Think Globally…
Report Locally!

2026: Health Care Professional's Guide to Disease Reporting in Michigan

A summary of the Michigan Communicable Disease Rules

MDHHS
Michigan Department of Health & Human Services

Version 2026

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 N. 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 www.michigan.gov/cdinfo or contact the Division of Emerging Infectious Diseases 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)

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

Bureau of Infectious Disease Prevention
333 South Grand Avenue, Box 30195
Lansing, MI 48909

Division of Emerging Infectious Diseases
Phone: 517-335-8165
Fax: 517-335-8263

Division of Immunization
Phone: 517-335-8159
Fax: 517-335-9855

Bureau of HIV & STI Programs
Phone: 313-456-1586
Fax: 313-456-1580

Bureau of Laboratories
3350 N. Martin Luther King Jr. Blvd.
Lansing Michigan 48909
Phone: 517-335-8063
Fax: 517-335-9631

After hours **Emergency** calls only: 517-335-9030

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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 will 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.

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 of 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
- Immunization clinics
- Animal bite consultation services
- Tuberculosis consultation and treatment services

Contact information for your local health department can be found at Local Health Department Information. (Note: Detroit is the only city in Michigan that has a city health department).

For a directory of Michigan local public health departments see page 22 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 can respond to biological or chemical public health emergencies. Established by the Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories (APHL) 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, Hancock, Kalamazoo, Newberry, 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 reference Laboratories see page 21 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.

   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 21-23 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, among 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))

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** be reported as soon as possible, but not later than 24 hours after diagnosis or discovery (except where otherwise noted). 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)-(6), (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: Anyone who discovers such a disease should immediately consult the MDHHS Bureau of Laboratories (BOL) at (517) 335-8063, 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's communicable disease program, or go to: www.michigan.gov/mdss.

2. Duplicate reporting

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

3. HIV reporting

   HIV laboratory results should be reported electronically or by arrangement with MDHHS. A case report form, MDHHS Form 1355, should also be completed by the medical provider and faxed to the Bureau of HIV & STI Programs, Surveillance Unit at (313) 456-1580.The case report form is available at: Michigan Adult HIV Confidential Case Report Form. (R. 325.173(12); MCL 333.5114)

4. Electronic message reporting

   Certain conditions are required to be reported only by sites capable of sending electronic messages such as electronic laboratory reporting (ELR), electronic case reporting (eCR), or CSV Upload (standardized template). Refer to the reportable disease list on pages 6 and 11. Contact MDHHS at mdhhs_mdss@michigan.gov for questions about electronic message reporting.

C. Content of the Report

The HIPAA Privacy Rule 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 15.

1. A physician's report **must** contain the following information about the patient:

    - Full name (and parent/guardian name if patient is a minor)
    - Full residential address (and current address, if different)
    - Telephone number
    - Date of birth and age
    - Sex, race, and ethnic origin (for HIV/AIDS, include country of birth, if known)
    - 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, daycare 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, daycare, 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
    - Race and ethnicity are also requested, if available.

