *Klebsiella* spp., and *Enterobacter* spp.:

- Healthcare record contains a diagnosis of Carbapenemase-producing Carbapenem-resistant Enterobacteriaceae (CP-CRE), KPC, NDM, OXA-48, IMP or VIM or novel carbapenemase
- Any isolate of *Enterobacter* spp., *E. coli*, or *Klebsiella* spp. demonstrating carbapenemase production by a phenotypic method (e.g., Carba NP, CIM, mCIM)
- Any isolate of *Enterobacter* spp., *E. coli*, or *Klebsiella* spp. with a known carbapenemase resistance mechanism by a recognized test (e.g., PCR, Expert Carba-R)

If laboratories are unable to detect CP-CRE, (i.e., cannot test for carbapenemase production or resistance mechanism):

- Any isolate of *Enterobacter* spp., *E. coli*, or *Klebsiella* spp. with a minimum inhibitory concentration of ≥4 mcg/ml for meropenem, imipenem, or doripenem, or ≥ 2 mcg/ml for ertapenem

**Laboratory Criteria:** Laboratory evidence of carbapenemase production in an isolate by a phenotypic method or positive for a known carbapenemase resistance mechanism by specific testing methods, such as, but not limited to:

- Phenotypic methods for carbapenemase production:
  - Carba NP positive
  - Metallo-β-lactamase testing (e.g., E-test) positive
  - Modified Carbapenem Inactivation Method (mCIM) positive or indeterminate
  - Carbapenem Inactivation Method (CIM) positive
  - Modified Hodge Test (MHT) positive
  - Positive for phenotypic carbapenemase production (e.g., mCIM, CIM, CarbaNP) but negative by PCR (e.g., Xpert Carba-R) for all known resistance mechanisms (e.g., KPC, NDM, OXA-48, VIM, IMP)

- Molecular methods for resistance mechanism:
  - PCR positive (for KPC, NDM, OXA-48, IMP, VIM, or other recognized carbapenem resistance mechanism)
  - Xpert Carba-R positive (for KPC, NDM, OXA-48, VIM, IMP, or other recognized carbapenem resistance mechanism)
  - PCR or Xpert Carba-R positive for novel carbapenemase

3. *Mycobacterium tuberculosis* complex reporting and culture submission

A laboratory that receives a specimen from an individual that results in a laboratory report of *Mycobacterium tuberculosis* complex or yields a preliminary result* indicative of *Mycobacterium tuberculosis* complex is responsible for ensuring submission of the following:

- To the appropriate local health department – report all results and interpretations of those results.
- To the MDHHS Laboratory – the first *Mycobacterium tuberculosis* complex isolate, AND any *Mycobacterium tuberculosis* complex isolate or subculture thereof from a follow-up specimen collected 90 days or more after the collection of the first *Mycobacterium tuberculosis* complex-positive specimen.

*Note: For the purpose of this rule, "preliminary result" includes, but is not limited to, results from nucleic acid amplification tests, or other genetic probe tests, chromatographic or other such tests that may be performed prior to final culture identification of a clinical specimen. (R. 325.179)
4. Rabies examination and reporting

A laboratory in this state that conducts examinations of animals for rabies must report all of the following information to MDHHS within 7 days after examination. If a sample is being submitted to the MDHHS laboratory for examination the following information must be submitted along with the sample:

- Species of animal, anatomic site of exposure, and vaccine history, if appropriate
- Name and address of the owner of the animal
- Name, address, and 24/7 phone number of the person or agency submitting the specimen
- Name, address and home phone number of the person exposed to the animal examined or the owner of the pet exposed to the animal examined
- Date and results of the examination

(R. 325.180)

5. Viral hepatitis reporting

Note: Every new reportable result should be reported, regardless of whether the patient has been previously reported. Laboratories and physicians must report the following viral hepatitis tests to the appropriate local health department within 24 hours:

**Hepatitis A virus (HAV)**
Report all positive:
- IgM antibodies to HAV (Anti-HAV IgM)
- HAV genotype

**Hepatitis B virus (HBV)**
Report all (positive, negative, and indeterminate) for children 5 years of age and younger:
- Hepatitis B Surface Antigen (HBsAg)
- Antibodies to Hepatitis B Surface Antigen (Anti-HBs)

Report all positive (for individuals 6 years of age and older):
- HBsAg
- Hepatitis B e antigen (HBeAg)
- IgM antibodies to Hepatitis B Core Antigen (Anti-HBc IgM)
- HBV Nucleic Acid Tests:
  - Quantitative HBV DNA (viral load)
  - Qualitative HBV DNA
  - HBV genotype
- **Report pregnancy status**, if available

