AGENDA

BAY ARENAC BEHAVIORAL HEALTH
BOARD OF DIRECTORS
PROGRAM COMMITTEE MEETING
Thursday, October 10, 2024 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

Committee Members:	Present	Excused	Absent	Committee Members:	Present	Excused	Absent	Others Present:
Chris Girard, Ch				Pam Schumacher				BABH: Heather Beson, Joelin Hahn, Chris Pinter, Sarah Van Paris, and Sara McRae
Sally Mrozinski, V Ch				Robert Pawlak, Ex Off				
Jerome Crete				Richard Byrne, Ex Off				
Toni Reese								Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Unfinished Business 3.1) None		
4.	New Business 4.1) Infection Control Plan, S. Van Paris 4.2) Strategic Initiatives Updates, J. Hahn & H. Beson 4.3) Rose Adult Foster Care Home Update, H. Beson 4.4) MichiCANs Update, J. Hahn		4.1) Consideration of motion to refer the Infection Control Plan to the full Board for approval 4.2) No action necessary 4.3) No action necessary 4.4) No action necessary
5.	Adjournment	M - S - pm	MA

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY

~~2023-~~2024~~-2025~~
INFECTION CONTROL PLAN

For Compliance With

Occupational Safety & Health Administration Standard
29 CFR 1910.1030
Jurisdictional Authority
Michigan Occupational Safety & Health Administration

Michigan Department of Consumer and Industry Services
R 325.70001 – R 325.79915

Commission on Accreditation of Rehabilitation Facilities
CARF

Board Approval: ~~09/21/2023~~

TABLE of CONTENTS

I. Statement of Purpose

It is the intent and purpose of Bay-Arenac Behavioral Health Authority, (BABHA) to implement and maintain a comprehensive, coordinated and effective infection control program utilizing current standards and practices that will reduce the risks of endemic and epidemic

infections by prevention, surveillance, identification and control in the individuals we serve, to include nosocomial and community-acquired infections and responding appropriately to an influx, or the risk of an influx, of infectious individuals as part of the emergency management activities.

(BABHA is a provider of behavioral health services and as such cannot directly provide medical interventions, but will monitor the individuals we serve; visitors, families and community acquired infections to facilitate the above objectives and will make medical referrals as deemed necessary).

BABHA serves a diverse population in a multitude of programs and settings geographically covering two counties. The individuals served, range from children to geriatric, with cognitive status from severely impaired to college educated, and physical functioning from totally dependent to complete independence. The physical settings and programs have unique qualities and include but are not limited to, outpatient clinics, residential settings, emergency services, in-home visits, skill building/supported employment programs, and day activity programs. Individual contacts range from total care, twenty-four hours a day, to brief weekly sessions with a therapist, to monthly clinic visits for medication monitoring by their prescribing professional.

Subsequently, the infection control process of prevention, surveillance, identification and control of communicable diseases has the challenge of inherent limitations. Thus, the continuing plan focus is twofold, 1) concurrent data comparison to established baseline prevalence, and 2) implementing preventative interventions including vaccinations, TB testing, risk assessment and adherence to proper hand hygiene activities and universal precautions. As infection data is compiled and analyzed, it will be utilized to identify and develop educational programs regarding patterns or deficits.

BABHA will comply with all applicable laws and regulations pertaining to infection prevention and control.

II. Definitions, Key Concepts, and Terms

Baseline Rate: – the prevalence, frequency, and trends of infections that would normally occur in the community or population

Bloodborne pathogen: - any virus, bacteria, parasite or other infectious material transmissible via blood and/or other bodily fluids that is capable of causing disease, such as:

a. Hepatitis B, and C,
b. human immunodeficiency virus (HIV/AIDS), and
c. prions (filterable, self-replicating agent).

