

Health Care Professional's Guide to the **Michigan Communicable Disease Rules**

**Report locally...
Think globally!**

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Why Report Communicable Disease?

Physicians, laboratory scientists, infection control practitioners, and other care providers play a key role in state and local health department efforts to control communicable diseases. The public health system depends upon their reports of diseases to monitor the health of the community and to provide the basis for preventive action.

Public health authorities are often surprised to learn, however, that these individuals who are so very important to public health sometimes do not have a very good understanding of why diseases are required to be reported. We are therefore providing a summary of the purposes served by disease reporting as a preface to this guide.

Care providers are required to report communicable diseases for a number of reasons. The most common are listed as follows:

1. **To identify outbreaks and epidemics.** If an unusual number of cases occur, local health authorities must investigate to control the spread of the disease. Examples include measles, polio, diphtheria, hepatitis A, salmonellosis, botulism and syphilis.
2. **To enable preventive treatment and/or education to be provided.** Household contacts or sexual partners need to be identified for prophylaxis, treatment, and/or education about how to prevent spread for some infections. Examples include invasive meningococcal infection, tuberculosis, syphilis and Human Immunodeficiency Virus infection.
3. **To help target prevention programs, identify care needs, and use scarce prevention resources efficiently.** The public and private health care and prevention dollar is shrinking. State and local public health authorities and health care providers must make difficult choices about what prevention and treatment services will be provided. Communicable disease statistics help to maximize the impact of these dollars. Examples include Lyme Disease and Acquired Immunodeficiency Syndrome.
4. **To evaluate the success of long term control effects.** Public health programs must have a means of assessing the continued success of control efforts for some diseases. Examples include measles and other vaccine preventable diseases, Toxic Shock Syndrome and typhoid fever.
5. **To facilitate 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. Examples include Reye's Syndrome, Kawasaki Disease and Guillain-Barre Syndrome.
6. **To assist with national and international disease surveillance efforts.** For some diseases that are unusual in Michigan, we are part of a national network that the federal government depends on to determine whether national or international investigations are needed. Examples include Dengue fever, malaria, viral hemorrhagic fevers, and yellow fever.

Accurate and complete disease reporting is essential to the community health.

Michigan Association of Public Health and Preventive Medicine Physicians

Michigan's Communicable Disease Rules

Michigan's communicable disease rules are promulgated under the authority conferred on the Department of Community Health by section 5111 of Act No. 368 of the Public Acts of 1978, as amended, being 333.5111 of the Michigan Compiled Laws. Suspected violations of these rules will be reported to the appropriate licensing boards of the responsible health care professional. This guide is a synopsis of the rules as of the date of issue. Health care professionals are advised to consult with their local health department if they have questions about their responsibilities with regard to these rules.

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Communicable Disease Epidemiology Division

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A. Physician Reporting Requirements

1. The following conditions are required to be reported to the local health department by physicians:

Acquired Immune Deficiency Syndrome (AIDS) (1,3)	Listeriosis
Amebiasis	Lyme disease
Anthrax (1)	Lymphogranuloma venereum (1,3)
Aseptic (viral) meningitis	Malaria
Blastomycosis	Measles (Rubeola) (1)
Botulism (1)	Meningitis, other bacterial
Brucellosis	Meningococcal disease, meningitis or meningococemia (1)
<i>Campylobacter</i> enteritis	Mumps
Chancroid (1,3)	Pertussis (1)
Chickenpox (4)	Plague (1)
Chlamydial disease, genital	Poliomyelitis, paralytic (1)
Cholera (1)	Psittacosis
Coccidioidomycosis	Q fever
Cryptococcosis	Rabies, human (1)
Cryptosporidiosis	Reye's syndrome
Cyclosporiasis	Rheumatic fever
Dengue fever	Rocky Mountain spotted fever
Diphtheria (1)	Rubella
Ehrlichiosis	Rubella, congenital syndrome
Encephalitis, viral	Salmonellosis
Giardiasis	Shiga toxin producing <i>E.coli</i> associated disease, such as <i>E.coli</i> 0157
Gonorrhea (1,3)	Shigellosis
Granuloma inguinale (1,3)	Staphylococcal disease, first 28 days post-partum, mother or child
Guillain-Barre syndrome	Streptococcal disease, invasive, Group A
<i>Haemophilus influenzae</i> disease, meningitis or epiglottitis (1)	Syphilis (1,3)
Hantavirus pulmonary syndrome	Tetanus
Hemolytic-uremic syndrome (HUS), post diarrheal	Toxic shock syndrome
Hepatitis A	Trachoma
Hepatitis B	Trichinosis
Hepatitis B in a pregnant woman (1)	Tuberculosis (1,3)
Hepatitis C	Tularemia
Hepatitis, delta	Typhoid fever
Hepatitis, non-A non-B	Typhus
Hepatitis, viral, unspecified	Viral hemorrhagic fevers, such as Lassa fever and Congo Crimean hemorrhagic fever (1)
Histoplasmosis	Yellow fever (1)
Human Immunodeficiency Virus Infection (2,3)	<i>Yersinia</i> enteritis
Influenza (4)	The unusual occurrence, outbreak, or epidemic of any disease, condition, or nosocomial infection (1)
Kawasaki disease	
Legionellosis	
Leprosy	
Leptospirosis	