    (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 other anthrax toxin-producing *Bacillus* species)† (4)
Arboviral encephalitides, neuro- and non-neuroinvasive: California serogroup, Chikungunya, **Eastern Equine†**, Jamestown Canyon, La Crosse, Oropouche, Powassan, St. Louis, West Nile, Western Equine, Zika (6)
Babesiosis (*Babesia microti*)
Blastomycosis (*Blastomyces dermatitidis*)
Botulism (*Clostridium botulinum*)† (4)
Brucellosis (*Brucella abortus*, *melitensis*, *suis*, and *canis*) (4)
Campylobacteriosis (*Campylobacter* species)
Candidiasis (*Candida auris*) – report all positives (4) and negative screening results (7)
Carbapenemase-Producing Organisms (CPO) (4)
Chancroid (*Haemophilus ducreyi*)
Chickenpox / Varicella (Varicella-zoster virus) (6)
Chlamydial infections (all sites – genital, rectal, and pharyngeal, Trachoma, Lymphogranuloma venereum (LGV)) (*Chlamydia trachomatis*) (3, 6)
Cholera (*Vibrio cholerae*) (4)
Coccidioidomycosis (*Coccidioides* species)
Coronaviruses, Novel (**SARS†**, MERS-CoV) (5)
COVID-19; including SARS-CoV-2 variant identification (7)
COVID-19 pediatric mortality (<18 years of age)
Cronobacter sakazakii, sterile sites from infants < 1 year of age (4)
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, 4, isolates from sterile sites only, 6)
Guillain-Barré 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 (IgM anti-HAV, HAV genotype)
Hepatitis B virus (HBsAg, HBeAg, IgM anti-HBc, total anti-HBc, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6)
Hepatitis C virus (all antibody, RNA, and genotype HCV test results, report positives (6) and negatives (7))
Histoplasmosis (*Histoplasma capsulatum*)
HIV tests including: reactive immunoassays including all analytes (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA, Rapids), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percents; and all tests related to perinatal exposures (2, 6)
Influenza virus (individual reports (7) or weekly aggregate counts)
Influenza novel viruses (5, 6)
Influenza pediatric mortality (< 18 years of age) (5)
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) (5, submit PCR positives only, 6)
Melioidosis (*Burkholderia pseudomallei*)† (4)
Meningitis: bacterial, viral, fungal, parasitic, and amebic
Meningococcal Disease, sterile sites (*Neisseria meningitidis*) (4)
Multisystem Inflammatory Syndrome in Children (MIS-C) and Adults (MIS-A)
Mumps virus
Orthopox viruses†, including: Smallpox, Mpox (4)
Pertussis (*Bordetella pertussis*)
Plague (*Yersinia pestis*)† (4)
Polio (Poliovirus)
Prion disease, including Creutzfeldt-Jakob Disease (CJD)
Psittacosis (*Chlamydophila psittaci*)
Q Fever (*Coxiella burnetii*)† (4)
Rabies (Rabies virus) (4)
Rabies: potential exposure and post exposure prophylaxis (PEP)
Respiratory syncytial virus (RSV) (7)
Respiratory syncytial virus (RSV) pediatric mortality (<5 years of age)
Rubella (Rubella virus) (6)
Salmonellosis (*Salmonella* species) (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*) (for any reactive result, report all associated syphilis tests, including negative results) (6)
Tetanus (*Clostridium tetani*)
Toxic Shock Syndrome (non-streptococcal) (1)
Trichinellosis/Trichinosis (*Trichinella spiralis*)
Tuberculosis (*Mycobacterium tuberculosis* complex); report preliminary and final rapid test and culture results (4)
Tularemia (*Francisella tularensis*)† (4)
Typhoid Fever (*Salmonella* serotype Typhi) and Paratyphoid Fever (*Salmonella* serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C) (5)
Vibriosis (*Vibrio* species other than *cholerae*) (5)
Yellow Fever (Yellow Fever virus)
Yersiniosis (*Yersinia* non-*pestis* species) (5)

Footnotes

(1) Reporting within 3 days is required.
(2) Report HIV labs electronically/by arrangement & case reports by MDHHS Form 1355. Report HIV genome sequence data only as Sanger sequences, or as consensus sequences for next generation sequencing.
(3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/ept for details.
(4) A laboratory shall immediately notify and submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the MDHHS Laboratory.
(5) Specimen and/or 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 Laboratory. *Respiratory*: Submit specimens if available.
(6) Report pregnancy status.
(7) Reportable via electronic messages only.
Bold Text†=Lab Response Network or Select Agent pathogens must be notified immediately to the MDHHS Laboratory (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
      - Data 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

      (R. 325.182 (6))

      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, a person with an intellectual or developmental disability, or intoxicated person.

      Upon request by the Department or local health department, any person (including the general public) who has information regarding the identify, 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. (R. 325.182 (7))

      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 Prevention and Control" issued by the National Association of State Public Health Veterinarians. Copies of this publication are available online at www.michigan.gov/rabies. (R.325.182 (5))

   b. Rabies Post-exposure Prophylaxis (RPEP) Reporting

      Health care providers/health care 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, health care 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. (R. 325.180 (5))

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 BOL for rabies examination. A written history of the case **must** accompany the specimens. (R. 325.180 (4))

3. Influenza, COVID-19, and Respiratory Syncytial Virus (RSV) reporting

Individual positive molecular and antigen tests and lineage or sequencing results for COVID-19, influenza, and respiratory syncytial virus (RSV) are required to be reported to public health by laboratories **capable** of sending electronic messages. Weekly aggregate reporting of *influenza* is required for facilities not capable of sending electronic messages. Electronic reporting does **not** replace individual reporting of pediatric deaths, novel strains, or outbreaks. Influenza-associated pediatric deaths, RSV-associated pediatric deaths, and COVID-19-associated pediatric deaths are individually reportable by all reporters.

(R. 325.173)

4. Pregnancy status reporting and HIV and STI testing

Pregnancy status **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 and during the third trimester, collect clinical specimens and submit those to a laboratory for sexually transmitted infection testing including syphilis, 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 when the mother seeks treatment in the immediate postpartum period after having recently delivered an infant outside of a health care facility. This testing should not be performed where the mother does not consent to testing or where testing is medically inadvisable.