**Hepatitis C virus (HCV)**
Report all positive AND negative**:
- Hepatitis C Virus Antibody Tests (anti-HCV)
- Hepatitis Nucleic Acid Tests:
  - Quantitative HCV RNA results (viral load)
  - Qualitative HCV RNA results
  - HCV genotype
- Hepatitis C Antigen Tests
- **Report pregnancy status**, if available

**Note: negative HCV lab results are only required to be reported by entities submitting to MDSS via HL7 electronic laboratory reporting (ELR)**
6. Submission of other designated conditions specimens

a. Laboratories **must** submit to the MDHHS Lansing Laboratory the first isolate, subculture (or specimen where appropriate) from the patient being tested:

<table>
<thead>
<tr>
<th>Submit suspect isolates or specimens that contain any of the following to the MDHHS Lansing Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacillus anthracis and <em>B. cereus</em> serovar anthracis</td>
</tr>
<tr>
<td>Brucella species</td>
</tr>
<tr>
<td>Burkholderia mallei</td>
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<tr>
<td>Burkholderia pseudomallei</td>
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<tr>
<td>Candida auris</td>
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<tr>
<td><em>Clostridium botulinum</em></td>
</tr>
<tr>
<td>Coronaviruses (SARS and MERS-CoV)</td>
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<tr>
<td>Corynebacterium diphtheriae</td>
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<tr>
<td>Coxiella burnetii</td>
</tr>
<tr>
<td>Escherichia coli O157:H7 and all other shiga toxin positive serotypes</td>
</tr>
<tr>
<td>Francisella tularensis</td>
</tr>
<tr>
<td>Haemophilus influenzae (sterile sites only; submit isolates for serotyping for patients &lt;15 years old)</td>
</tr>
<tr>
<td>Hemorrhagic fever viruses</td>
</tr>
<tr>
<td>Influenza (novel strains or pediatric mortality)</td>
</tr>
<tr>
<td>Legionella species</td>
</tr>
<tr>
<td>Listeria monocytogenes</td>
</tr>
<tr>
<td>Mycobacterium tuberculosis complex</td>
</tr>
<tr>
<td>Neisseria gonorrhoeae - isolate collected from a sterile site</td>
</tr>
<tr>
<td>Neisseria meningitidis - isolate collected from a sterile site</td>
</tr>
<tr>
<td>Orthopox viruses (including smallpox and monkey pox)</td>
</tr>
<tr>
<td>Rabies</td>
</tr>
<tr>
<td>Salmonella species, including <em>Typhi</em></td>
</tr>
<tr>
<td>Shigella species</td>
</tr>
<tr>
<td>Staphylococcus aureus (only vancomycin intermediate and resistant (VISA/VRSA))</td>
</tr>
<tr>
<td>Vibrio cholera, <em>V. parahaemolyticus</em>, <em>V. vulnificus</em>, <em>Photobacterium damselae</em> ssp. <em>Damselae</em>, or <em>Grimontia hollisae</em></td>
</tr>
<tr>
<td>Yersinia enterocolitica – isolates only</td>
</tr>
<tr>
<td>Yersinia pestis</td>
</tr>
</tbody>
</table>

(R. 325.179a)

b. Other specimen submission

For unexplained/unusual deaths, deaths related to pediatric influenza, or suspected cases of prion disease such as Creutzfeldt-Jakob disease, please contact the local health department and the MDHHS Communicable Disease Section for available testing facilities, specimen collection, and sample requirements information.

H. Investigative Authority of Public Health Departments

1. Access to information

The Privacy Rule in HIPAA allows for the disclosure of protected health information, without individual client/patient authorization, to public health authorities, who are authorized by law to collect or receive protected health information for the purpose of preventing or controlling disease. (45 C.F.R. 164.512(b)(1)(i))

In addition, the Michigan Public Health Code and administrative rules give the local and state health departments the authority and responsibility to investigate cases of disease and suspect transmission, including the review of medical records. An investigator who presents official identification of a local health department or the MDHHS **must** be provided with medical and epidemiologic information pertaining to any of the following persons on request:

- Individuals who have any condition required to be reported or other condition of public health significance
- Individuals, whether ill or well, who are part of a group in which an unusual occurrence, outbreak, or epidemic has occurred
- Individuals who are not known to have a condition, but whose medical or epidemiological information is needed for investigation into the cause of a condition of public health importance
- Individuals potentially exposed to a designated condition
2. Assistance and support

State and local health departments have the authority to contact physicians, laboratories, infection control preventionists and patients to collect information to help them determine if a community outbreak is occurring; to identify, test and provide prophylaxis to household or other contacts; and, perhaps most importantly, to provide information to help prevent the spread of communicable diseases. The assistance and support of health care providers is invaluable.