- (1)- Immediate report requested, reporting within 24 hours of discovery or diagnosis is required.
- (2)- Report as soon as possible, reporting within 7 days of discovery or diagnosis is required.
- (3)- Required to be reported on a special form supplied by local health departments.
- (4)- Only total number is required to be reported.

2. Reporting of conditions not listed

Michigan physicians are also authorized to report any disease or other condition that is not included on this list to local health authorities according to the physician's medical judgment.

3. Timing of reporting

Physicians are asked to report all listed conditions as soon as possible. All are required to be reported within three days of discovery or diagnosis except those indicated with a (1) or a (2) in the list above. The conditions indicated with a (1) are required to be reported within 24 hours; those indicated with a (2) are required to be reported within seven days.

4. To whom to report

Physicians are required to report to local health authorities.

These reports should be made to the local health department where the patient resides unless the local health department where the service facility is located requests that reports be routed to them.

5. Content of the report

- a. Except as indicated in b. and c. below, a report of a condition in an individual shall contain all of the following information:
 - The patient's full name
 - The patient's residential address, including street, city, village or township, county, and zip code
 - The patient's telephone number
 - The patient's date of birth, age, sex, race, and ethnic origin
 - The name of the disease, infection, or condition reported
 - The estimated date of the onset of the disease, infection, or condition, when applicable
 - The identity of the reporting person (name, address and phone number)
 - Pertinent laboratory results
 - Any other information deemed by the physician to be related to the health of the public
- b. All of the conditions designated with a (3) in the list above shall be reported by completing forms provided by the local health department.
- c. Chickenpox and viral influenza, designated with a (4) in the list above, need only be reported by the number of cases identified during a specified time period.
- d. To the extent that the information is readily available, a report of an unusual occurrence, outbreak, or epidemic of a disease, infection, or other condition shall include all of the following information:
 - The nature of the confirmed or suspected disease, infection, or condition
 - The approximate number of cases
 - The approximate illness onset dates
 - The location of the outbreak

6. Animal bites

Animal bites, where rabies is being considered, should be reported to the local health jurisdiction where the bite occurred and if different, the local health jurisdiction where the patient lives or where the service facility is located. The report must be made within 24 hours of the biting incident. The report shall include all of 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 person bitten
- Site of the bite on the body
- Name or reporter of bite

7. Submission of specimens from postmortem exam where rabies is suspected.

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 nonpreserved portions of the hippocampus major and spinal cord to the Michigan Department of Community Health for rabies examination. A history of the case must accompany the specimens.

B. Laboratory Reporting Requirements

1. Agents of infection to be reported

A report is to be made if a laboratory confirms the presence of any of the following agents in an individual:

Arboviruses	<i>Listeria monocytogenes</i>
<i>Bacillus anthracis</i> (1)	Measles (Rubeola) virus (1)
<i>Bordetella pertussis</i> (1)	Mumps virus
<i>Borrelia burgdorferi</i>	<i>Mycobacterium tuberculosis</i> (1)
<i>Brucella</i> species	<i>Neisseria gonorrhoeae</i> (1)
<i>Calymmatobacterium granulomatis</i> (1)	<i>Neisseria meningitidis</i> (1)
<i>Campylobacter jejuni</i>	<i>Plasmodium</i> species
<i>Chlamydia</i> species	Poliovirus (1)
<i>Clostridium botulinum</i> (1)	Rabies virus (1)
<i>Corynebacterium diphtheriae</i> (1)	Rubella virus
<i>Cryptosporidium</i> species	<i>Salmonella</i> species
<i>Cyclospora</i> species	Shiga toxin producing <i>E. coli</i> disease, such as <i>E. coli</i> 0157
<i>Entamoeba histolytica</i>	<i>Shigella</i> species
<i>Francisella tularensis</i>	<i>Treponema pallidum</i> (1)
<i>Giardia lamblia</i>	<i>Trichinella spiralis</i>
<i>Haemophilus ducreyi</i> (1)	<i>Vibrio cholerae</i> , serovar 01 (1)
<i>Haemophilus influenzae</i> (type b) (1)	Yellow fever virus (1)
<i>Hantavirus</i>	<i>Yersinia enterocolitica</i>
Hemorrhagic fever viruses (1)	<i>Yersinia pestis</i> (1)
Hepatitis A infection (anti-HAV IgM)	
Hepatitis B surface antigen (1)	
Influenza virus	The unusual occurrence, outbreak, or epidemic of any infection (1)
<i>Legionella</i> species	