(MCL.333.5123(1), (2), (3))

E. Expedited Partner Therapy

Expedited Partner Therapy (EPT) allows clinicians to provide patients with medication or a prescription to deliver to their sex partner(s) without a medical evaluation or clinical assessment of those partners. To curtail transmission and reduce reinfection rates of STIs, clinicians are encouraged to utilize EPT as an additional strategy for partner management and treatment. Expedited Partner Therapy is a strategy to assure individuals exposed to select STIs are provided timely and appropriate antibiotic treatment.

Patients most appropriate for EPT are those with partners who are unable or unlikely to seek prompt clinical service. The number of doses is limited to the number of known sex partners in the previous 60 days; or the most recent sex partner prior to the previous 60 days. Along with medication, EPT must include information that encourages the recipient to seek follow-up care and testing as soon as possible.

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

- STI/HIV co-infections
- For patients co-infected with treatable STIs, 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

MDHHS routinely reviews and updates Michigan's EPT guidance. Providers are encouraged to visit the MDHHS Bureau of HIV & STI Programs (BHSP) website for the most up to date guidelines, directives, and patient education materials: www.michigan.gov/ept.

(MCL 333.5110)

F. Immunization Requirements and Reporting

1. Michigan vaccination recommendations

   The MDHHS and all local health departments in Michigan support immunization as guided by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists (ACOG). Compliance with current AAP, AAFP, and ACOG recommendations generally fulfills all minimum legal requirements for routine vaccination in Michigan. Additional immunization recommendations for Michigan can be found at Immunization Recommendations for Michigan.

2. Michigan vaccine programs

   Michigan physicians may obtain many childhood vaccines for patients meeting specific eligibility requirements through their local health department by participating in the Vaccines for Children (VFC) Program. Health care providers who see adults that are uninsured or underinsured for vaccines should refer patients to the local health department for possible eligibility to receive Tdap, Td, MMR, Shingles, HPV, Pneumococcal, Hepatitis A, and Hepatitis B vaccines, if indicated, at little to no cost. Hepatitis B vaccine is available to all birthing hospitals to administer the first dose of Hepatitis B vaccine to all babies immediately after birth.

3. Reporting to the Michigan Care Improvement Registry

   The Michigan Care Improvement Registry (MCIR) 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 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: 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, camp, or enrolled in kindergarten, 7th grade, or transferred new to the school district. For a listing of required vaccines for school and childcare please visit the MDHHS Immunization Waiver Information for Local Health Departments website and then scroll down to Required Immunizations Childcare, Preschool, and School Entry).