(R. 325. 174; MCL 333.2231; MCL 333.2237(1)(a)-(d); MCL 333.5111(2)(a)-(d))

3. Validation of reporting

Requests for individual medical and epidemiological information to validate the completeness and accuracy of reporting are specifically authorized. Information released in response to a request made by type of disease, infection, or condition or diagnostic code category may include information about individuals who are not the focus of the request if it is not reasonably possible to delete their information from the requested information. (R. 325.174(3))

4. Information to be provided

Medical and epidemiological information means any of the following, in detail:

- Medical histories
- Examination results
- Findings of all associated laboratory tests
- Diagnoses
- Treatments employed
- Outcomes
- Description and source of suspected causative agents
- Any other pertinent information that is requested by the state or local public health authority in the course of an investigation

(R. 325.171(h))

5. Authority to investigate

The Department may inspect, investigate, or authorize an inspection or investigation to be made of any matter, thing, premises, place, person, record, vehicle, incident, or event, and may apply for an inspection or investigation warrant.

A representative of the local health department or the MDHHS may obtain human, animal, environmental, or other types of specimens or cause such specimens to be obtained by appropriate means (and, where necessary, upon obtaining an appropriate warrant), including venipuncture, in the course of an investigation of a reported disease, infection, or condition.

(MCL 333.2241; R. 325.174)
I. **Confidentiality**

Medical and epidemiological information that identifies an individual and that is gathered in connection with an investigation is confidential and is not open to public inspection without the individual's consent or the consent of the individual's guardian, unless public inspection is necessary to protect the public health as determined by a local health officer or the director of MDHHS. (R. 325.181(2))

HIPAA permits disclosure of protected health information to a public health authority (including the Department and local health departments) “for the purpose of preventing or controlling disease, injury, or disability, including but not limited to the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority.” (45 C.F.R. § 164.512(b))

J. **Isolation and Other Preventive Measures**

A physician or other person attending a case of communicable disease must arrange for appropriate barrier precautions, prophylactic treatment, or isolation, if needed to prevent the spread of disease to other household members, patients, or to the community. Provision of information and prophylactic treatment to at-risk contacts, as appropriate, to prevent secondary spread is extremely important.

A physician or person who seeks information on appropriate precautionary measures may request the local health department or the MDHHS to provide the necessary information. The local health officer or the MDHHS may institute appropriate isolation or other barrier precautions for a case or a suspected case of disease, infection, or other condition as necessary to protect the public’s health.

(R. 325.175(1))

K. **Exclusion From School**

When school officials, local health department staff or personnel reasonably suspect that a student has a communicable condition (except HIV or AIDS), they may exclude the student for a period of time sufficient to obtain a determination by a physician or health officer as to the presence of the condition. Individuals who have incomplete immunizations may be excluded from a school or childcare center if a vaccine preventable disease is either confirmed or suspected in the program. A student may return to school when it is determined that he or she no longer represents a communicable disease risk to other students.

Note: There are provisions in the public health code relating to the non-exclusion of those with HIV infections or AIDS. An authorized representative of the Department or a local health officer may disclose information pertaining to an individual who is HIV infected or has been diagnosed as having AIDS if the disclosure is necessary to prevent a reasonably foreseeable risk of transmission of HIV to pupils in the school district. Check with your local health department or legal counsel if you need more information.

(R. 325.175(2)-(4); MCL 333.5131(5)(c))
Consultation Service and Bibliography

All local health departments are required under the public health code to have a Michigan licensed physician medical director on staff (R. 325.13002). In addition, some local health departments employ one or more epidemiologists or other communicable disease specialists. Health care professionals are encouraged to consult with these individuals whenever they have questions concerning any issues that may be related to the maintenance of the health of the public. There are a number of related (and generally inexpensive) reference works that provide good information regarding the prevention and control of communicable disease that may be of interest and use to Michigan health care providers. Because these recommendations change as new treatments, vaccines and knowledge become available, a current edition should be consulted. These reference works include:

**Control of Communicable Diseases Manual**
An Official Report of the American Public Health Association
David L. Heymann, MD, Editor
American Public Health Association
www.apha.org/ccdm

