



Section III: General Communicable Disease Control

MPR I

The local health department must have a system in place that allows for the referral of disease incidence and reporting information from physicians, laboratories, and other reporting entities to the local health department.

References: *Michigan Administrative Code R 325.174 (1) (5); R325.173 (7).

Indicator I.1

The local health department shall maintain annually reviewed policies and procedures.

This indicator may be met by:

- Maintaining the following policies and procedures for:
 - Receiving case reports from citizens, physicians, health care facilities, laboratories, and other reporting entities;
 - Entering the received reports into the Michigan Disease Surveillance System (MDSS);
 - Timely submission of case reports via MDSS to the Michigan Department of Health & Human Services (MDHHS);
 - Completion of case reports;
 - How and when data is collected, collated, and analyzed and who within the local health department is responsible for such activities; **AND**
- Evidence that policies and procedures are reviewed annually.

Documentation Required:

- Providing the above policies and procedures.
- Summary sheet or other documentation illustrating that policies and procedures were reviewed and approved by one of the following individuals: Communicable Disease (CD)/Nursing Supervisor, Medical Director, or Health Officer.

Evaluation Question:

None



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Indicator I.2

The local health department collects, collates, and analyzes CD surveillance data that is reported to their jurisdiction by physicians, laboratories, and other authorized reporting entities.

This indicator may be met by:

- The local health department conducts weekly analysis of reported disease cases that shall be documented in a log (e.g., weekly MDSS line list, report, or hand-written log) and signed-off by the CD/Nursing Supervisor, Epidemiologist, or Medical Director.
- Weekly Surveillance log (e.g., weekly MDSS line list, report, or hand-written log of cases).

Documentation Required:

Evidence that weekly surveillance log is monitored and signed-off on a weekly basis by the CD/Nursing Supervisor, Epidemiologist, or Medical Director.

Evaluation Question:

None

Indicator I.3

The local health department electronically submits CD cases and case report forms (PDF forms) that are complete, accurate, and timely to MDHHS by utilization of the MDSS.

Note: A random sample of case reports will be pulled out of MDSS by the reviewer prior to the On-Site Review for evaluation of this indicator.

This indicator may be met by:

- Evidence of MDSS and case report form utilization; **AND**
- Entry within 1 business day of received CD reports into the MDSS; **AND**
- Within 7 days of receipt, at least 90% of case demographic data (name, address, age/date of birth, sex, race, ethnicity, and disease) is completed in MDSS; **AND**
- Upon case completion, at least 90% of the detailed case report (PDF) form's available fields are accounted for/filled in/completed. Information that cannot be obtained should be documented. To meet this indicator, 90% of the cases pulled by the reviewer (18/20) will have to meet the above criteria; **AND**
- Cases are updated, reactivated, and/or reclassified in MDSS as new information is obtained (e.g., laboratory serogroups and serotype results, patient outcome, and outbreak identification).



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Documentation Required:

- Documentation indicating the staff responsible for MDSS case entry.
- Evidence of case completion efforts, reporting timeline requirements, and staff instructions to update case report forms in MDSS as new information is obtained.

Evaluation Question:

None

Indicator 1.4

The local health department shall create an annual report (or formal summary) that includes aggregate CD data for dissemination throughout the local health department's jurisdiction.

This indicator may be met by:

- The local health department maintains and displays CD case counts in an annual report that can be distributed to interested entities such as community physicians, infection control, and private citizens. The annual report (or formal summary) should include aggregate data for the previous three years to illustrate the jurisdiction's CD trends.
- **(Special Recognition)** The local health department may also disseminate a quarterly update with similar data to the above groups of people.

Documentation Required:

- Annual report (or formal summary) for the past 3 years (paper copy or electronic/web-based equivalent).
- List of stakeholders who receive Annual Report/quarterly updates.

Documentation Requested:

(Special Recognition) Quarterly updates or other news bulletins that get disseminated through the local health department's jurisdiction.



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MPR 2

The local health department shall perform investigations of communicable diseases as required by Michigan law.

References: PA 368 of 1978, MCL 333.2433 (2)(a)(c)(i)(iii); Michigan Administrative Code R 325.174 (1) (5); R 325.173 (7).

Indicator 2.1

The local health department shall maintain annually reviewed policies and procedures.

This indicator may be met by:

- Maintaining the following policies and procedures for:
 - Investigating individual case reports;
 - Initiation of outbreak investigations;
 - Specific reportable diseases; **AND**
- Evidence that policies and procedures are reviewed annually.

Documentation Required:

- Providing the above policies and procedures.
- Summary sheet or other documentation illustrating that policies and procedures were reviewed and approved by one of the following individuals: CD/Nursing Supervisor, Medical Director, or Health Officer.

Evaluation Question:

None

Indicator 2.2

The local health department shall initiate CD investigations as required by Michigan laws, rules, and/or executive orders.

This indicator may be met by:

- The local health department investigates individual case reports; **AND**
- The local health department conducts investigations of CD outbreaks and clusters; **AND**
- The local health department maintains protocols of specific CDs that are required to be reported by Michigan laws or rules.



