

# WEEKLY REPORTING FORM

## Influenza-Like Illness / Gastro-Intestinal Illness and Chickenpox

Please fax a copy of this form by county

TO

**Branch County:** CD Nurse-517-278-2923      **Hillsdale County:** CD Nurse – 517-437-0166  
**St. Joseph County:** CD Nurse – 269-273-2452

*REPORTS ARE NEEDED AT THE C.H.A. EACH FRIDAY BEFORE 10 AM!*

**Health Care Providers** play an essential role in reporting Communicable Disease 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 the occurrence of reportable communicable disease--WITHOUT DELAY.** Timely reporting is important to identify disease trends within communities and help prevent the spread of illnesses.

Week Ending Friday ___/___/___	Practice Name _____
Date: _____	Submitted by: _____ Telephone: _____

	Number of Cases	Definition
<b>Influenza Like Illness (Respiratory Flu)</b>		Any patient <i>with fever AND any of the following symptoms</i> : sore throat, cough, generalized aching in the back or limb muscles. <i>*Vomiting and diarrhea alone are NOT respiratory flu *</i>
<b>Gastrointestinal Illness ('Stomach Flu')</b>		Any patient with vomiting and/or diarrhea for 24 to 48 hours ( 24-hour flu, winter vomiting disease or Norovirus )
<b>Unknown Influenza ('Flu')</b>		

**NOTE: 9/05 REPORTING CHANGE – Report INDIVIDUAL Varicella (Chicken Pox)**

**Use the Varicella Reporting Form to fax a case report IMMEDIATELY to our CHA site**