   Parents or guardians who want to claim a non-medical waiver are required to receive education from a local health department about the benefits of vaccination and the risks of vaccine-preventable diseases before claiming the waiver (R.325.176 (12)). More information can be found at: 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: California serogroup, Chikungunya, **Eastern Equine†**, Jamestown Canyon, La Crosse, Oropouche, Powassan, St. Louis, West Nile, Western Equine, Zika (6)
Babesia microti (Babesiosis)
***Bacillus anthracis* and other anthrax toxin-producing *Bacillus* species (Anthrax)†** (4)
Blastomyces dermatitidis (Blastomycosis)
Bordetella pertussis (Pertussis)
Borrelia burgdorferi (Lyme Disease)
Brucella abortus, *melitensis*, *suis*, and *canis* (Brucellosis) (4)
***Burkholderia mallei* (Glanders)†** (4)
***Burkholderia pseudomallei* (Melioidosis)†** (4)
Campylobacter species (Campylobacteriosis)
Candida auris (Candidiasis) – report all positives (4) and negative screening results (7)
Carbapenemase-Producing Organisms (CPO) (4)
Chlamydia trachomatis (infections at all sites – genital, rectal, and pharyngeal, Trachoma, Lymphogranuloma venereum (LGV)) (3, 6)
Chlamydophila psittaci (Psittacosis)
***Clostridium botulinum* (Botulism)†** (4)
Clostridium tetani (Tetanus)
Coccidioides species (Coccidioidomycosis)
Coronaviruses, Novel (**SARS†**, MERS-CoV) (5)
Corynebacterium diphtheriae (Diphtheria) (5)
***Coxiella burnetii* (Q Fever)†** (4)
Cronobacter sakazakii, sterile sites from infants < 1 year of age (4)
Cryptosporidium species (Cryptosporidiosis)
Cyclospora species (Cyclosporiasis) (5)
Dengue virus (Dengue Fever)
Ehrlichia species (Ehrlichiosis)
Encephalitis, viral or unspecified
Escherichia coli, O157:H7 and all other Shiga toxin positive serotypes (including HUS) (5)
***Francisella tularensis* (Tularemia)†** (4)
Giardia species (Giardiasis)
Guillain-Barré 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 (IgM anti-HAV, HAV genotype)
Hepatitis B virus (HBsAg, HBeAg, IgM anti-HBc, total anti-HBc, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6)
Hepatitis C virus (all antibody, RNA, and genotype HCV test results, report positives (6) and negatives (7)
Histoplasma capsulatum (Histoplasmosis)
HIV tests including: reactive immunoassays including all analytes (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA, Rapids), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percents; and all tests related to perinatal exposures (2, 6)
Influenza virus (individual reports (7) or weekly aggregate counts)
Influenza novel viruses (5, 6)
Influenza pediatric mortality (< 18 years of age) (5)
Kawasaki Disease (1)
Legionella species (Legionellosis) (5)
Leptospira species (Leptospirosis)
Listeria monocytogenes (Listeriosis) (5, 6)
Measles virus (Measles/Rubeola) (5, submit PCR positives only, 6)
Meningitis: bacterial, viral, fungal, parasitic, and amebic
Multisystem Inflammatory Syndrome in Children (MIS-C) and Adults (MIS-A)
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 (Gonorrhea) (3, 4-isolates from sterile sites only, 6)
Neisseria meningitidis, sterile sites (Meningococcal Disease) (4)
Orthopox viruses†, including: Smallpox, Mpox (4)
Plasmodium species (Malaria)
Poliovirus (Polio)
Prion disease, including Creutzfeldt-Jakob Disease (CJD)
Rabies virus (4)
Rabies: potential exposure and post exposure prophylaxis (PEP)
Respiratory syncytial virus (RSV) (7)
Respiratory syncytial virus (RSV) pediatric mortality (< 5 years of age)
Rickettsia species (Spotted Fever)
Rubella virus (6)
Salmonella species (Salmonellosis) (5)
Salmonella serotype Typhi (Typhoid Fever) (5)
Salmonella serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C (Paratyphoid Fever) (5)
SARS-CoV-2 virus (COVID-19); including variant identification (7)
SARS-CoV-2 virus (COVID-19) pediatric mortality (<18 years of age)
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) (for any reactive result, report all associated syphilis tests, including negative results) (6)
Trichinella spiralis (Trichinellosis/Trichinosis)
Varicella-zoster virus (Chickenpox) (6)
Vibrio cholerae (Cholera) (4)
Vibrio species other than *cholerae* (Vibriosis) (5)
Yellow fever virus
Yersinia non-*pestis* species (Yersiniosis) (5)
***Yersinia pestis* (Plague)†** (4)

Footnotes

(1) Reporting within 3 days is required.
(2) Report HIV labs electronically/by arrangement & case reports by MDHHS Form 1355. Report HIV genome sequence data only as Sanger sequences, or as consensus sequences for next generation sequencing.
(3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/ept for details.
(4) A laboratory shall immediately notify and submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the MDHHS Laboratory.
(5) Specimen and/or 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 Laboratory. *Respiratory*: Submit specimens if available.
(6) Report pregnancy status.
(7) Reportable via electronic messages only.
Bold Text†=Lab Response Network or Select Agent pathogens must be notified immediately to the MDHHS Laboratory (517-335-8063)

2. Carbapenemase-Producing Organisms (CPO): Any Enterobacterales[1], *Pseudomonas aeruginosa*, or *Acinetobacter* spp. organism, or culture-independent test

   a. Physicians and Laboratories **must report** an isolate or specimen meeting any of the following:
      - Positive phenotypic test[2] result for carbapenemase production
      - Positive molecular[3] test result detecting a carbapenemase gene[4,5] (with or without organism identification)
      - Detection of carbapenemase gene[4] by next generation sequencing (NGS)

   b. Laboratories **must submit all CPO isolates** to the MDHHS Bureau of Laboratories (BOL) for antimicrobial resistance confirmation (ARC) testing.

      If laboratories are unable to detect CPOs (i.e., cannot test for carbapenemase production or carbapenemase genes), any Enterobacterales[1], *Pseudomonas aeruginosa*, or *Acinetobacter* spp. isolate demonstrating resistance profiles defined below should be submitted to the MDHHS BOL for further testing. Clinical laboratories should follow Clinical and Laboratory Standards Institute (CLSI) guidance (M100) regarding which antimicrobials should be tested for each organism and minimum inhibitory concentration (MIC) breakpoints for each antimicrobial tested.

