

**Lenawee County Health Department**  
**Communicable Disease Reporting Form**

**Instructions:**

1. See pages 3 and 4 for the list of reportable diseases by condition and by pathogen. These lists can also be found: <https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/recentupdates>
2. Fill in the information below.
3. Fax this page, and any applicable lab reports: FAX 517-264-0790.
4. If you are reporting Syphilis, Gonorrhea, or Chlamydia, use the form on page 2 instead.
5. For questions, please call Meredith: PHONE 517-264-5243.

Date: \_\_\_\_\_ Reportable Disease(s) (see page 3 & 4): \_\_\_\_\_

Case Name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex:  Female  Male  Other

Race:  White  Black  Asian  Pacific Islander  Native American/ Alaskan Native  Unknown  Other

Ethnicity:  Hispanic  NonHispanic  Arabic  Unknown

Symptom onset: \_\_\_\_\_ Hospitalized:  Yes  No

Date of positive test (if apl): \_\_\_\_\_ Type of test: \_\_\_\_\_

Type of Treatment: \_\_\_\_\_ Date of treatment: \_\_\_\_\_

Comments/Symptoms: \_\_\_\_\_

Primary Care Physician (if known): \_\_\_\_\_

Primary Care Physician phone: \_\_\_\_\_

Name of reporting person: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency reporting: \_\_\_\_\_

Fax this page and any applicable lab reports to: FAX 517-264-0790



PROVIDER STI TREATMENT REPORT

Please send completed form to: STI SURVEILLANCE  
SECURE FAX: 517-266-7804

REPORTING AGENCY																																							
PHONE NUMBER																																							
<u>PATIENT NAME:</u>		<u>DOB:</u>	<u>PHONE:</u>																																				
			<u>SEX ASSIGNED AT BIRTH:</u> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																																				
<u>ADDRESS:</u>		<u>RACE:</u>																																					
		<input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE AMERICAN/ <input type="checkbox"/> BLACK <input type="checkbox"/> ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> OTHER																																					
		<u>ETHNICITY:</u> <input type="checkbox"/> HISPANIC <input type="checkbox"/> NONHISPANIC <input type="checkbox"/> ARABIC <input type="checkbox"/> UNKNOWN																																					
<u>SEX PARTNERS IN PAST 12 MONTHS:</u> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> BOTH <input type="checkbox"/> UNKNOWN		<u>HIV STATUS ON DAY OF TESTING:</u> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Refused to answer <input type="checkbox"/> Unknown	<u>REASON FOR TESTING:</u> <input type="checkbox"/> Routine screening <input type="checkbox"/> Self-referred																																				
		<u>PREGNANCY STATUS:</u> <input type="checkbox"/> Pregnant <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Refused to answer <input type="checkbox"/> Did not ask																																					
<u>CASE MANAGEMENT DATA:</u>																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">Y</th> <th style="width:5%;">N</th> <th style="width:5%;">UNK</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>Has the patient had anonymous sex in the past 12 months?</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Has the patient had sex with a known IDU in past 12 months?</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Has the patient has sex while intoxicated and/or high on drugs in past 12 months?</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Has the patient exchanged sex for drugs or money in the past 12 months?