School & Childcare Disease Reporting Instructions

Updated 02.28.2025



Oakland County Health Division

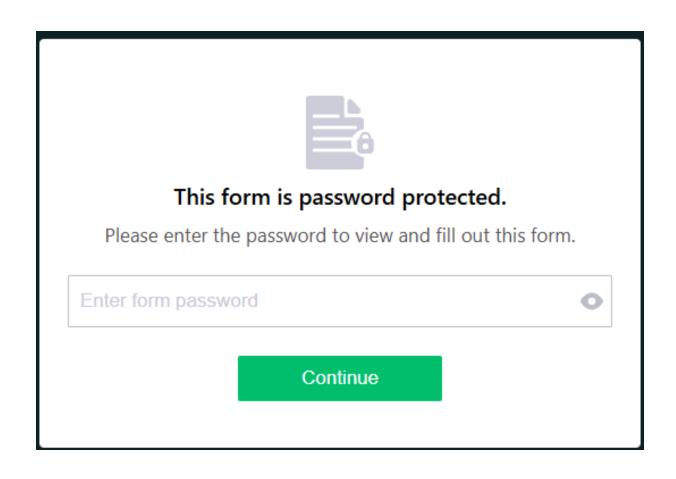
Communicable Disease Unit

248-858-1286

cd@oakgov.com

https://forms.people.health/250264763247964 (Bookmark this site!)

Enter password provided by OCHD (email <u>cd@oakgov.com</u> to register)



• Re-enter same password as first screen to access the reporting form:

School and Daycare Communicable Disease Report

This form is now serving as the PRIMARY form for collecting communicable disease data. Thank you for submitting the weekly communicable disease report for your school or daycare. Your continued effort in reporting communicable diseases in schools and daycares is very important to the health of Oakland County.

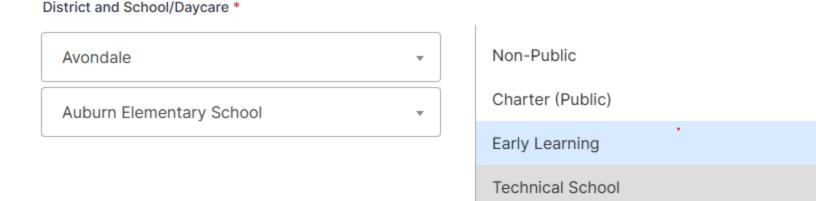
If you have not received a password, please reach out to OCHD's Communicable Disease Unit.

Email: cd@oakgov.com or Phone: (248) 858-1286

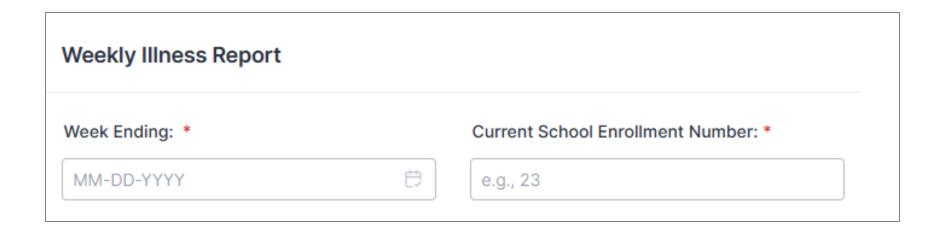
Plea	ase enter	the pa	ssword	to acc	ess the	form.



- In the first dropdown, public schools will choose their District. All others will choose Non-Public, Charter, Early Learning, or Charter School.
- In the second dropdown choose building/program
- If you do not see your building in the 2nd dropdown or would like it reclassified in a different category/district, contact OCHD at <u>cd@oakgov.com</u> / 248-858-1286



- Click Week Ending date you are reporting for (will always be a Friday)
- Enter total current school enrollment number



- If there were no students out ill for the week you are reporting, or there was no school, click No new diseases to report this week.
- Fill in total number of **illness-related absences** this week. If a child was out more than one day, count each day as a separate absence.

Check this box if you have no cases to report this week.