      Carbapenem-resistant Enterobacterales[1] (CRE) isolate submissions:
      - Any isolate with an MIC of ≥4 µg/mL for imipenem or meropenem, or ≥2 µg/mL for ertapenem
        - *Morganella*, *Proteus*, *Providencia* spp. may have intrinsic resistance to imipenem. Only those isolates that are resistant to one or more carbapenems other than imipenem should be submitted.
      - Any CRE isolate resistant to aztreonam-avibactam (≥16/4 µg/mL), cefiderocol (≥16 µg/mL), imipenem-relebactam (≥4/4 µg/mL) or meropenem-vaborbactam (≥16/8 µg/mL)[6]
      - Any CRE isolate that is non-susceptible to all antibiotics tested

      Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) isolate submissions:
      - Any isolate with:
        - An MIC of ≥8 µg/mL to imipenem or meropenem
          AND
        - An MIC of ≥16 µg/mL to cefepime or ceftazidime, or MIC of ≥16/4 µg/mL to ceftolozane/tazobactam
      - Any CRPA isolate resistant to cefiderocol (≥16 µg/mL)[6]
      - Any CRPA isolate that is non-susceptible to all antibiotics tested[6]

      Carbapenem-resistant *Acinetobacter* spp. (CRA) isolate submissions:
      - Any isolate with an MIC of ≥8 µg/mL to imipenem or meropenem
      - Any CRA isolate resistant to cefiderocol (≥16 µg/mL) or sulbactam-durlobactam (≥16/4 µg/mL)[6]
      - Any CRA isolate that is non-susceptible to all antibiotics tested[6]

      If a CPO is detected via a molecular test directly from a clinical specimen, perform a culture to obtain the bacterial isolate and perform subsequent testing to determine carbapenemase production or carbapenemase gene, and antibiotic susceptibility profile when possible, and submit isolate.

All isolates submitted to the MDHHS BOL for testing should be accompanied by a copy of the antimicrobial susceptibility testing and any carbapenemase testing performed by the referring laboratory, in addition to the appropriate test requisition form. Please note isolates submitted with antimicrobial resistance profiles of public health concern[6] on the accompanying test requisition, when applicable.

[1]Enterobacterales includes, but is not limited to, the genera *Escherichia*, *Klebsiella*, *Enterobacter*, *Citrobacter*, *Morganella*, *Proteus*, *Providencia*, *Raoultella*, *Serratia*, *Hafnia*, and others.

[2]Phenotypic tests for carbapenemase production detection include, but are not limited to:

- Carba NP
- Metallo-β-lactamase testing (e.g., E-test)
- Modified Carbapenem Inactivation Method (mCIM) or EDTA-Modified Carbapenem Inactivation Method (eCIM)
- Carbapenem Inactivation Method (CIM)
- Immunochromatography tests (ICT)

Isolates positive for phenotypic carbapenemase production but negative by molecular tests for known carbapenemase genes should still be reported and submitted.

[3]Molecular tests for carbapenemase gene detection include, but are not limited to:

- Cepheid Xpert Carba-R®
- Nanosphere Verigene BC-GN®
- EPlex® BCID GN Panel
- FilmArray™ BCID
- FilmArray™ pneumonia panel
- BD MAX™ Check-Points
- Streck ARM-D
- Validated, laboratory-developed NAAT (e.g., PCR)

[4]Common carbapenemase genes include bla_{KPC}, bla_{NDM}, bla_{VIM}, bla_{IMP}, $bla_{OXA\text{-}48\text{-}like}$, $bla_{OXA\text{-}23}$, $bla_{OXA\text{-}24/40}$ but other genes may include but are not limited to bla_{IMI}, bla_{NMC}, bla_{SIM}, bla_{GIM}, bla_{SPM}, other bla_{OXA}, genes.

[5]Molecular and immunochromatography tests for carbapenemase gene detection may not detect all IMP variants currently circulating in Michigan. Laboratories performing molecular testing that have specific concerns about IMP detection (e.g., outbreak related isolate testing, post-exposure screening) are encouraged to reach out to the MDHHS BOL for technical assistance.

[6]Antimicrobial resistance profiles in carbapenem-resistant gram-negative organisms of public health concern include any CRE, CRPA or CRA isolate with resistance to cefiderocol (≥16 µg/mL) or to all antibiotics tested; CRE with resistance to aztreonam-avibactam (≥16/4 µg/mL), imipenem-relebactam (≥4/4 µg/mL), or meropenem-vaborbactam (≥16/8 µg/mL); CRA with resistance to sulbactam-durlobactam (≥16/4 µg/mL).

3. <u>*Mycobacterium tuberculosis* complex reporting and culture submission</u>

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 BOL – 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.