</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Has the patient had sex with a person who in known to be an MSM within the past 12 months?</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Has the patient engaged in injection drugs use in past 12 months?</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Has the patient met any partners through the internet in past 12 months?</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Has the patient been incarcerated in past 12 months?</td> </tr> </tbody> </table>				Y	N	UNK					Has the patient had anonymous sex in the past 12 months?				Has the patient had sex with a known IDU in past 12 months?				Has the patient has sex while intoxicated and/or high on drugs in past 12 months?				Has the patient exchanged sex for drugs or money in the past 12 months?				Has the patient had sex with a person who in known to be an MSM within the past 12 months?				Has the patient engaged in injection drugs use in past 12 months?				Has the patient met any partners through the internet in past 12 months?				Has the patient been incarcerated in past 12 months?
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<u>HAVE ANY OF THESE DRUGS BEEN USED IN PAST 12 MONTHS?</u> <input type="checkbox"/> Crack <input type="checkbox"/> Cocaine <input type="checkbox"/> Nitrates/Poppers <input type="checkbox"/> Erectile dysfunction medications <input type="checkbox"/> Heroin <input type="checkbox"/> Methamphetamines <input type="checkbox"/> Other _____																																							
<u>SUBMITTED BY:</u>	<u>PROCESSING LABORATORY:</u>	<u>SPECIMIN SOURCE</u>	<u>COLLECTION DATE:</u>																																				
		<input type="checkbox"/> Urethral <input type="checkbox"/> Cervix <input type="checkbox"/> Rectum <input type="checkbox"/> Vaginal <input type="checkbox"/> Pharynx <input type="checkbox"/> Urine <input type="checkbox"/> Serum																																					
		<u>RESULT DATE:</u>																																					
<u>Has the patient been treated?</u> <input type="checkbox"/> Yes- Date of treatment _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown		<u>Lab results:</u> <input type="checkbox"/> Chlamydia: <input type="checkbox"/> (-) <input type="checkbox"/> (+) <input type="checkbox"/> Not tested <input type="checkbox"/> Gonorrhea <input type="checkbox"/> (-) <input type="checkbox"/> (+) <input type="checkbox"/> Not tested <input type="checkbox"/> Syphilis <input type="checkbox"/> (-) <input type="checkbox"/> (+) <input type="checkbox"/> Not tested																																					
		<input type="checkbox"/> RPR 1: _____ <input type="checkbox"/> TPPA _____ <input type="checkbox"/> USR 1: _____ <input type="checkbox"/> FTA _____ <input type="checkbox"/> VDRL 1: _____ <input type="checkbox"/> IgG _____																																					
<u>Specify Treatment:</u>																																							
<input type="checkbox"/> Azithromycin 1gram <input type="checkbox"/> Doxycycline 100mg BID x14 days <input type="checkbox"/> Gentamicin 240mg IM <input type="checkbox"/> Doxycycline 100mg BID x7 days <input type="checkbox"/> Ceftriaxone (Rocephin) 500mg IM <input type="checkbox"/> Other or unspecified _____ <input type="checkbox"/> Doxycycline 100mg BID x28 days <input type="checkbox"/> Cefixime (Suprax) 800mg oral																																							
<u>Notes:</u>		<u>Completed by:</u>																																					
		<u>Date:</u>																																					

