

February 16, 2017

Every year, District Health Department #10 (DHD#10) receives reports of the occurrence of a viral gastroenteritis. The major culprit is most commonly Norovirus. Norovirus is *extremely contagious* and a frequent cause of sudden outbreaks. Infection can occur after exposure to as few as 10 to 100 viral particles. The incubation period for Norovirus is 12 to 48 hours and the major mode of infection is via the fecal oral route. The major symptoms are abdominal cramping, vomiting and diarrhea; typically lasting 24 to 48 hours.

An outbreak of norovirus is defined as an occurrence of two or more similar illnesses resulting from a common exposure that is either suspected or laboratory-confirmed to be caused by norovirus. Physician and other health care providers are required by the Public Health Code to report the unusual occurrence, outbreak or epidemic of any disease or condition within 24 hours. This includes outbreaks of suspected or laboratory-confirmed norovirus. Please report your findings as well as contact your local DHD#10 office to receive guidance from a public health nurse.

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| Crawford County Office 501 Norway Street Ste. 1 Grayling, MI 49738 Phone: (989) 348-7800 | Kalkaska County Office 625 Courthouse Drive Kalkaska, MI 49646 Phone: (231) 258-8669 | Lake County Office 5681 S M-37 Baldwin, MI 49304 Phone: (231) 745-4663 | Manistee County Office 385 Third Street Manistee, MI 49660 Phone: (231) 723-3595 | Mason County Office 916 Diana Street Ludington, MI 49431 Phone: (231) 845-7381 |
| Mecosta County Office 14485 Northland Drive Big Rapids, MI 49307 Phone: (231) 592-0130 | Missaukee County Office 6180 W. Sanborn Rd. Ste. 1 Lake City, MI 49651 Phone: (231) 839-7167 | Newaygo County Office 1049 Newell Street White Cloud, MI 49349 Phone: (231) 689-7300 | Oceana County Office 3986 N Oceana Drive Hart, MI 49420 Phone: (231) 873-2193 | Wexford County Office 521 Cobbs Street Cadillac, MI 49601 Phone: (231) 775-9942 |

If any of the patients you care for are food workers, healthcare providers, childcare providers, or attend childcare, we request that you advise them not to return to work until they have had 2 days (48 hours) free of symptoms.

Please encourage your clients to help prevent the spread of viral illnesses like norovirus with the following practices:

- Frequent hand washing with warm water and soap
- Promptly disinfecting contaminated surfaces with household chlorine bleach-based cleaners that are left on surfaces for at least 10 minutes
- Washing soiled clothing and linens
- Avoiding food or water from sources that may have been in contact with germs
- If you work in a nursing home, take care of patients, work in childcare, or handle food, you should not return to work for at least 2 days (48 hours) after all your symptoms go away
- Avoid cooking for others, caring for others especially the young or elderly, going to work, and attending group functions until 2 days after the symptoms of your illness have gone away

Don't hesitate to reach out to your local DHD#10 office for additional information and or educational resources. Thank you for your continued attention to this matter.

Sincerely,



Jennifer Morse, MD
District Health Department #10 Medical Director

The mission of District Health Department #10 is to promote and enhance the health of our communities and environment through protection, prevention, and intervention.

2016 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 (unless otherwise noted) if the agent is identified by clinical or laboratory diagnosis.

Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.