** "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 the following information to MDHHS within 7 days after examination. If a sample is being submitted to the MDHHS BOL 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 (IgM anti-HAV)
- 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 antibody to Hepatitis B Core Antigen (IgM anti-HBc)
- Total antibody to Hepatitis B Core Antigen (total anti-HBc)
- HBV Nucleic Acid Tests:
  - Quantitative HBV DNA (viral load)
  - Qualitative HBV DNA
  - HBV genotype
- ***Report pregnancy status***

**If pregnant, please refer to the Perinatal Hepatitis B Prevention Program (PHBPP). The PHBPP's electronic fax is 517-763-0470.*

Hepatitis C virus (HCV)

Report all positive AND negative**:

- Hepatitis C Virus Antibody Tests (anti-HCV)
- Hepatitis Nucleic Acid Tests:
  - HCV Quantitative RNA results (viral load)
  - HCV Qualitative RNA results
  - HCV genotype
- Hepatitis C Antigen Tests
- ***Report pregnancy status***

***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. The first isolate, subculture, or specimen (where appropriate) from the patient being tested to be sent to the MDHHS Bureau of Laboratories (BOL):

Submit **suspect isolates or specimens that contain** any of the following to the MDHHS BOL*	
Bacillus anthracis and other anthrax toxin-producing *Bacillus* species *Brucella abortus, melitensis, suis,* and *canis* *Burkholderia mallei* *Burkholderia pseudomallei* *Candida auris* Carbapenemase-Producing Organisms (CPO) *Clostridium botulinum* *Corynebacterium diphtheriae* *Coxiella burnetii* *Cyclospora* species *Escherichia coli O157:H7* and all other Shiga toxin positive serotypes *Francisella tularensis* *Haemophilus influenzae (*sterile sites only; submit isolates for serotyping for patients <15 years old) Hemorrhagic fever viruses Influenza (novel strains or pediatric mortality <18 years of age)	*Legionella* species *Listeria monocytogenes* *Measles virus- PCR positive specimens only* *Mycobacterium tuberculosis* complex *Neisseria gonorrhoeae*– isolate collected from a sterile site *Neisseria meningitidis*– isolate collected from a sterile site Novel Coronaviruses (SARS and MERS-CoV) Orthopox viruses (including smallpox and mpox) Rabies *Salmonella* species, including serotype Typhi *Shigella* species *Staphylococcus aureus* (only vancomycin intermediate and resistant (VISA/VRSA)) *Vibrio cholerae, V. parahaemolyticus, V. vulnificus, Photobacterium damselae* spsp. Damselae, or *Grimontia hollisae* *Yersinia pestis* and species other than *pestis*

*Refer to reportable disease lists on pages 6 and 11 for specimen submission requirements

(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 Division of Emerging Infectious Diseases 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
- Individuals who may be a carrier or health threat to others under MCL 333.5201
- Any other information that may be relevant to an investigation

(R. 325.174(2))

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); 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 necessary to protect the public's health.

(R. 325.175(1))

K. Exclusion from School

When school officials or 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 References

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 21st Edition, 2022
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 Diseases of the American Academy of Pediatrics (Red Book), 2024
American Academy of Pediatrics
141 Northwest Point Blvd.
Elk Grove, Illinois 60009
https://publications.aap.org/redbook

Immunization recommendations and schedules from the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and American College of Obstetricians & Gynecologists (ACOG)
www.aap.org
www.aafp.org
www.acog.org

CDC Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book), 14th Edition, 2021
www.cdc.gov/vaccines/pinkbook/

CDC Case definitions for infectious conditions under public health surveillance
www.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
www.cdc.gov/infection-control/hcp/isolation-precautions/index.html

Compendium of Animal Rabies Prevention and 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
www.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 Infectious Disease Prevention
https://www.michigan.gov/mdhhs/keep-mi-healthy/infectious-diseases

MDHHS Bureau of Laboratories
www.michigan.gov/mdhhslab

MDHHS Communicable Disease Information and Resources
www.michigan.gov/cdinfo

Michigan Disease Surveillance System (MDSS)
www.michigan.gov/mdss

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

Michigan Care Improvement Registry (MCIR)
www.mcir.org

Michigan Emerging Diseases
www.michigan.gov/emergingdiseases

Michigan Healthcare-Associated Infections
www.michigan.gov/hai

MDHHS Hepatitis Program
www.michigan.gov/hepatitis

Michigan HIV, STI, and Expedited Partner Therapy Information
www.michigan.gov/hivsti