# 2023

## REPORTABLE DISEASES IN MICHIGAN – BY CONDITION

### A Guide for Physicians, Health Care Providers and Laboratories

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see reverse) 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)	Listeriosis ( <i>Listeria monocytogenes</i> ) (5,6)
Anaplasmosis ( <i>Anaplasma phagocytophilum</i> )	Lyme Disease ( <i>Borrelia burgdorferi</i> )
<b>Anthrax (<i>Bacillus anthracis</i> and <i>B. cereus</i> serovar anthracis) (4)</b>	Malaria ( <i>Plasmodium</i> species)
Arboviral encephalitides, neuro- and non-neuroinvasive:	Measles (Measles/Rubeola virus) (6)
Chikungunya, <b>Eastern Equine</b> , Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika (6)	<b>Melioidosis (<i>Burkholderia pseudomallei</i>) (4)</b>
Babesiosis ( <i>Babesia microti</i> )	Meningitis: bacterial, viral, fungal, parasitic and amebic
Blastomycosis ( <i>Blastomyces dermatitidis</i> )	Meningococcal Disease, sterile sites ( <i>Neisseria meningitidis</i> ) (5)
<b>Botulism (<i>Clostridium botulinum</i>) (4)</b>	Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A)
<b>Brucellosis (<i>Brucella</i> species) (4)</b>	Mumps (Mumps virus)
Campylobacteriosis ( <i>Campylobacter</i> species)	<b>Orthopox viruses, including: Smallpox, Mpox (4)</b>
Candidiasis ( <i>Candida auris</i> ) (4)	Pertussis ( <i>Bordetella pertussis</i> )
Carbapenemase Producing – Carbapenem Resistant Enterobacterales (CP-CRE): all genera (4)	<b>Plague (<i>Yersinia pestis</i>) (4)</b>
Chancroid ( <i>Haemophilus ducreyi</i> )	Polio (Poliovirus)
Chickenpox / Varicella ( <i>Varicella-zoster virus</i> ) (6)	Prion disease, including CJD
Chlamydial infections (including trachoma, genital infections, Lymphogranuloma venereum (LGV)) ( <i>Chlamydia trachomatis</i> ) (3,6)	Psittacosis ( <i>Chlamydia psittaci</i> )
Cholera ( <i>Vibrio cholera</i> ) (4)	<b>Q Fever (<i>Coxiella burnetii</i>) (4)</b>
Coccidioidomycosis ( <i>Coccidioides immitis</i> )	Rabies ( <i>Rabies virus</i> ) (4)
Cryptosporidiosis ( <i>Cryptosporidium</i> species)	Rabies: potential exposure and post exposure prophylaxis (PEP)
Coronaviruses, Novel; including deaths and SARS-CoV-2 variant identification ( <b>SARS</b> , MERS-CoV, COVID-19) (5)	Rubella ( <i>Rubella virus</i> ) (6)
<i>Cronobacter sakazakii</i> (4, blood or CSF only, from infants < 1 year of age)	Salmonellosis ( <i>Salmonella</i> species) (5)
Cyclosporiasis ( <i>Cyclospora</i> species) (5)	Shigellosis ( <i>Shigella</i> species) (5)
Dengue Fever ( <i>Dengue virus</i> )	Spotted Fever ( <i>Rickettsia</i> species)
Diphtheria ( <i>Corynebacterium diphtheriae</i> ) (5)	<i>Staphylococcus aureus</i> , vancomycin intermediate/resistant (VISA (5)/VRSA (4))
Ehrlichiosis ( <i>Ehrlichia</i> species)	<i>Streptococcus pneumoniae</i> , sterile sites
Encephalitis, viral or unspecified	<i>Streptococcus pyogenes</i> , group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)
<i>Escherichia coli</i> , O157:H7 and all other Shiga toxin positive serotypes (5)	Syphilis ( <i>Treponema pallidum</i> ) (6)
Giardiasis ( <i>Giardia</i> species)	Tetanus ( <i>Clostridium tetani</i> )
<b>Glanders (<i>Burkholderia mallei</i>) (4)</b>	Toxic Shock Syndrome (non-streptococcal) (1)
Gonorrhea ( <i>Neisseria gonorrhoeae</i> ) (3,6) (4, submit isolates from sterile sites only)	Trichinellosis ( <i>Trichinella spiralis</i> )
Guillain-Barre Syndrome (1)	Tuberculosis ( <i>Mycobacterium tuberculosis</i> complex); report preliminary and final rapid test and culture results (4)
<i>Haemophilus influenzae</i> , sterile sites (5, submit isolates for serotyping for patients < 15 years of age)	<b>Tularemia (<i>Francisella tularensis</i>) (4)</b>
Hantavirus	Typhoid Fever ( <i>Salmonella typhi</i> ) and Paratyphoid Fever (serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C) (5)
Hemolytic Uremic Syndrome (HUS)	Vibriosis (Non-cholera vibrio species) (5)
<b>Hemorrhagic Fever Viruses (4)</b>	Yellow Fever ( <i>Yellow Fever virus</i> )
Hepatitis A virus (Anti-HAV IgM, HAV genotype)	Yersiniosis ( <i>Yersinia enterocolitica</i> ) (5)
Hepatitis B virus (HBsAg, HBeAg, anti-HBc IgM, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6)	
Hepatitis C virus (all HCV test results including positive and negative antibody, RNA, and genotype tests) (6)	
Histoplasmosis ( <i>Histoplasma capsulatum</i> )	
HIV tests including: reactive immunoassays including all analytes (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percents, and all tests related to perinatal exposures) (2,6)	
Influenza virus (weekly aggregate counts)	
Pediatric influenza mortality, report individual cases (5)	
Novel influenza viruses, report individual cases (5,6)	
Kawasaki Disease (1)	
Legionellosis ( <i>Legionella</i> species) (5)	
Leprosy or Hansen's Disease ( <i>Mycobacterium leprae</i> )	
Leptospirosis ( <i>Leptospira</i> species)	