Bodily fluids: - substances that may serve as vector in the transmission of infectious diseases. These include:

a. blood,
b. semen,
c. vaginal secretions,
d. amniotic fluid,

e. cerebrospinal fluid,
f. peritoneal fluid,
g. pleural fluid,
h. pericardial fluid,
i. synovial fluid,
j. saliva (when serum is present), or
k. any part of body where blood is evident or potentially present.
l. feces

Colonization: - the presence of an organism but not causing pathological symptoms.

Community Acquired Infection: - an infection that results from an external unavoidable exposure that occurs during normal activities.

Control: - Preventing the transmission of identified infections.

Emergency Management: - A planned response to an influx or the risk of an influx, of infectious consumers to include potential for temporarily halting of services.

Endemic: - A disease which is present more or less continuously in a community.

Endogenous: - virus and bacteria that are part of a person's normal flora and frequently the source of an infection through autoinoculation.

Epidemic: - Appearance of an infectious disease not of local origin which attacks many people at the same time in the same area.

Exogenous: - virus and bacteria that are environmental or external and not part of one's normal flora.

Nosocomial Infection: - the exposure to an exogenous pathogen that results in an infection that occurred as a result of receiving services from BABH.

OPIM (Other Potentially Infectious Material): - bodily fluids that may be a vector in the transmission of certain infectious diseases. These include:

a. semen,
b. vaginal secretions,
c. amniotic fluid,
d. cerebrospinal fluid,
e. peritoneal fluid,
f. pleural fluid,
g. pericardial fluid,
h. synovial fluid,
i. saliva in dental procedures,
j. any body fluid that is visibly contaminated with blood,
k. all body fluids in situations where it is difficult or impossible to differentiate between body fluids,
l. any unfixed tissue or organ, other that intact skin, from a living or dead human,

and

m. cell or tissue cultures that contain HIV, organ cultures, and culture medium or other solutions that contain HIV or HBV; and blood, organs, or other tissues from experimental animals infected with HIV or HBV

Pandemic: - existing in the form of a widespread epidemic that affects people in many different countries.

Parenteral exposure: - exposure as a result of piercing of epidural skin layer with a contaminated object, (i.e., needles that potentially contain a bloodborne pathogen). Open wound contact to skin with impaired integrity will be considered exposure.

PPE (Personal Protective Equipment) includes:

a. gloves,
b. gown,
c. apron (impermeable),
d. laboratory coat,
e. head covering,
f. foot covering,
g. face shields and/or masks, eye protection,
h. mouthpieces, and
i. respirators.

Prevention: - Strategies to reduce the probability of an individual acquiring an infection (i.e. hand washing, or hand hygiene based on CDC guidelines, immunization and educational activities, including personal hand hygiene education to residential settings.

Prions: - is an infectious agent that is composed of protein. All known prion diseases affect the structure of the brain or other neural tissue, and all are currently untreatable and are always fatal.

Surveillance: - The continuing scrutiny of all those aspects of the occurrence and transmission of infections that are pertinent to effective control.

Universal (Standard) Precautions include:

a. treating every situation with potential for exposure to blood or OPIM as if pathogens are present,
b. hand washing (before and after each contact) and/or,
c. hand disinfections or hand hygiene (before and after each contact, based on CDC guidelines),
d. use of r latex or non-latex gloves whenever potential for contact with blood or OPIM exists,
e. use of PPE (when appropriate),
f. isolation (when immuno-compromised), and
g. reverse isolation (with airborne pathogens).

III. Process

A fundamental operation of Infection Control, Identification and Prevention is the surveillance of infectious diseases. Surveillance is a collaboration of a multidisciplinary process including Nurses, Primary Responsible Workers, Home Providers, Program Managers, Primary Care Providers, County Health Departments, Direct Care Staff, the individuals we serve and Families or Guardians. With such diverse ongoing monitoring and reporting, we are able to identify and intervene expeditiously to incidences of infections (emergency management).

