

DIRECTIONS FOR COMPLETING THE ON-LINE WEEKLY COMMUNICABLE DISEASE REPORTING FORM

Website: <https://weeklycdreporting.macombcountymi.gov/cdpublic/SchoolCDForm.aspx>

1) General School Information:

- “Week ending” – This will always be the Friday date of the school week, even if the school week ends on a different date (due to holidays, recesses, etc.)
- “District” – Choose the name of the district your facility resides in.
- Choose your facility type (K-12, Preschool/Daycare.)
- “School” – Choose the name of your facility.
- “Current School Enrollment” – This number should reflect the total number of students currently enrolled in your school as of the week.

2) Aggregate Case Reporting:

Do not count the same child twice if s/he is absent for more than one day with the same illness. Children who have the following conditions do not need to be reported by name:

- Number of cases of “Flu-Like Illness” – Enter the number of children affected by “Flu-Like Illness” according to the definition given on the form.
- Number of cases of “Stomach Virus” – Enter the number of children affected by “Stomach Virus” according to the definition on the form.
- Number of cases of “Strep Throat” – Enter the number of children affected by “Strep Throat” according to the definition on the form.
- Number of cases of “Pink Eye” – Enter the number of children affected by “Pink Eye” according to the definition on the form.
- Number of cases of “Head Lice” – Enter the number of children affected by “Head Lice” according to the definition on the form.

Enter “0” if there are no cases of the illnesses to report.

3) Individual Disease Reporting:

- Choose the reportable “Disease”.
 - If the disease is not listed in the drop down menu, choose “Other” category from the menu and enter additional information in the comments box including name of the condition.
 - A student needs to be entered only once for the duration of his/her illness. If/when the student presents with a new illness, then they can be entered again.
- Enter the corresponding vaccine dates indicated for the disease selected.
- Enter the “Date 1st Absent”. This date should reflect the first day of absence even if the student is absent for more than one day.
- Enter the student’s information including: first and last names, date of birth, grade, street address along with zip code, parent’s name, and phone number(s)
- Select the person who identified the disease (i.e. physician, parent/guardian, etc).

In addition to reporting on the form,
call the Health Department **IMMEDIATELY at (586) 783-8190**
to report any of the following serious/rare illnesses: measles, mumps,
rubella, pertussis, Haemophilus influenzae Type B, meningitis,
encephalitis, hepatitis, tuberculosis, or any other serious
communicable disease

If you are unsure about the “seriousness” of the illness, please call
the Health Department for advice.

- ◆ If your school has been closed due to illness, please check the box for “School Closed Due to Illnesses” **and** call the Communicable Disease Program at (586) 783-8190.
- ◆ If there are no diseases to report, check the box for “No Diseases to Report this Week.”

4) Complete the form by entering:

- The name of the person filling out the report on the “Submitted By” line.
- The appropriate school phone number in case the Health Department has questions.
- The date the form is submitted to the Health Department.
- Click on “Submit Data” to send the report.

Please submit weekly reports by Tuesday of the following week.

If you have any questions, please contact:

Niki Mach at 586 469-6650 or niki.mach@macombcountymi.gov

Macomb County Health Department Communicable Disease Program