### LEGEND

- (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/hivsti](http://www.michigan.gov/hivsti) for details.
  - (4) A laboratory shall immediately submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the MDHHS Lansing laboratory.
  - (5) 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 Lansing laboratory. *Respiratory*: Submit specimens, if available.
  - (6) Report pregnancy status, if available.
- Blue Bold Text** = Category A Bioterrorism or Select Agent must be notified immediately to the MDHHS Laboratory (517-335-8063)

**This reporting is expressly allowed under HIPAA and required by Michigan Public Act 368 of 1978, 333.5111**

# 2023

## REPORTABLE DISEASES IN MICHIGAN – BY PATHOGEN

### A Guide for Physicians, Health Care Providers and Laboratories

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see reverse) 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:  
Chikungunya, **Eastern Equine**, Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika (6)  
Babesia microti (Babesiosis)  
**Bacillus anthracis and B. cereus serovar anthracis (Anthrax)** (4)  
Blastomyces dermatitidis (Blastomycosis)  
Bordetella pertussis (Pertussis)  
Borrelia burgdorferi (Lyme Disease)  
**Brucella species (Brucellosis)** (4)  
**Burkholderia mallei (Glanders)** (4)  
**Burkholderia pseudomallei (Melioidosis)** (4)  
Campylobacter species (Campylobacteriosis)  
Candida auris (Candidiasis) (4)  
Carbapenemase Producing – Carbapenem Resistant Enterobacterales (CP-CRE): all genera (4)  
Chlamydia trachomatis (Trachoma, genital infections, Lymphogranuloma venereum (LGV)) (3, 6)  
Chlamydophila psittaci (Psittacosis)  
**Clostridium botulinum (Botulism)** (4)  
Clostridium tetani (Tetanus)  
Coccidioides immitis (Coccidioidomycosis)  
Coronaviruses, Novel; including deaths and SARS-CoV-2 variant identification (**SARS**, MERS-CoV, SARS-CoV-2) (5)  
Corynebacterium diphtheriae (Diphtheria) (5)  
**Coxiella burnetii (Q Fever)** (4)  
Cronobacter sakazakii (4, blood or CSF only, from infants < 1 year of age)  
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-Barre 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 (Anti-HAV IgM, HAV genotype)  
Hepatitis B virus (HBsAg, HBeAg, anti-HBc IgM, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6)  
Hepatitis C virus (**all** HCV test results including positive **and** negative antibody, RNA, and genotype tests) (6)  
Histoplasma capsulatum (Histoplasmosis)  
HIV tests including: reactive immunoassays including all analytes (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percents; and all tests related to perinatal exposures) (2,6)  
Influenza virus (weekly aggregate counts)  
Pediatric influenza mortality, report individual cases (5)  
Novel influenza viruses, report individual cases (5, 6)  
Kawasaki Disease (1)  
Legionella species (Legionellosis) (5)  
Leptospira species (Leptospirosis)  
Listeria monocytogenes (Listeriosis) (5, 6)  
Measles virus (Measles/Rubeola) (6)  
Meningitis: bacterial, viral, fungal, parasitic, and amebic  
Multisystem Inflammatory Syndrome in Children (MIS-C) and in 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, 6) (4, submit isolates from sterile sites only)  
Neisseria meningitidis, sterile sites (Meningococcal Disease) (5)  
**Orthopox viruses, including: Smallpox, Mpox** (4)  
Plasmodium species (Malaria)  
Poliovirus (Polio)  
Prion disease, including CJD  
Rabies virus (4)  
Rabies: potential exposure and post exposure prophylaxis (PEP)  
Rickettsia species (Spotted Fever)  
Rubella virus (6)  
Salmonella species (Salmonellosis) (5)  
Salmonella Paratyphi (Paratyphoid Fever): serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C (5)  
Salmonella typhi (Typhoid Fever) (5)  
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) (6)  
Trichinella spiralis (Trichinellosis)  
Varicella-zoster virus (Chickenpox) (6)  
Vibrio cholera (Cholera) (4)  
Vibrio species (Vibriosis: non-cholera species) (5)  
Yellow fever virus  
Yersinia enterocolitica (Yersiniosis) (5)  
**Yersinia pestis (Plague)** (4)

