

Communicable Disease Report Instructions



The Communicable disease Report is designed to help SCHOOLS to more easily report communicable diseases to the Community Health Agency.

When these forms are completed on a weekly basis they are valuable tools for tracking the occurrence of illnesses. The data you provide gives the Community Health Agency important trend information on the health status of your community. **Thank you for your assistance!**

How and When to Report:

Please fax the form to the Branch-Hillsdale-St. Joseph Community Health Agency, **EVERY FRIDAY BY 10:00 a.m.** – even if there are no diseases to report. Knowing there are NO diseases to report is also useful information for our Agency.

- **Branch County** – Fax to 517-278-2923
- **Hillsdale County** – Fax to 517-437-0166
- **St. Joseph County** – Fax to 269-273-2452



If faxing is not an option, reports may be mailed to:

- **Branch County**
Jo Ann Wilczynski, CD Nurse
Branch-Hillsdale-St. Joseph Community Health Agency
570 Marshall Rd
Coldwater, MI 49036
Phone Number: (517) 279-9561 x143
- **Hillsdale County**
Janet Breneman, CD Nurse
Branch-Hillsdale-St. Joseph Community Health Agency
20 Care Drive
Hillsdale, MI 49242
Phone Number: (517) 437-7395 x110
- **St. Joseph County**
Aimnee Mullendore, CD Nurse
Branch-Hillsdale-St. Joseph Community Health Agency
1110 Hill St.
Three Rivers, MI 49093
Phone Number: (269) 273-2161 x241

TIP: -A designated person should be responsible for the weekly completion of this report!!
-A detailed answering machine message requesting specific information regarding a child's absence is strongly suggested (i.e. **symptoms** = vomiting, diarrhea, rash, fever, etc.; type of disease, who diagnosed illness, phone number where parent/caregiver can be reached)

Specific Reporting Instructions:

Section 1

For the week ending FRIDAY, _____		School Name: _____	
School: <input type="checkbox"/>	Pre-School: <input type="checkbox"/>	Day <input type="checkbox"/>	District: _____
		Care: _____	
Today's Date: _____	Submitted by: _____	Phone: _____	Enrollment: _____
Nothing to report this week <input type="checkbox"/>			

For the week ending FRIDAY,: This date should *always* be a Friday date. If the school week ends on a different day (due to holidays, conferences, etc.), you will still use that week's Friday date.

School Name: Enter the name of the school reporting, including Elementary, Middle or High School designation if applicable.

School, Pre-School or Daycare: Check the appropriate school type.

District: Enter the name of your Public School District if applicable. Private schools and day care facilities do not need to complete this section.

Today's Date: Enter the day you complete and fax the form to the Health Department.

Submitted by: Enter your first and last name.

Phone: Enter the school's phone number along with your extension if applicable.

Enrollment: Enter the current enrollment of your building.

Even if there are no diseases to report, please check the "Nothing to report this week" box and fax your report to the Community Health Agency at the number on the form.

Section 2

Call the Community Health Agency IMMEDIATELY at the number listed above if any of the following illnesses are suspected or confirmed: **measles, mumps, rubella** (German measles), **pertussis** (whooping cough), meningitis (viral or bacterial), **hepatitis A or B**. **Also report within 24 hours the unusual occurrence or outbreak of any disease or infection.** If more space is needed, please use additional forms.

Name	1 st Date Absent	Disease	Phone	Age & Sex	Grade	Address	Diagnosed by (Doctor, Parent, Teacher, etc)

The accuracy and completion of the information in this section is *very important*. Please enter information carefully since in some cases it may be necessary for the Health Department to follow up on reported illnesses. You do not need to list children who were absent due to diseases listed in Sections 3 or 4. If more space is needed, please use additional forms.

Name: Enter the child's full name.

1st Date Absent: This date should reflect the first day of the absence even if that child is absent for more than that day. For example, if the child will be out of school for two weeks, you only need to enter information for the first day. There is no need to re-enter information for each day of absence (or in subsequent weeks) unless a new illness is reported.

Phone: This information is especially important if the Health Department needs to contact the child's family for additional information.

Age/Sex: Enter the child's age and sex; please specify if the age is in months.

Grade: Enter the child's grade if applicable.

Address: Enter the child's current home address.

Diagnosed by: If known, enter who diagnosed the disease (physician, parent/caregiver or school staff). Often parents will report illness as suspected without obtaining a diagnosis from a health care professional.

Section 3

	# of Cases	Definition
Influenza-Like Illness (Respiratory Flu)		Any child with fever and any of the following symptoms: sore throat, cough, generalized aching in the back or limb muscles. Vomiting and diarrhea alone is NOT respiratory flu.
Gastrointestinal Illness (Stomach Flu)		Any child with vomiting and/or diarrhea for 24 to 48 hours (24-hour flu, winter vomiting disease or norovirus).
Unknown Influenza (Flu)		Parent reports 'my child has flu', no symptom information available.

Influenza: Enter the number of children effected by influenza each week. Please note that there are *three* possible categories:

Influenza-Like Illness (Respiratory Flu): If the parent reports that the child has had a fever and any of the following symptoms: sore throat, cough, generalized aching in the back or limb muscles.

Gastrointestinal Illness (Stomach Flu): If the parent reports that the child has: **only** had vomiting and/or diarrhea for 24-48 hours, "stomach flu", 24-hour flu, etc.

Unknown Influenza ('Flu'): When in doubt or if the parent does not provide any information about the child's symptoms, please count the child in this category.

Chickenpox: Please complete the one page Varicella (Chicken Pox) Report Form attached to the general form. You may fax this to the local Agency office as well.

Section 4

Please indicate the number of children infected with the following illnesses. You DO NOT need to list the children individually as in section 2.

Please indicate the NUMBER of cases of: <i>(These DO NOT have to be listed individually in the section above.)</i>	
Cold / Bronchitis / Pneumonia	
Fifth Disease	
Impetigo	
Lice	
Mononucleosis	
Pink Eye	
Ring Worm	
Scabies	
Scarlet Fever	
Sore Throat (only)	
Strep Throat (Doctor Diagnosed)	

Section 5

Did your school close this week due to illness? Yes <input type="checkbox"/> No <input type="checkbox"/>

If your school has been closed due to disease, please check 'Yes', and call the Community Health Agency!

Thank you for helping to keep our community healthy!