Michigan Respiratory Illnesses
www.michigan.gov/COVIDFluRSV

MDHHS Tuberculosis Program
www.michigan.gov/tb

Michigan Administrative Code
www.michigan.gov/moahr

Michigan Compiled Laws
www.legislature.mi.gov

Michigan Association for Local Public Health (MALPH)
www.malph.org

Directory of the Michigan Public Health Laboratories

State Public Health Laboratory
Michigan Department of Health and Human Services Laboratory P.O. Box 30035 3350 N. Martin Luther King Jr. Blvd Lansing, MI 48909 517-335-8063
Local Health Department Regional Laboratories
Oakland County Health Division Laboratory (1) 1200 N. Telegraph Rd, Bldg 32E Pontiac, MI 48341 248-858-1310
Saginaw County Health Department Laboratory (1) 1600 N. Michigan Ave Saginaw, MI 48602 989-758-3825
Kalamazoo County Health & Community Services Laboratory (1) 311 E. Alcott St Kalamazoo, MI 49001 269-373-5360
Health Department of Northwest Michigan Laboratory (2) 95 Livingston Blvd Gaylord, MI 49735 989-732-6879
LMAS District Health Department Laboratory (1) 14150 Hamilton Lake Rd Newberry, MI 49868 906-293-5107, ext. 363
Western U.P. Health Department Laboratory (1) 540 Depot St Hancock, MI 49930 906-482-7382, ext. 150

(1) Laboratories provide consultation and facilitate the transport of isolates/specimens to MDHHS. They perform no LRN testing. Sites also provide clinical and water (EPA) testing at varying levels based on jurisdictional needs.

(2) Laboratories perform water testing (EPA) only, at this time.

Note: The Regional Laboratories offer a collection of diagnostic testing. Individual location directories are available from each location.

DIRECTORY OF MICHIGAN HEALTH DEPARTMNETS 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.

COUNTY	HEALTH DEPT.	CO. OFFICE	AREA	PHONE	FAX
Alcona	District 2	Harrisville	989	724-6757	343-1896
Alger	LMAS DHD	Munising	906	387-2297	387-2224
Allegan	Allegan County	Allegan	269	673-5411	673-2163
Alpena	District 4	Alpena	989	356-4507	356-3529
Antrim	Health Dept. of NW MI	Bellaire	800	432-4121	231-547-6238
Arenac	Central MI DHD	Standish	989	846-6541	846-0431
Baraga	Western UP District	L'Anse	906	482-7382	524-6144
Barry	Barry-Eaton DHD	Hastings	517	541-2641	541-2666
Bay	Bay County	Bay City	989	895-4003	895-2083
Benzie	Benzie-Leelanau DHD	Benzonia	231	882-4409	882-0143
Berrien	Berrien County	Benton Harbor	269	926-7121	926-8129
Branch	Branch/Hillsdale/St Joseph	Coldwater	517	279-9561x105	278-2923
Calhoun	Calhoun County	Battle Creek	269	969-6370	969-6488
Cass	Van Buren-Cass DHD	Dowagiac	269	782-0064	782-0121
Charlevoix	Health Dept. of NW MI	Charlevoix	800	432-4121	231-547-6238
Cheboygan	District 4	Cheboygan	231	627-8850	627-9466
Chippewa	Chippewa County	Sault Ste. Marie	906	635-1566	635-7081
Clare	Central MI DHD	Harrison	989	539-6731	539-4449
Clinton	Mid-MI DHD	St. Johns	989	227-3111	227-3126
Crawford	District 10	Grayling	989	348-7800	348-5346
Delta	Delta-Menominee District	Escanaba	906	786-4111	789-8148
Dickinson	Dickinson-Iron District	Kingsford	906	774-1868	774-9910
Eaton	Barry-Eaton DHD	Charlotte	517	541-2641	541-2666
Emmet	Health Dept. of NW MI	Petoskey	800	432-4121	231-547-6238
Genesee	Genesee County	Flint	810	257-1017	257-3247
Gladwin	Central MI DHD	Gladwin	989	426-9431	426-6952
Gogebic	Western UP District	Bessemer	906	482-7382	667-0020
Gd. Traverse	Grand Traverse Co	Traverse City	231	995-6125	995-6126
Gratiot	Mid-MI DHD	Ithaca	989	875-1019	875-1032
Hillsdale	Branch/Hillsdale/St Joseph	Hillsdale	517	437-7395x307	437-0166
Houghton	Western UP District	Hancock	906	482-7382	482-9410
Huron	Huron County	Bad Axe	989	269-9721	269-4181
Ingham	Ingham County	Lansing	517	887-4308	887-4379
Ionia	Ionia County	Ionia	616	527-5341	527-8208
Iosco	District 2	Tawas City	989	362-6183	343-1896
Iron	Dickinson-Iron District	Crystal Falls	906	265-9913	874-2950
Isabella	Central MI DHD	Mt. Pleasant	989	773-5921	773-4319
Jackson	Jackson County	Jackson	517	768-1662	788-4256
Kalamazoo	Kalamazoo County	Kalamazoo	269	373-5044	373-5060
Kalkaska	District 10	Kalkaska	231	258-8669	258-2805
Kent	Kent County	Grand Rapids	616	632-7228	632-7085
Keweenaw	Western UP District	Hancock	906	482-7382	482-9410