The Nursing Manager or designee, utilizing epidemiological principles conducts and correlates data analysis to statistically identify random and isolated incidences from trends and clusters of infections. This information is used by the Nursing Manager and Healthcare Practices Committee (HPC) or designee, to perform an analysis and to guide and make recommendations in the review and revision of protocols. The process also ensures that appropriate treatment is initiated, and that referrals and follow-up are provided.

A. Flow Chart - See attached flow chart for graphic interpretation of the infection control process.
B. The Nursing Manager or designee, and the Healthcare Practices Committee (HPC) as needed, or minimally on an annual basis, will review and approve the Infection Control Plan, related policies and procedures of the BABH infection control program. The bloodborne pathogen exposure procedures will be reviewed by the (HPC) to reflect changes in standards and regulations in Infection Control and Prevention practices and to re-assess staff exposure potential based on current job duties. The ~~Nursing~~ Quality Manager or designee, will prepare and submit a quarterly infection report to include prevalence rate with historical comparative data to the (HPC), which will flow upward to the Board.

IV. Regulatory Standards and Professional Recommendations

It is the policy of BABHA to abide by applicable laws and regulations as required. Additionally, the Manager or designee, will research, review and implement when applicable, other professional standards and recommendations set forth by the following:

- OSHA (Occupational Safety & Health Administration) federal requirement that health care organizations maintain a comprehensive infection control program that minimally addresses: employee risk exposure, training, bloodborne pathogens, prevention and annual program review.
- MDHHS (Michigan Department of Health & Human Service) collection of infection data through the local Health Departments. The Nursing Manager or designee, as needed, will maintain a collaborative relationship with the Bay, Saginaw and Arenac County Health Departments, as well as the IC Practitioner at McLaren Bay Regional Medical Center and Ascension Standish Hospital.
- MDCIS (Michigan Department of Consumer & Industry Services) requirements for infection control practices that supplant OSHA regulations.
- CDC (Center for Disease Control and Prevention) recommendations for specific aspects of infection control and prevention that are referenced when establishing State and Federal regulations. The Nursing Manager is registered with the CDC website receiving reports to monitor surveillance patterns of infectious diseases.

- APIC (Association of Professionals for Infection Control & Epidemiology) Interdisciplinary and multi-type recommendations from evidence-based research and experiential practices. The Nursing Manager or designee will review current publications to stay abreast on current infection control issues and findings.

V. Prevention

The dynamics of a behavioral health care organization is unique from those of other types of providers, necessitating the organization, to focus on preventative measures and the management of emergency response activities. A significant component of prevention is immunizations or vaccinations, as well as other components identified in other sections (education, compliance monitoring, performance improvement and intervening when infections are identified).

A. Immunizations and Vaccinations:
It will be the recommendation of BABHA that employees and the individuals we serve work with their primary care physician to obtain and remain current with immunizations and vaccinations as deemed medically prudent or necessary, and only when not contraindicated. These will include annual flu shots, COVID-19 vaccine, pneumococcal vaccine, Hepatitis B series, mumps, measles, rubella, diphtheria, pertussis, tetanus, polio, varicella and any others based on individual need (reference attached – CDC Recommended Vaccinations).

B. All job classifications will be reviewed annually to determine exposure risks. Employees with high exposure potential, specifically those occupations that require procedures or other occupational-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious materials will be designated as Category A, all others (occupations that do not require **t**asks that involve exposure to blood or other potentially infectious material on a routine or non-routine basis. exposure does not include incidental exposures, which may take place on the job) will be classified as Category B.

C. All employees will undergo TB testing prior **t**o employment**,** and re-testing as follows:
Category A - every 3 years
Category B - retested only if exposed

D. Environmental exposures will be minimized by ensuring water systems, heating, and cooling equipment are maintained and monitored per the BABH Environment of Care Plan, and in accord with BABHA policies and procedures.