#### LEGEND

- (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/hivsti](http://www.michigan.gov/hivsti) for details.
  - (4) A laboratory shall immediately submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the MDHHS Lansing laboratory.
  - (5) 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 Lansing laboratory. *Respiratory*: Submit specimens, if available.
  - (6) Report pregnancy status, if available.
- Blue Bold Text** = Category A Bioterrorism or Select Agent must be notified immediately to the MDHHS Laboratory (517-335-8063)

# DIRECTORY OF MICHIGAN HEALTH DEPARTMENTS

*In general, health care providers should seek consultation regarding communicable disease prevention and control services through their local health department.*

COUNTY	HEALTH DEPT.	CO. OFFICE	AREA	PHONE	FAX	COUNTY	HEALTH DEPT.	CO. OFFICE	AREA	PHONE	FAX
Alcona	District 2	Harrisville	989	724-6757	343-1896	Lake	District 10	Baldwin	231	745-4663	745-2501
Alger	LMAS DHD	Munising	906	387-2297	387-2224	Lapeer	Lapeer County	Lapeer	810	667-0448	667-0232
Allegan	Allegan County	Allegan	269	673-5411	673-2163	Leelanau	Benzie-Leelanau DHD	Lake Leelanau	231	256-0200	882-0143
Alpena	District 4	Alpena	989	356-4507	356-3529	Lenawee	Lenawee County	Adrian	517	264-5243	264-0790
Antrim	Health Dept. of NW MI	Bellaire	800	432-4121	231-547-6238	Livingston	Livingston County	Howell	517	546-9850	545-9685
Arenac	Cent MI DHD	Standish	989	846-6541	846-0431	Luce	LMAS DHD	Newberry	906	293-5107	293-5724
Baraga	Western UP Dist	L'Anse	906	524-6142	524-6144	Mackinac	LMAS DHD	St. Ignace	906	643-1100	643-0239
Barry	Barry-Eaton DHD	Hastings	517	541-2641	541-2666	Macomb	Macomb County	Mt. Clemens	586	783-8190	493-0075
Bay	Bay County	Bay City	989	895-2039	895-2083	Manistee	District 10	Manistee	231	723-3595	723-0150
Benzie	Benzie-Leelanau DHD	Benzonia	231	882-4409	882-0143	Marquette	Marquette County	Negaunee	906	475-7844	475-4435
Berrien	Berrien County	Benton Harbor	269	926-7121	926-8129	Mason	District 10	Ludington	231	845-7381	845-9374
Branch	Branch/Hills/St Jo	Coldwater	517	279-9561x105	278-2923	Mecosta	District 10	Big Rapids	231	592-0130	592-9464
Calhoun	Calhoun County	Battle Creek	269	969-6370	969-6488	Menominee	Delta-Men Dist	Menominee	906	863-4451	863-7142
Cass	Van Buren-Cass DHD	Dowagiac	269	782-0064	782-0121	Midland	Midland County	Midland	989	832-6666	837-6524
Charlevoix	Health Dept. of NW MI	Charlevoix	800	432-4121	231-547-6238	Missaukee	District 10	Lake City	231	839-7167	839-7908
Cheboygan	District 4	Cheboygan	231	627-8850	627-9466	Monroe	Monroe County	Monroe	734	240-7832	240-7841
Chippewa	Chippewa County	Sault Ste. Marie	906	635-1566	635-7081	Montcalm	Mid-MI DHD	Stanton	989	831-3615	831-3666