No new diseases to report this week.

Total Number of Illness-Related Absences This Week: *

e.g., 23

For the next section, fill in number of students reported absent for each type of illness, as reported by parent/guardian. Please contact the OCHD Communicable Disease unit if you are unsure how to classify an illness/symptom.

Here are some examples:

- <u>Gastro-Intestinal (stomach)</u> nausea, vomiting, diarrhea, upset stomach, stomachache, "food poisoning" with no specified organism, "stomach flu"
- <u>Strep throat, Influenza, COVID19, RSV, Pneumonia</u> are specific diagnoses that a parent/guardian may report
- <u>Flu-like/Other respiratory illness</u> cough, sore throat, stuffy nose, nasal congestion, sneezing with no specific disease/pathogen reported
- Rash Illnesses any rash with no specific disease/pathogen
- Other/Unspecified Illnesses fever, headache, muscle ache, tired, general "doesn't feel good", any symptom that does not fit in one of the categories above

Total Number	of	Illness	-Related	Absences	This	Week:
---------------------	----	---------	----------	----------	------	-------

e.g., 23

Number of Gastro-Intestinal (Stomach) Illnesses:

e.g., 23

Number of Strep Throat Illnesses:

e.g., 23

Number of Confirmed Influenza Cases:

e.g., 23

Number of COVID-19 Cases:

e.g., 23

Number of Rash Illnesses:

e.g., 23

Number of RSV Illnesses:

e.g., 23

Number of Pneumonia Illnesses:

e.g., 23

Number of Flu-Like/Other Respiratory Illnesses:

e.g., 23

Is your school closed due to illness? *
Yes
○ No

OCHD does not generally make the decision to close a school outside of an official Public Health Order, however we are happy to consult regarding infection control measures when there is widespread illness.

Please report any individuals with these illnesses: Measles, Mumps, Rubella, Pertussis (whooping cough), Haemophilus influenza Type B (HiB), Meningitis (bacterial and viral), Encephalitis, Hepatitis, Tuberculosis, or Chickenpox.
Do you have any individual illnesses to report? * Yes
○ No
Student Name

- Please include all requested information so OCHD CD unit can follow up with parent/guardian and provider: (see next slide)
 - Disease (drop down menu): measles, mumps, rubella, pertussis, HiB, meningitis, encephalitis, hepatitis, tuberculosis, chickenpox
 - Student name, date of birth, name of disease, address, parent/guardian name/phone
- ❖ It is helpful also to give us a call so we can respond quickly, especially in cases where contact tracing, post-exposure medications/vaccines, and/or school exclusions may be recommended.

Do you have any individual illnesses to report?	List Any Other Disease		
Yes			
○ No			
Otudant Nama	Date of First Absence		
Student Name	MM-DD-YYYY 🖽		
	Grade		
DOB			
MM-DD-YYYY			
	Parent/Guardian Name		
Phone			
	Parent/Guardian Phone Number		
Address			
	Who Identified Disease		
Disease	Parent or Guardian		
Measles	Tarent or Suardian		

+Click here to add another individual illness

Your name & contact info:

Submitted By: *	
Submitter First Name	Submitter Last Name
Phone Number *	
(000) 000-0000	
Please enter a valid phone number.	
Email *	
example@example.com	
Additional Comments	

Questions?

Contact OCHD's Communicable Disease Unit

cd@oakgov.com

248-858-1286

Or

OCHD Communicable Disease Chief, Christie Clement-Halladay clementhalladayc@oakgov.com

248-858-8991



HEALTH DIVISION

North Oakland Health Center

1200 N. Telegraph Rd Pontiac, MI 48341

Phone: 248.858.1280

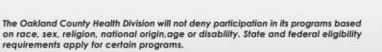
South Oakland Health Center

27725 Greenfield Rd Southfield, MI 48076

Phone: 248.424.7000

800.848.5533 NOC@OAKGOV.COM OAKGOV.COM/HEALTH @ PUBLICHEALTHOC







DAVID COULTER OAKLAND COUNTY EXECUTIVE