E. Food borne transmission will be minimized by adherence to BABHA Nutrition and Food Service Guidelines.

VI. Exposure Control

A. During a pandemic employee must adhere to BABH Pandemic Protocol Directory for appropriate use of necessary PPE, screening, exposure, and illness reporting and enhanced hygiene and facility cleaning procedures.

B. Employees must adhere to Universal Precautions (see related policy/procedure for UP specifics) and utilize appropriate PPE (see the PPE listing) whenever potential for exposure to blood or OPIM exists. Minimally, this includes hand washing, the use of an alcohol-based hand rub or disinfectant prior to and post personal contact and the use of latex or non-latex gloves, if there is a potential for exposure.

C. Nursing will utilize safety needles and dispose of in an approved sharps container that are maintained by a certified service provider. If obtaining and/or transporting blood, will transport in a red puncture resistant and leak proof container labeled "BIOHAZARD" (see related policy and procedure: Hazardous Waste Handling and Emergency Procedures, C05-S03-T02).

   On an annual basis, newer safety needle devices will be reviewed for potential replacement, if appropriate.
   - No change in needle devices has been required (no needle sticks reported)

D. Hepatitis B vaccinations will be provided for identified at risk employees by BABHA, at no cost to the employee. Hepatitis A vaccinations will be encouraged for any staff that identify themselves as high risk for contracting Hepatitis A. This would include Category A staff and those that work with individuals that identify themselves as high risk per the Hepatitis A screening tool.

VII. Post-Exposure

A. An employee will notify their supervisor, the Human Resource Department or the Nursing Manager **and** complete an Employee Accident, Incident, Illness Occurrence Report immediately following an exposure to blood or OPIM (includes potential exposure to TB)

~~B. COVID-19 Pandemic specific: The employee will self-quarantine according to CDC recommendations. (**C14-S04-T04 Infection Control Management; Recovery From COVID-19 Preparedness and Response Plan**).~~

~~C.~~B. Appropriate prophylactic treatment should be initiated as deemed necessary by BABHA designated occupational physician.

~~D.~~C. A review shall be completed to determine if exposure was unavoidable or could be prevented by procedural change. If due to procedural knowledge deficit, individual coaching by the Nursing Manager or designee, will be provided.

VIII. Surveillance/Reporting/Data Analysis

The individuals served will have comprehensive monitoring in that their home provider, case manager, BABHA assigned nurse, or program personnel report to the Nursing Manager or designee, when an individual served has symptoms of an infectious disease w~~W~~hen there is a possibility that transmission could occur, the individual will be sequestered from certain activities on the advice of the Nursing Manager or designee, physician, health department professional or individual's assigned nurse. Additionally, as a control measure, it is ensured that the individual receives appropriate treatment, medications, follow-up and employees may be notified when those individual contacts should be avoided.

A. Incidences of infections with mandated reporting by MDCH and BABHA (see attached MDHHS Required Disease Reporting) will be reported for all consumers minimally on a weekly basis to the Nursing Manager or designee, Bolded typed items on the MDHHS list require notification within 24 hours.
B. Reported information (see attached surveillance form) will be entered into a secure database that is maintained by the Nursing Manager or designee, which will be used to identify and conduct comparative analysis to identify possible transmissions.
C. Data will be sent to the ~~Nursing~~ Quality Manager or designee, and will be grouped by date, individual, program, residence, and classification to ~~—~~identify clusters and/or trends of infections. The Quality Manager will report clusters or trends to the Nursing Manager for further investigation. Isolated incidences or clusters correlating with community rates will be considered insignificant.
E. Appropriate interventions will be instituted to prevent, and control identified clusters and/or trends in nosocomial infections.
F. A journal of significant incidences will be maintained identifying actions initiated and follow-up resolution(s).
G. The Nursing Manager or designee will report required infections to the appropriate County Health Department, if appropriate.
H. Minimally, an annual survey will be conducted by the ~~Nursing~~ Quality Manager or designee, in coordination with the Nursing Manager, and reviewed by the Healthcare Practices Committee for the BABHA operated programs and periodic site visits will be completed by BABHA for the provider programs and residences to ensure compliance, identify potential concerns and assist with implementing corrective measures.