**Report of the Committee on Infectious Disease of the American Academy of Pediatrics (Red Book), 2018**
American Academy of Pediatrics
141 Northwest Point Blvd.
Elk Grove, Illinois 60009
redbook.solutions.aap.org/

**CDC Advisory Committee on Immunization Practices**
www.cdc.gov/vaccines/acip/

**CDC Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book), 13th Edition, 2015**
www.cdc.gov/vaccines/pubs/pinkbook/index.html

**CDC Case definitions for infectious conditions under public health surveillance**
wwwnc.cdc.gov/nndss/

**CDC Morbidity and Mortality Weekly Report**
*MMWR*
www.cdc.gov/mmwr/index.html

**CDC Health Information for International Travel**
wwwnc.cdc.gov/travel/

**CDC Isolation Precautions**
http://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html

**Compendium of Animal Rabies Control**
(Current)
National Association of State Public Health Veterinarians
www.nasphv.org/documentsCompendia.html

**Compendium of Measures to Prevent Disease Associated with Animals in Public Settings**
(Current)
National Association of State Public Health Veterinarians
nasphv.org/documentsCompendiumAnimals.html

**CDC Emerging Infectious Diseases Journal**
wwwnc.cdc.gov/eid/

Other guidelines and references may be available to physicians through the MDHHS or local health department on such topics as: the U.S. Public Health Service guidelines for hepatitis vaccination and prophylaxis, the ACIP recommendations on adult immunizations, foreign travel guidelines, etc.
Important Websites

Centers for Disease Control and Prevention (CDC)
www.cdc.gov

Michigan Department of Health and Human Services (MDHHS)
www.michigan.gov/mdhhs

MDHHS Bureau of Laboratories Information
www.michigan.gov/mdhhslab

MDHHS Communicable Disease Information
www.michigan.gov/cdinfo

Michigan Disease Surveillance System
www.michigan.gov/mdss

MDHHS Division of Immunization Information
www.michigan.gov/immunize

Michigan Care Improvement Registry
www.mcir.org

Michigan Emerging Diseases
www.michigan.gov/emergingdiseases

Michigan Healthcare-Associated Infection Surveillance and Prevention
www.michigan.gov/hai

MDHHS Hepatitis Program
www.michigan.gov/hepatitis

Michigan HIV, STD, Expedited Partner Therapy, and Hepatitis Information
www.michigan.gov/hivstd

Michigan Influenza
www.michigan.gov/influenza

MDHHS Tuberculosis Program
www.michigan.gov/tb

Michigan Administrative code
www.michigan.gov/opt

Michigan Compiled Laws
www.legislature.mi.gov

Michigan Association for Local Public Health (MALPH)
www.malph.org
## Directory of Michigan Regional and Laboratory Response Network (LRN) Laboratories

<table>
<thead>
<tr>
<th>Regions Served</th>
<th>Testing Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Regions</td>
<td>Michigan Department of Health and Human Services Laboratory</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 30035</td>
</tr>
<tr>
<td></td>
<td>3350 N. Martin Luther King Jr. Blvd.</td>
</tr>
<tr>
<td></td>
<td>Lansing, MI 48909</td>
</tr>
<tr>
<td></td>
<td>(517) 335-8063</td>
</tr>
<tr>
<td>LRN Region &amp; Counties Served</td>
<td>Coordinating Laboratory</td>
</tr>
<tr>
<td><strong>Region 1:</strong> Clinton, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Lenawee, Livingston, Shiawassee</td>
<td>Michigan Department of Health and Human Services Laboratory</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 30035</td>
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<tr>
<td></td>
<td>3350 N. Martin Luther King Jr. Blvd.</td>
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<tr>
<td></td>
<td>Lansing, MI 48909</td>
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<tr>
<td></td>
<td>(517) 335-8063</td>
</tr>
<tr>
<td><strong>Region 2S:</strong> Monroe, Wayne, Washtenaw</td>
<td></td>
</tr>
<tr>
<td><strong>Region 7:</strong> Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Otsego, Presque Isle, Roscommon, Wexford</td>
<td></td>
</tr>
<tr>
<td><strong>Region 8:</strong> Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft</td>
<td></td>
</tr>
<tr>
<td><strong>Region 2N:</strong> Macomb, Oakland, St. Clair</td>
<td>Oakland County Health Division Laboratory (1)</td>
</tr>
<tr>
<td></td>
<td>1200 N Telegraph Road, Bldg 32E</td>
</tr>
<tr>
<td></td>
<td>Pontiac, MI 48341</td>
</tr>
<tr>
<td></td>
<td>(248) 858-1310</td>
</tr>
<tr>
<td><strong>Region 3:</strong> Alcona, Arenac, Bay, Genesee, Gladwin, Huron, Iosco, Lapeer Midland, Ogemaw, Oscoda Saginaw, Sanilac, Tuscola</td>
<td>Saginaw County Health Department Laboratory (1)</td>
</tr>
<tr>
<td></td>
<td>1600 North Michigan Avenue</td>
</tr>
<tr>
<td></td>
<td>Saginaw, MI 48602</td>
</tr>
<tr>
<td></td>
<td>(989) 758-3825</td>
</tr>
<tr>
<td><strong>Region 5:</strong> Allegan, Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren</td>
<td>Kalamazoo County Health &amp; Community Services Laboratory (1)</td>
</tr>
<tr>
<td></td>
<td>311 East Alcott Street</td>
</tr>
<tr>
<td></td>
<td>Kalamazoo, MI 49001</td>
</tr>
<tr>
<td></td>
<td>(269) 373-5360</td>
</tr>
<tr>
<td><strong>Region 6:</strong> Clare, Ionia, Isabella, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa</td>
<td>Kent County Health Department Laboratory (1)</td>
</tr>
<tr>
<td></td>
<td>700 Fuller NE</td>
</tr>
<tr>
<td></td>
<td>Grand Rapids, MI 49503</td>
</tr>
<tr>
<td></td>
<td>(616) 632-7210</td>
</tr>
</tbody>
</table>