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Documentation Required:

- Documents and/or records that illustrate how the local health department investigates individual case reports received. This includes identifying who initiates the investigation, what action shall be taken, and the appropriate timelines to be followed.
- Documents and/or records that illustrate how the local health department conducts investigations of CD outbreaks and clusters. This should include identification of roles, corresponding responsibilities during an outbreak, and communication with MDHHS CD personnel.
- Documents and/or records that illustrate the use of disease specific protocols.

Evaluation Question:

None

Indicator 2.3

The local health department shall notify MDHHS immediately of a suspected CD outbreak in their jurisdiction.

This indicator may be met by:

- The local health department notifies MDHHS within 24 hours when their jurisdiction suspects a CD outbreak. Notification can be via phone, fax, MDSS (must include outbreak identifier), or Notification of Serious Communicable Disease form; **AND**
- The local health department has a protocol that declares who at the local health department notifies MDHHS and what specific information should be relayed (e.g., possible pathogen, source, number ill, facility); **AND**
- The local health department maintains a file of outbreaks investigated in their jurisdiction. This review will exclude isolated complaints on the Environmental Health (EH) foodborne illness complaint log. However, reports (6-point narratives) from outbreaks that are co-investigated by both EH and CD will need to be copied and brought to this review, as epidemiological components of the outbreak will be reviewed.

Documentation Required:

- The local health department chosen means for MDHHS notification.
- Protocol for notifying MDHHS.
- Outbreak investigation folder.

Evaluation Question:

None

For technical assistance, please contact Shannon Andrews Johnson (andrewssh@michigan.gov) at 517-335-9567 or Tim Bolen (bolenTI@michigan.gov) at 989-832-6690



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MPR 3

The local health department shall enforce Michigan law governing the control of communicable disease as required by administrative rule and statute.

References: PA 368 of 1978, MCL § 333.2433(1)(2); MCL § 333.2451(1); *Michigan Administrative Code R 325.174 (1) (5).

Indicator 3.1

The local health department shall maintain annually reviewed policies and procedures.

This indicator may be met by:

- Maintaining the following policies and procedures:
 - Case follow-up and completion;
 - Guidance to prevent disease transmission; **AND**
- Evidence that policies and procedures are reviewed annually.

Documentation Required:

- Providing the above policies and procedures.
- Summary sheet or other documentation illustrating that policies and procedures were reviewed and approved by one of the following individuals: CD/Nursing Supervisor, Medical Director, or Health Officer.

Evaluation Question:

None

Indicator 3.2

The local health department performs activities necessary for case follow-up, which includes guidance to prevent disease transmission.

This indicator may be met by:

- The local health department can demonstrate timely case follow-up, follow-up efforts, and completion/updates of cases in MDSS; **AND**
- The local health department maintains control guidelines or other guidance materials to assist in the control of disease spread (e.g., Norovirus Control Guidelines in Nursing Homes, etc.) that can be distributed to community partners; **OR**
- Additional educational materials, fact sheets, or other guidance documents that will assist the local health department with prevention of disease transmission.
- **(Special Recognition)** Provide communicable disease presentations to educational venues such as conferences and community health education fairs.

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Documentation Required:

Records and/or documentation that demonstrates timely case follow-up, follow-up efforts, and completion/updates of cases in MDSS.

Documentation Requested:

- Control guidelines or other guidance materials to assist in the control of disease spread (e.g., Norovirus Control Guidelines in Nursing Homes, etc.) that can be distributed to community partners.
- Additional educational materials, fact sheets, or other guidance documents that will assist the local health department with prevention of disease transmission.
- **(Special Recognition)** CD presentations to educational venues such as conferences and community health education fairs.

Evaluation Question:

None

Indicator 3.3

Presence of adequately prepared staff capable of enforcing Michigan law governing the control of CDs.

This indicator may be met by:

- Staff has access to current and up-to-date reference materials (e.g., Control of Communicable Diseases Manual; Red Book; Brick Book; Michigan Communicable Disease Handbook; CDC Core Curriculum on Tuberculosis; MMWR case definitions; FIRST, Rabies, Head lice, and Scabies manuals, etc.); **AND**
- Attendance of professional development activities (which may offer CME, CEU, or contact hours), which may include in-services, conferences, seminars, and trainings.

Documentation Required:

- local health department has documentation of CD staff participation in professional development activities, conferences, seminars, and/or trainings.
- The documentation for the above indicator may include either a copy of the CEU certificate or a listing of activities attended for a given year, along with the date of the activity.

Evaluation Question:

None



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Indicator 3.4

The local health department shall complete and submit the necessary foodborne or waterborne outbreak investigation forms.

This indicator may be met by:

For foodborne outbreaks, the local health department completes and submits the CDC 52.13 (foodborne) outbreak form to MDHHS and the Michigan Department of Agriculture and Rural Development (MDARD) within 60 days of the date the first case became ill.

For waterborne outbreaks, the local health department completes and submits the CDC 52.12 (waterborne) outbreak form to MDHHS within 60 days of the date the first case became ill.

In the event that an investigation is still ongoing 60 days post first illness onset date, a preliminary 52.12 or 52.13 report (which includes data such as county of outbreak, onset date, exposure date, number of cases, and laboratory results) must be submitted to MDHHS within 60 days of the date the first case became ill; the completed final outbreak report form must then be sent to the appropriate agency(s) within 90 days.

Documentation Required:

Copies of completed CDC 52.13 and CDC 52.12 forms

Evaluation Question:

None