IX. Emergency Management

All reported infections will be reviewed on a continual basis and if there appears to be an influx or risk of an influx of infectious individuals we serve, the Nursing Manager or designee, with consultation of appropriate management, the CEO and appropriate external resources (depending on the type of infection introduced and the speed and mode of transmission) will recommend:

1. Disallowing the individual served, or individuals served ~~–~~living in a particular home from participating in activities at the day programs or any other services provided by BABHA,
2. Delaying any transfers, admissions or discharges, and/or
3. Limiting visitors or families.

X. Infection Control In-servicing and Continuing Education

The cornerstone of an effective Infection Control and Prevention program is to ensure employees have a thorough knowledge base of infection control principles and practices. This is accomplished by providing comprehensive training, post testing, return demonstrations, overt and covert observations for compliance.

A. Employees will receive Infection Control education during the orientation process (Category A employees will complete within 10 days of assignment) to minimally include the etiology, transmission, prevention, and treatment of bloodborne pathogens and OPIM. Upon completion, employees will complete the Bloodborne Pathogen Exposure Control Education certification (see attached). This includes, but is not limited to:

1. Accessibility to the MIOSHA rules and an explanation of the content of the rules, to include appendices,
2. A general explanation of the epidemiology and symptoms of bloodborne diseases,
3. An explanation of the modes of transmission of bloodborne pathogens,
4. An explanation of the exposure control plan, including the standard of operating procedures and how an employee can access the written plan,
5. An explanation of the appropriate methods of recognizing tasks and other activities that may involve exposure to blood and other potentially infectious material,
6. An explanation of the use and limitations of practices that will prevent or reduce exposure, including appropriate engineering controls, work practices and personal protective equipment,
7. Information on all of the following with respect to personal protective clothing and equipment:
    - Types
    - Proper Use
    - Limitations
    - Location
    - Removal
    - Handling
    - Decontamination
    - Disposal
8. An explanation of the basis for selecting protective clothing and equipment,
9. Information on the Hepatitis A and B vaccines and post exposure prophylaxis, including all the following information:
    - Availability
    - Efficacy
    - Safety
    - The benefits of being vaccinated
    - Method of administration
    - The Hepatitis B vaccination is free of charge
    - The Hepatitis A vaccination is a covered benefit of most insurance plans and is available at the Bay and Arenac County Health Departments at no cost or a reduced rate.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious material,

11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, and medical follow-up and counseling that will be made available, and
12. An explanation of the signs and labels or color-coding, as required and if applicable.

B. All employees will receive annual infection control updates through staff development (Staff Development Days) and/or an electronic self-directed education system.
C. Category A employees will receive annual education/retraining to minimally include all of the elements identified in A.
D. Individuals will receive in-services at on-site orientation relevant to specific job duties by their supervisor, or designee that pertain to infection control.
E. When non-compliance to task specific infection control procedures is identified, individual coaching or instruction will be provided by a supervisor, Nursing Manager or a designated qualified individual. Understanding will be verbalized and return demonstration performed by the employee, as appropriate.

XI. Performance Improvement and/or Annual Goals

Based on an annual risk analysis, the HPC will determine annual priorities and goals.

Goals for Fiscal Year 2023-2024:

1) Increase awareness and education related to COVID-19 vaccinations.
2) Reduce the number of urinary tract infections by providing education regarding; recognizing the signs and symptoms of UTI's, prevention of UTI's, and recognizing when treatment of UTI's is not effective and when additional follow up may be required.
3) ~~Increase awareness of and provide education regarding the signs and symptoms of sepsis to reduce the incidence of sepsis, provide immediate recognition and reduce mortality from sepsis.~~ Provide education to individuals and staff in Specialized Residential Homes the risks, signs and symptoms, monitoring and treatment of skin infections and wounds.