Clare	Cent MI DHD	Harrison	989	539-6731	539-4449	Montmorency	District 4	Atlanta	989	785-4428	734-3866
Clinton	Mid-MI DHD	St. Johns	989	227-3111	227-3126	Muskegon	Muskegon County	Muskegon	231	724-4421	724-1325
Crawford	District 10	Grayling	989	348-7800	348-5346	Newaygo	District 10	White Cloud	231	689-7300	689-5295
Delta	Delta-Men Dist	Escanaba	906	786-4111	789-8148	Oakland	Oakland County	Pontiac	248	858-1286	858-0178
Dickinson	Dick-Iron Dist	Kingsford	906	774-1868	779-7232	Oceana	District 10	Hart	231	873-2193	873-4366
Eaton	Barry-Eaton DHD	Charlotte	517	541-2641	541-2666	Ogemaw	District 2	West Branch	989	345-5020	343-1896
Emmet	Health Dept. of NW MI	Petoskey	800	432-4121	231-547-6238	Ontonagon	Western UP Dist	Ontonagon	906	884-4485	884-2358
Genesee	Genesee County	Flint	810	257-1017	257-3247	Osceola	Cent MI DHD	Reed City	231	832-5532	832-1020
Gladwin	Cent MI DHD	Gladwin	989	426-9431	426-6952	Oscoda	District 2	Mio	989	826-3970	343-1896
Gogebic	Western UP Dist	Bessemer	906	667-0200	667-0020	Otsego	Health Dept. of NW MI	Gaylord	800	432-4121	231-547-6238
Gd. Traverse	Grand Traverse Co	Traverse City	231	995-6125	995-6126	Ottawa	Ottawa County	Holland	616	396-5266	393-5767
Graiot	Mid-MI DHD	Ithaca	989	875-1019	875-1032	Presque Isle	District 4	Rogers City	989	734-4723	785-2217
Hillsdale	Branch/Hills/St Jo	Hillsdale	517	437-7395x307	437-0166	Roscommon	Cent MI DHD	Prudenville	989	366-9166	366-8921
Houghton	Western UP Dist	Hancock	906	482-7382	482-9410	Saginaw	Saginaw County	Saginaw	989	758-3887	758-3888
Huron	Huron County	Bad Axe	989	269-9721	269-4181	St. Clair	St. Clair County	Port Huron	810	987-5300	985-4340
Ingham	Ingham County	Lansing	517	887-4308	887-4379	St. Joseph	Branch/Hills/St Jo	Three Rivers	269	273-2161x241	273-2452
Ionia	Ionia County	Ionia	616	527-5341	527-8208	Sanilac	Sanilac County	Sandusky	810	648-4098x162	648-5276
Iosco	District 2	Tawas City	989	362-6183	343-1896	Schoolcraft	LMAS DHD	Manistique	906	341-6951	341-5230
Iron	Dick-Iron Dist	Iron River	906	265-9913	265-4174	Shiawassee	Shiawassee County	Corunna	989	743-2355	743-2362
Isabella	Cent MI DHD	Mt. Pleasant	989	773-5921	773-4319	Tuscola	Tuscola County	Caro	989	673-8114	673-7490
Jackson	Jackson County	Jackson	517	768-1662	788-4256	Van Buren	Van Buren-Cass DHD	Hartford	269	621-3143	621-2725
Kalamazoo	Kalamazoo County	Kalamazoo	269	373-5044	373-5060	Washtenaw	Washtenaw County	Ypsilanti	734	544-6700	544-6706
Kalkaska	District 10	Kalkaska	231	258-8669	258-2805	Wayne (out-Wayne)	Wayne County	Wayne	734	727-7078	313-967-3044
Kent	Kent County	Grand Rapids	616	632-7228	632-7085	Detroit	Detroit City	Detroit	313	876-4000	877-9286
Keweenaw	Western UP Dist	Hancock	906	482-7382	482-9410	Wexford	District 10	Cadillac	231	775-9942	775-4127

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