(1) – Immediate report requested; reporting with 24 hours of discovery is required.

2. Reporting of infections not listed

Michigan laboratories are also authorized to report any other disease, infection, or condition judged by the laboratory director to indicate that the health of the public is threatened.

3. Timing of reporting

Laboratories are asked to report as soon as possible. All are required to be reported within three days of discovery or diagnosis except those indicated with a (1) in the list above. The conditions indicated with a (1) are required to be reported within 24 hours.

4. To whom to report

Laboratories are required to report to local health authorities.

When possible, these reports should be made to the local health department where the patient resides unless the local health department where the service facility is located requests that reports be routed through them.

5. Content of the report

- A. A report of an individual infection by a laboratory must contain the following information:
- The patient's full name
 - The patient's residential address, including street, city, village or township, county, and zip code
 - The patient's telephone number
 - The patient's date of birth (or age) and sex
 - The specific laboratory test, date performed, and the results
 - The name and address of the reporting clinical laboratory
 - The name, address, and telephone number of the ordering person
- B. To the extent that the information is readily available, a report of an unusual occurrence, outbreak, or epidemic of a disease, infection, or other condition shall include all of the following information:
- The nature of the confirmed or suspected disease, infection, or condition
 - The approximate number of cases
 - The approximate illness onset dates
 - The location of the outbreak

6. Submission of tuberculosis laboratory specimens

The clinical laboratory that initially receives any clinical specimen which yields *Mycobacterium tuberculosis* is responsible for ensuring that the following are submitted to the department:

- The first *Mycobacterium tuberculosis* isolate, or subculture thereof, from the individual with tuberculosis
- Any *Mycobacterium tuberculosis* isolate, or subculture thereof, from a follow-up specimen, collected 90 days or more after the collection of the first *Mycobacterium tuberculosis* positive specimen

7. Rabies examination

A laboratory in this state that conducts examinations of animals for rabies shall report all of the following data to the Michigan Department of Community Health within one week after examination:

- Species of animal
- Name and address of the owner of the animal
- Name and address of the person submitting the specimen
- Name and address 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

C. Reporting of Suspect Illness

When a physician or laboratory suspects the presence of a designated condition but does not have sufficient information to be certain that the condition or agent is present, the physician or laboratory must report the designated condition or agent as suspect. Upon confirmation of the disease or presence of the agent, the physician shall report the confirmation to the appropriate local health department as a case.

D. Physician or Health Care Professional Authorization to Report

Both laboratories and physicians are **required** to report persons with certain infections or conditions.

In addition, all of the following individuals are specifically authorized to report conditions to local health authorities; administrators, epidemiologists, infection control practitioners from healthcare facilities or other institutions, dentists, nurses, pharmacists, physician's assistants, veterinarians and any other health care professional.

Furthermore, health facility infection control committees or designee are required to develop policy and procedures to ensure appropriate reporting by physicians who treat individuals at their facility and their facilities laboratory.

E. Duplicate Reporting

In many cases, duplicate reporting of the same illness may occur. Public health authorities justify this potential duplicity of effort on the basis of the importance of this information to the health of the public. All persons with reporting responsibilities should verify that these systems are in place at the medical practices and hospitals in which they work and at the laboratories they use. If there is any doubt that a condition has been reported, the physician or laboratory should err on the side of caution and report.

F. Immunizations

The Michigan Department of Community Health and all local health departments in Michigan support immunization as guided by the United States Public Health Service Advisory Committee on Immunization Practices (ACIP). Compliance with current ACIP recommendations fulfills all minimum legal requirements for routine vaccination in Michigan.

G. Investigative authority of public health departments

1. Assistance and Support

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

2. Access to Information

An investigator who presents official identification of a local health department or the Michigan Department of Community Health shall 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 transmittable condition

3. Validation of Reporting

Requests for individual medical and epidemiologic 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.