XII. Resources

Occupational Health & Safety Agency. Bloodborne Pathogen Standard. 1998 (rev. 2000) Standard 29CFR 1910.1030

Center for Disease Control and Prevention. Morbidity and Mortality Weekly Report V.43; 1-38. 1994. V.46; 1-42. 1997.

Michigan Department of Licensing and Regulatory Affairs. Part 554. Bloodborne Infectious Diseases. October 18, 2001.

Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities, 1994 and 2005, to include the TB risk assessment work sheet

XIII. Attachments

1. Infection Control Process Flow Chart
2. BABHA Reportable Infections and Criteria Listing
3. Infection Control Surveillance Report Form
4. BABH Hepatitis A Virus Prevention Plan
5. BABHA Policy C14-S04-T03 Infection Control Management; Management of Epidemic/Pandemic Prone Illnesses
6. BABHA Policy C14-S04-T04 Infection Control Management; Recovery From COVID-19 Preparedness and Response Plan
7. BABH Pandemic Protocol Directory – G:\BABH\COVID-19 Info\PANDEMIC PROTOCOL DIRECTORY

Bloodborne Pathogen Exposure Control Education

I have completed the training for HIV/AIDs, Hepatitis and Universal Precautions and I understand the following:

- How HIV and Hepatitis are transmitted,
- The Universal Precautions Procedures,
- Type, location, limitations and use of protective clothing and equipment,
- The cleaning procedure for blood or body fluids spills,
- The procedure to follow if I think I was exposed to blood or potentially infectious body fluids, and know that
- The Hepatitis B vaccine is strongly recommended, and I can receive the vaccine at no charge to myself.
-

I have had the opportunity to ask questions and know whom to contact if I need more information.

_____
Signature

_____
Job Classification

_____
Date

CDC RECOMMENDED VACCINATIONS

COVID-19
Hepatitis B (HepB)
DTaP, DT (Diphtheria, tetanus, acellular pertussis)
Td, Tdap (Tetanus, diphtheria, acellular pertussis)
Polio (IPV)
Human papillomavirus (HPV)
Varicella (Var) (Chickenpox)
MMR (Measles, mumps, rubella)
Influenza vaccine
Rotavirus (RV)
Hib (Haemophilus influenzae type b)
Pneumo. Conjugate (PCV13) and/or **Pneumo. polysacch.** (PPSV23)
Hepatitis A (HepA)
Meningococcal conjugate (MCV and/ or **Polysaccharide** (MPSV)

2024 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)
Anaplasmosis (Anaplasma phagocytophilum)
Anthrax (Bacillus anthracis and B. cereus serovar anthracis) (4)
Arboviral encephalitides, neuro- and non-neuroinvasive:
Chikungunya, **Eastern Equine**, Jamestown Canyon, La Crosse, 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) (4)
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 cholera) (4)
Coccidioidomycosis (Coccidioides species)
Cryptosporidiosis (Cryptosporidium species)
Coronaviruses, Novel (**SARS**, MERS-CoV) (5)
COVID-19; including SARS-CoV-2 variant identification
Cronobacter sakazakii (infants < 1 year of age) (4, blood or CSF only)
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-Barre 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** HCV test results including positive **and** negative antibody, RNA, and genotype tests) (6)
Histoplasmosis (Histoplasma capsulatum)
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)
Influenza pediatric mortality (< 18 years of age), report individual cases (5)
Novel influenza viruses, report individual cases (5,6)
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) (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 in Adults (MIS-A)
Mumps (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) 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 (Trichinella spiralis)
Tuberculosis (Mycobacterium tuberculosis complex); report preliminary and final rapid test and culture results (4)
Tularemia (Francisella tularensis) (4)
Typhoid Fever (Salmonella typhi) and Paratyphoid Fever (serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C) (5)
Vibriosis (Non-cholera Vibrio species) (5)
Yellow Fever (Yellow Fever virus)
Yersiniosis (Non-pestis Yersinia species) (5)

