

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY

WEEKLY COMMUNICABLE DISEASE REPORT

Schools play an essential role in reporting communicable diseases in the community. According to the State of Michigan Public Health Code (Public Act 368, of 1978 as amended), the local Health Department shall be notified of reportable communicable diseases.

***** **EVERY FRIDAY BEFORE 10:00 a.m.** *****

Please either FAX a copy to: (517) 278 - 2923 OR mail a paper copy to:

Branch Co. / Coldwater CHA
570 Marshall Road
Coldwater, MI 49036
Phone: 517 279-9561 ext 143

YOUR SCHOOL'S ILLNESS INFORMATION IS VERY IMPORTANT!
***** PLEASE FILL OUT ALL SECTIONS, IF INDICATED *****

Section 1:

*** (Circle facility type below AND write facility name) ***

Week Ending Friday ___ / ___ / 200___ School / Pre-School / Daycare _____ District _____

Date _____ Submitted By _____ Telephone _____ Enrollment _____ Nothing to report

Section 2:

** *If more space is needed, please attach additional forms* **

Please call the Health Department within 24 hrs. at the # listed above by our address, if ANY of the following are *suspected OR confirmed*:
Measles, Mumps, Rubella (German Measles), Pertussis (Whooping Cough), Meningitis (viral or bacterial), Hepatitis A or B, Tuberculosis (TB), Haemophilus Influenzae-type B, Encephalitis OR if an unusual occurrence or outbreak of ANY disease / infection occurs. NOTE: *Any case of Chicken Pox is to be reported using a copy of the form on the back of this page.*

Name	Date First Absent	Disease	Phone	DOB and Sex	Grade	Address	Diagnosed by: i.e. Dr., Parent, Teacher

Section 3:

TOTAL # of Cases

DEFINITION

Influenza - Like Illness (Respiratory Flu)

Any child with bronchitis, pneumonia or cold ***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-hr. flu, winter vomiting disease or suspected /confirmed norovirus)

Unknown Influenza (Flu)

Parent reports, "My child has the Flu" **AND** no other symptom information is available

Section 4: Please include the **NUMBER** of these cases. **Do not** list individually in Section 2

Cold- <i>no fever</i>	_____	Ring Worm	_____
Fifth Disease	_____	Scabies	_____
Impetigo	_____	Scarlet Fever	_____
Lice	_____	Sore Throat (only)	_____
Mononucleosis	_____	Strep Throat (Dr. diagnosed)	_____
Pink Eye	_____	Other (please describe):	_____

Section 5:

Did school close this week due to excessive absences?
Yes No

v. 05-06 Rev. 1/07

PLEASE FAX CASE REPORTS OF CHICKEN POX **IMMEDIATELY** UPON KNOWN DIAGNOSIS USING VARICELLA CASE REORT FORM ON REVERSE SIDE OF THIS MAIN REPORTING FORM

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
VARICELLA (CHICKEN POX) CASE REPORT FORM

CASE NAME: FIRST _____ LAST _____

COMPLETE ADDRESS: _____

HOME PHONE NUMBER: () _____

ALT. PHONE NUMBER: () _____

SEX: _____ RACE: _____ DATE OF BIRTH: _____

PARENT NAME: FIRST _____ LAST _____

NAME & ADDRESS OF SCHOOL: _____

PHONE # OF SCHOOL: () _____ EXTENSION: _____

STUDENT'S GRADE: _____ 1st DATE ABSENT: _____

PERSON PROVIDING INFORMATION: _____

PHONE # : () _____ EXTENSION: _____

DIAGNOSED BY: _____ DATE DIAGNOSED: _____

PHONE # : () _____

DATE VARICELLA VACCINE(S) RECEIVED: _____

NOTE: YOU CAN FAX THIS OR E-MAIL TO:

Sandi Miller
Community Health Agency
Coldwater Office
Fax: 517-278-2923
E-mail: millers@bhsj.org