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| Anaplasmosis (<i>Anaplasma phagocytophilum</i>) | Measles (Measles/Rubeola virus) |
| Anthrax (Bacillus anthracis) (4) | Melioidosis (<i>Burkholderia pseudomallei</i>) (4) |
| Arboviral encephalitides, neuro- and non-neuroinvasive: Chikungunya, Eastern Equine, Jamestown Canyon, La Crosse, Powassan, St. Louis, Western Equine, West Nile, Zika | Meningitis: bacterial, viral, fungal, and parasitic |
| Babesiosis (<i>Babesia microti</i>) | Meningococcal Disease (<i>Neisseria meningitidis</i> , sterile sites) (5) |
| Blastomycosis (<i>Blastomyces dermatitidis</i>) | Middle East Respiratory Syndrome (MERS-CoV) (5) |
| Botulism (Clostridium botulinum) (4) | Mumps (Mumps virus) |
| Brucellosis (<i>Brucella</i> species) (4) | Orthopox viruses (including Smallpox, Monkeypox) (4) |
| Campylobacteriosis (<i>Campylobacter</i> species) | Pertussis (<i>Bordetella pertussis</i>) |
| Chancroid (<i>Haemophilus ducreyi</i>) | Plague (Yersinia pestis) (4) |
| Chickenpox / Varicella (Varicella virus) (6) | Polio (Poliovirus) |
| Chlamydial infections (including trachoma, genital infections, LGV) (<i>Chlamydia trachomatis</i>) (3)(6) | Prion disease (including CJD) |
| Cholera (<i>Vibrio cholera</i>) (4) | Psittacosis (<i>Chlamydochloa psittaci</i>) |
| Coccidioidomycosis (<i>Coccidioides immitis</i>) | Q Fever (<i>Coxiella burnetii</i>) (4) |
| Cryptosporidiosis (<i>Cryptosporidium</i> species) | Rabies (Rabies virus) |
| Cyclosporiasis (<i>Cyclospora</i> species) | Rheumatic fever (1) |
| Dengue Fever (Dengue virus) | Rubella (Rubella virus) (6) |
| Diphtheria (<i>Corynebacterium diphtheriae</i>) (5) | Salmonellosis (<i>Salmonella</i> species) (5) |
| Ehrlichiosis (<i>Ehrlichia</i> species) | Severe Acute Respiratory Syndrome (SARS) (5) |
| Encephalitis, viral or unspecified | Shigellosis (<i>Shigella</i> species) (5) |
| Escherichia coli, O157:H7 and all other Shiga toxin positive serotypes (5) | Spotted Fever and Typhus Group (<i>Rickettsia</i> species) |
| Giardiasis (<i>Giardia</i> species) | Staphylococcus aureus (MRSA), outbreaks only |
| Glanders (<i>Burkholderia mallei</i>) (4) | Staphylococcus aureus, vancomycin intermediate/ resistant (VISA (5)/VRSA (4)) |
| Gonorrhea (<i>Neisseria gonorrhoeae</i>) (3)(6) | Streptococcus pneumoniae, sterile sites |
| Guillain-Barre Syndrome (1) | Streptococcus pyogenes, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS) |
| Haemophilus influenzae, sterile sites only; submit isolates for serotyping for patients < 15 years of age (5) | Syphilis (<i>Treponema pallidum</i>) (6) |
| Hantavirus | Tetanus (<i>Clostridium tetani</i>) |
| Hemolytic Uremic Syndrome (HUS) | Toxic Shock Syndrome (non-streptococcal) (1) |
| Hemorrhagic Fever Viruses (4) | Trichinellosis (<i>Trichinella spiralis</i>) |
| Hepatitis, viral: | Tuberculosis (<i>Mycobacterium tuberculosis</i> complex); report all preliminary and final TB NAAT, TB genetic probe, chromatographic or other rapid test results (5) |
| Hepatitis A virus (Anti-HAV IgM) | Tularemia (Francisella tularensis) (4) |
| 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 by 2017) (6) | Typhoid Fever (<i>Salmonella typhi</i>) (5) |
| Hepatitis C virus (Anti-HCV, HCV NAAT, HCV genotype) (6) | Vibriosis (Non-cholera species) (5) |
| Hepatitis D virus (HDsAg, anti-HDV IgM) | Yellow Fever (Yellow Fever virus) |
| Hepatitis E virus (Anti-HEV IgM) | Yersiniosis (<i>Yersinia enterocolitica</i>) |
| Histoplasmosis (<i>Histoplasma capsulatum</i>) | |
| HIV (tests including reactive immunoassays (e.g., WB, EIA, IA), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/ percents, and all tests related to perinatal exposures) (2)(4)(6) | |
| Influenza virus (weekly aggregate counts) Pediatric mortality, report individual cases 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) | |
| Listeriosis (<i>Listeria monocytogenes</i>) (5)(6) | |
| Lyme Disease (<i>Borrelia burgdorferi</i>) | |
| Malaria (<i>Plasmodium</i> species) | |

LEGEND

- (1) Reporting within 3 days is required.
 - (2) Reporting within 7 days is required.
 - (3) Sexually transmitted infections 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. If not available from non-culture based testing, the positive broth and/or stool in transport medium must be submitted to the MDHHS Lansing laboratory.
 - (6) Report pregnancy status, if available.
- Blue Bold Text** = Category A bioterrorism 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