(1) These laboratories provide consultation and facilitate the transport of isolates/specimens to MDHHS. They perform no LRN testing.
DIRECTORY OF MICHIGAN HEALTH DEPARTMENTS BY COUNTY PAGE 1

In general, health care providers should seek consultation regarding communicable disease prevention and control services through their local health departments.

Please check your local phone directory or health department website to see if there is a branch office in your community. Write that number here:________________________

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>HEALTH DEPT.</th>
<th>CO. OFFICE</th>
<th>AREA</th>
<th>PHONE</th>
<th>FAX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcona</td>
<td>District 2</td>
<td>Harrisville</td>
<td>989</td>
<td>724-6757</td>
<td>343-1896</td>
</tr>
<tr>
<td>Alger</td>
<td>LMAS DHD</td>
<td>Munising</td>
<td>906</td>
<td>387-2297</td>
<td>387-2224</td>
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<tr>
<td>Allegan</td>
<td>Allegan County</td>
<td>Allegan</td>
<td>269</td>
<td>673-5411</td>
<td>673-2163</td>
</tr>
<tr>
<td>Alpena</td>
<td>District 4</td>
<td>Alpena</td>
<td>989</td>
<td>356-4507</td>
<td>356-3529</td>
</tr>
<tr>
<td>Antrim</td>
<td>Health Dept. of NW MI</td>
<td>Bellaire</td>
<td>231</td>
<td>533-8670</td>
<td>547-6238</td>
</tr>
<tr>
<td>Arenac</td>
<td>Cent MI DHD</td>
<td>Standish</td>
<td>989</td>
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STATE OF MICHIGAN CONTACTS

Communicable Disease Division: Phone: 517-335-8165 Fax: 517-335-8263
Immunization Division: Phone: 517-335-8159 Fax: 517-335-9855
Bureau of Laboratories: Phone: 517-335-8063 Fax: 517-335-9631

After hours Emergency calls only: 517-335-9030
DIRECTORY OF MICHIGAN HEALTH DEPARTMENTS BY COUNTY PAGE 2

In general, health care providers should seek consultation regarding communicable disease prevention and control services through their local health departments.

Please check your local phone directory or health department website to see if there is a branch office in your community. Write that number here: _______________________

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<th>COUNTY</th>
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STATE OF MICHIGAN CONTACTS

Communicable Disease Division | Immunization Division | Bureau of Laboratories
Phone: 517-335-8165 | Phone: 517-335-8159 | Phone: 517-335-8063
Fax: 517-335-8263 | Fax: 517-335-9855 | Fax: 517-335-9631

After hours Emergency calls only: 517-335-9030
While every attempt has been made to accurately reflect the legal duties defined by the Michigan communicable disease rules, this booklet should not be considered a substitute for private legal counsel, or as an alternative to understanding and following the rules this booklet strives to summarize. For more information, please consult the Michigan legislature website at:

www.michiganlegislature.org
and