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 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) 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 Lansing laboratory. *Respiratory*: Submit specimens, if available.
(6) Report pregnancy status.
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

MDHHS maintains, reviews, and revises this list at least annually, for the most recent version please refer to: www.michigan.gov/cdinfo REV. 12/2023

Michigan Department of Health and Human Services • Bureau of Laboratories • Bureau of Infectious Disease Prevention

2020 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)
Anaplasmosis (Anaplasma phagocytophilum)
Anthrax (Bacillus anthracis and B. cereus serovar anthracis) (4)
Arboviral encephalitides, neuro- and non-neuroinvasive: Chikungunya, **Eastern Equine**, Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika (6)
Babesiosis (Babesia microti)
Blastomycosis (Blastomyces dermatitidis)
Botulism (Clostridium botulinum) (4)
Brucellosis (Brucella species) (4)
Campylobacteriosis (Campylobacter species)
Candidiasis (Candida auris) (4)
Carbapenemase Producing – Carbapenem Resistant Enterobacteriaceae (CP-CRE): Klebsiella spp., Enterobacter spp., and Escherichia coli (5)
Chancroid (Haemophilus ducreyi)
Chickenpox / Varicella (Varicella-zoster virus) (6)
Chlamydial infections (including trachoma, genital infections, LGV) (Chlamydia trachomatis) (3, 6)
Cholera (Vibrio cholera) (4)
Coccidioidomycosis (Coccidioides immitis)
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, 6) (4, submit isolates from sterile sites only)
Guillain-Barre 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 (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)
Histoplasmosis (Histoplasma capsulatum)
HIV (tests including reactive immunoassays (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 (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)
Melioidosis (Burkholderia pseudomallei) (4)
Meningitis: bacterial, viral, fungal, parasitic and amebic
Meningococcal Disease, sterile sites (Neisseria meningitidis) (5)
Middle East Respiratory Syndrome (MERS-CoV) (5)
Mumps (Mumps virus)
Orthopox viruses, including: Smallpox, Monkeypox (4)
Pertussis (Bordetella pertussis)
Plague (Yersinia pestis) (4)
Polio (Poliovirus)
Prion disease, including CJD
Psittacosis (Chlamydophila psittaci)
Q Fever (Coxiella burnetii) (4)
Rabies (Rabies virus) (4)
Rabies: potential exposure and post exposure prophylaxis (PEP)
Rubella (Rubella virus) (6)
Salmonellosis (Salmonella species) (5)
Severe Acute Respiratory Syndrome (SARS) (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) (6)
Tetanus (Clostridium tetani)
Toxic Shock Syndrome (non-streptococcal) (1)
Trichinellosis (Trichinella spiralis)
Tuberculosis (Mycobacterium tuberculosis complex); report preliminary and final rapid test and culture results (4)
Tularemia (Francisella tularensis) (4)
Typhoid Fever (Salmonella typhi) and Paratyphoid Fever (serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C) (5)
Vibriosis (Non-cholera vibrio species) (5)
Yellow Fever (Yellow Fever virus)
Yersiniosis (Yersinia enterocolitica) (4, submit isolates only)

LEGEND

(1) Reporting within 3 days is required.
(2) Report HIV lab results to MDHHS electronically/by arrangement & case reports to MDSS or by MDHHS Form 1355.
(3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/hivstd 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, notify the MDHHS Laboratory immediately: (517) 335-8063

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

MDHHS maintains, reviews, and revises this list at least annually, for the most recent version please refer to: www.michigan.gov/cdinfo

Michigan Department of Health and Human Services • Bureau of Laboratories • Bureau of Infectious Disease Prevention REV. 12/2019