4. Information to be Provided

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

- Medical history
- Examination
- Laboratory test
- Diagnosis
- Treatment
- Outcome
- 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

5. Collection of Specimens

A representative of the local health department or the Michigan Department of Community Health may obtain human, animal, environmental, or other types of specimens or cause such specimens to be obtained by appropriate means, including venipuncture, in the course of an investigation of a reported disease, infection, or condition.

H. Isolation and Other Preventive Measures

A physician or other person attending a case of communicable disease shall arrange for appropriate barrier precautions, prophylactic treatment, or isolation, if needed to prevent the spread 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 very important.

A physician or person who seeks information on appropriate precautionary measures may request the local health department or the Michigan Department of Community Health to provide the necessary information. Appropriate isolation or other barrier precautions may be instituted for a case or a suspected case of disease, infection, or other condition by the local health officer or the Michigan Department of Community Health as necessary to protect the public health.

I. Exclusion from School

When a school official or a local health department reasonably suspects that a student has a communicable condition, 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 (note: there are special provisions in the public health code relating to HIV infection and AIDS. Check with your local health department if you need more information). A student may return to school when it is determined that he or she no longer represents a communicable disease risk to other students.

J. Confidentiality

All information provided to public health authorities that identifies an individual and that is gathered in connection with the investigation of reported cases of disease, gathered during the investigation of outbreaks of disease or gathered for validation of reporting is confidential. The reports filed under these rules shall be made available only to the health officer, he or her representative, the Department of Community Health or other persons who demonstrate a need for the information that is essential to the public health. Medical and epidemiological information pertaining to an individual shall be kept confidential by the investigator and public health associates and shall not be released without the consent of the individual or the individual's guardian, unless necessary to protect the public health as determined by the state or local health officer, medical director or state epidemiologist.

Childhood Vaccines

Michigan physicians may obtain many childhood vaccines for office use for their patients through the public health system. Most are available at no charge. Some are available at no charge only to patients fitting specific eligibility requirements. Unanticipated shortages occasionally occur due to production shortfalls or unusual demand. Health care professionals are advised to check with their local health department regarding the availability of these and other childhood vaccines.

Consultation Service and Bibliography

All local health departments are required under the public health code to have a physician medical director on their staff. 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 which may be of interest and use to Michigan health care providers. They are updated and revised regularly. 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 Disease Manual

An Official Report of the American Public Health Association
Abram S. Benenson, Editor
American Public Health Association
1015 Fifteenth Street
Washington, D.C. 20005

Report of the Committee on Infectious Disease of the American Academy of Pediatrics (Red Book)

American Academy of Pediatrics
141 Northwest Point Blvd.
Elk Grove Village, Illinois 60009

CDC Guideline for Isolation Precautions in Hospitals

National Technical Information Service (NTIS)
U.S. Department of Commerce
5285 Port Royal Road
Springfield, Virginia 22161
www.ntis.gov/databases/techrpts.htm

Compendium of Animal Rabies Control

National Association of State Public Health Veterinarians
Michigan Department of Community Health
CD Epi Division
3423 N. Martin Luther King Jr. Blvd.
Lansing, Michigan 48909

Case definitions for infectious conditions under public health surveillance, Morbidity and Mortality Weekly Report (MMWR) 1997; 46 (No. RR-10)

Epidemiology Program Office, CDC
Public Health Service
U.S. Department of Health and Human Services
Atlanta, Georgia 30333
www.cdc.gov/epo/dphsi/casdef/cover97.htm

Other guidelines and references may be available to physicians through the Michigan Department of Community Health 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.

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. Because the Michigan public health system is county or district (multiple county) health department based, communicable disease reports should be directed to the local health department.

The primary role of the Michigan Department of Community Health (state health department) in communicable disease control is to provide expert consultation, reference level diagnostic laboratory services, inexpensive quality childhood vaccines and support as needed to Michigan local health departments.

Local health departments function as administratively autonomous units, separate from the Michigan Department of Community Health; as such, they set their own priorities for how they spend the limited amount of money available to them. In spite of funding limitations, most local health departments are able to provide a wide range of communicable disease-related services. Some of the communicable disease prevention services that health care providers appreciate most and that are frequently offered include:

- Provision of diagnostic, treatment and partner notification services for sexually transmitted diseases and HIV infection
- Childhood immunization clinics
- Animal bite consultation services
- Tuberculosis consultation and treatment services

The telephone number of your county or district health department is usually listed in the phone book with other county services.

(Note Detroit and Dearborn are the only cities in Michigan that have city health departments). It may be helpful to write that phone number on the cover of this booklet.