STATE OF MICHIGAN CONTACTS

Division of Emerging Infectious Diseases
Phone: 517-335-8165
Fax: 517-335-8263

Division of Immunization
Phone: 517-335-8159
Fax: 517-335-9855

Bureau of Laboratories
Phone: 517-335-8063
Fax: 517-335-9631

Bureau of HIV&STI Programs
Phone: 313-456-1586
Fax: 313-456-1580

MDHHS 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.

COUNTY	HEALTH DEPT.	CO. OFFICE	AREA	PHONE	FAX
Lake	District 10	Baldwin	231	745-4663	745-2501
Lapeer	Lapeer County	Lapeer	810	667-0448	667-0232
Leelanau	Benzie-Leelanau DHD	Lake Leelanau	231	256-0200	882-0143
Lenawee	Lenawee County	Adrian	517	264-5243	264-0790
Livingston	Livingston County	Howell	517	546-9850	545-9685
Luce	LMAS DHD	Newberry	906	293-5107	293-5724
Mackinac	LMAS DHD	St. Ignace	906	643-1100	643-0239
Macomb	Macomb County	Mt. Clemens	586	783-8190	493-0075
Manistee	District 10	Manistee	231	723-3595	723-0150
Marquette	Marquette County	Negaunee	906	475-7844	475-4435
Mason	District 10	Ludington	231	845-7381	845-9374
Mecosta	District 10	Big Rapids	231	592-0130	592-9464
Menominee	Delta-Menominee District	Menominee	906	863-4451	863-7142
Midland	Midland County	Midland	989	832-6666	486-9064
Missaukee	District 10	Lake City	231	839-7167	839-7908
Monroe	Monroe County	Monroe	734	240-7832	240-7838
Montcalm	Mid-MI DHD	Stanton	989	831-3615	831-3666
Montmorency	District 4	Atlanta	989	785-4428	734-3866
Muskegon	Muskegon County	Muskegon	231	724-4421	724-1325
Newaygo	District 10	White Cloud	231	689-7300	689-5295
Oakland	Oakland County	Pontiac	248	858-1286	858-0178
Oceana	District 10	Hart	231	873-2193	873-4366
Ogemaw	District 2	West Branch	989	345-5020	343-1896
Ontonagon	Western UP District	Ontonagon	906	482-7382	828-3369
Osceola	Central MI DHD	Reed City	231	832-5532	832-1020
Oscoda	District 2	Mio	989	826-3970	343-1896
Otsego	Health Dept. of NW MI	Gaylord	800	432-4121	231-547-6238
Ottawa	Ottawa County	Holland	616	396-5266	393-5767
Presque Isle	District 4	Rogers City	989	734-4723	785-2217
Roscommon	Central MI DHD	Prudenville	989	366-9166	366-8921
Saginaw	Saginaw County	Saginaw	989	758-3887	758-3888
St. Clair	St. Clair County	Port Huron	810	987-5300	985-4340
St. Joseph	Branch/Hillsdale/St Joseph	Three Rivers	269	273-2161x241	273-2452
Sanilac	Sanilac County	Sandusky	810	648-4098x162	648-5276
Schoolcraft	LMAS DHD	Manistique	906	341-6951	341-5230
Shiawassee	Shiawassee County	Corunna	989	743-2355	743-2362
Tuscola	Tuscola County	Caro	989	673-8114	673-7490
Van Buren	Van Buren-Cass DHD	Lawrence	269	621-3143	621-2725
Washtenaw	Washtenaw County	Ypsilanti	734	544-6700	544-6706
Wayne (out-Wayne)	Wayne County	Wayne	734	727-7078	313-967-3044
Detroit	Detroit City	Detroit	313	876-4000	877-9286
Wexford	District 10	Cadillac	231	775-9942	775-4127

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NOTES

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 stives to summarize.

For more information, please consult the Michigan legislature website, which houses the Michigan Public Health Code, at:

www.legislature.mi.gov

and

MCL - Act 368 of 1978 - Michigan Legislature

or the Michigan Department of Licensing and Regulatory Affairs website, which houses the Michigan Administrative Code, at:

https://www.michigan.gov/lara/bureau-list/moahr/admin-rules

and

Michigan Compiled Laws Section 333.5131

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