

Hints and Tips for CDR Users – 08/05/2021

Welcome to Communicable Disease Reporting made easy.

<https://www.communicablediseasereporting.com/Lenawee>

We believe using our program is going to save time and effort for you and for the county agency to which you report absences caused by communicable diseases. If you need assistance for any reason, call or email your county contact.

Login to the reporting form

Weekly Communicable Disease Report

Schools play an essential role in reporting communicable diseases in the community. According to the State of Michigan Public Health Code (Public Act 368, of 1978 as amended), the local Health Department shall be notified of the occurrence of reportable communicable diseases.

User ID:

[Forgot User ID?](#)

Password:

[Forgot Password?](#)

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Each time you come to this page to submit data you will need to login. Three consecutive wrong login attempts results in an account lock. This means you will need to call your county contact to gain access. **Do not share your user name and password with anyone because it identifies you as the user.** Do not leave your password near your computer such as by attaching it to or writing it on the computer monitor.

Forgotten User ID

If you have forgotten your User ID, we can send you an email containing your User ID. Enter your email address below, and then press the Submit button. You will receive an email containing your User ID within a few minutes.

E-Mail Address:

I'm not a robot



reCAPTCHA
Privacy - Terms

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Forgotten Password

If you have forgotten your password, we can send you an email containing instructions on how to reset your password. Enter your email address below, and then press the Submit button. You will receive an email containing the instructions within a few minutes.

E-Mail Address:

I'm not a robot  reCAPTCHA
Privacy - Terms

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If you forgot your user ID or password, you can retrieve those by clicking the Forgot User ID or Forgot Password links and follow the instructions provided. Retrieving your forgotten user ID or password requires that you to have immediate access to your email address on file with the county.

Getting Started

Once you have successfully logged in you will see a page such as the following screen. You will click the link that suits the task at hand.



Communicable Disease Reporting

Weekly Communicable Disease Reporting

- [Enter report for the current week, ending Friday, August 6, 2021](#)

COVID-19 Reporting

- [Create new COVID-19 report](#)

Other

- [Sign Out](#)

[Online Help \(PDF\)](#)

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Weekly Communicable Disease Reporting

Notice that this form is divided into sections. We will walk through each section and provide you with occasional usage tips. Remember to **click the submit button** after entering the data. The last number submitted by you during the reporting period is the only number reported to the county.

Section 1 - Facility Information

Section 1:

(*) Required data

Week ending Friday, August 24, 2018

Nothing to Report

If you select this box, no other data entry is required. After clicking in this box, go to the submit button at the bottom of this page and click it.

* Facility Population:

251

Demo Elementary School

123 S. Main

City 1, MI 45000

Phone: 555-4321

E-Mail: someone@demoschool.edu

Please note the *asterisk indicates required data. The form will not submit your weekly numbers without those required items. Remember to **click the submit button** after entering the data. The last number submitted by you during the reporting period is the only number reported to the county.

Next you will see the date of the upcoming Friday. Reports are for the school week (Mon-Fri). You can input data anytime during the week at your convenience but no later than 11:59:59 PM of the Sunday or Monday after the Friday date shown. The deadline reporting day is decided by your county health department. It could be Sunday or Monday. If you have not reported before that final day at midnight, on your next login to the site you will be asked for which week you are adding data. Be sure to input the previous week's numbers because at midnight you will no longer be allowed to do so. If you fail to submit your numbers on time, you will receive an email requiring you to contact your county health department contact and to provide your weekly data for the previous week during that call.

If you have nothing to report during a reporting period (week) simply click the Nothing to Report box and then submit the form.

Facility population means the number of children enrolled.

Section 2 - Illness Reporting

Section 2:

Please call the Health Department within 24 hours if any of the following illnesses are suspected or confirmed: Measles, Mumps, Rubella (German measles), Pertussis (Whooping cough), Meningitis (viral or bacterial), Hepatitis A or B, Varicella (chickenpox), Tuberculosis (TB), Haemophilus influenzae type B, Encephalitis or an unusual occurrence or outbreak of any disease or infection.

* = required data

* Name last, first	* Birth Date mm/dd/yyyy	* Phone	* Address street, city	* Parent Name last, first	* Grade Help	* Disease	Date 1st absent mm/dd/yyyy	Diagnosed by:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One ▾	Select One ▾	<input type="text"/>	Select One ▾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One ▾	Select One ▾	<input type="text"/>	Select One ▾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One ▾	Select One ▾	<input type="text"/>	Select One ▾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One ▾	Select One ▾	<input type="text"/>	Select One ▾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One ▾	Select One ▾	<input type="text"/>	Select One ▾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One ▾	Select One ▾	<input type="text"/>	Select One ▾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One ▾	Select One ▾	<input type="text"/>	Select One ▾

Add Additional Rows

Notice that most data in this section is required. This section is dedicated for reporting known communicable diseases. Should you need more lines than the initial seven provided, click the Additional Rows button below the last row and seven more rows will result.

Section 3 – Flu

Section 3:

Please include the NUMBER of cases. Do not list individually in the section above.

Influenza Like Illness (Respiratory Flu):	<input type="text"/>	Any child with bronchitis, pneumonia, or fever and any of the following symptoms: sore throat, cough, generalized aching in the back or limb muscles. Vomiting and diarrhea alone is NOT respiratory flu.
Confirmed COVID-19 Positive:	<input type="text"/>	Any child with a positive diagnostic test for COVID-19.
Gastrointestinal Illness ('Stomach Flu'):	<input type="text"/>	Any child with vomiting and/or diarrhea for 24 to 48 hours (24-hour flu, winter vomiting disease or norovirus)

This section is for reporting flu and flu-like illnesses as well as COVID-19 positive tested children. A description is provided to the right of each choice. Please read these before to entering data.

Section 4 – Other illness

Section 4:

Please include the NUMBER of cases. Do not list individually in the section above.

Cold/Bronchitis:	<input type="text"/>	Sore Throat (only):	<input type="text"/>
Fever:	<input type="text"/>	Scarlet Fever / Strep Throat:	<input type="text"/>
Fifth Disease:	<input type="text"/>	Pink Eye:	<input type="text"/>
Lice:	<input type="text"/>	Scabies:	<input type="text"/>
Impetigo:	<input type="text"/>	Ring Worm:	<input type="text"/>
Mononucleosis:	<input type="text"/>	Other:	
		Disease Name:	<input type="text"/>
		Disease Count:	<input type="text"/>

This section is designed to account for illnesses not previously mentioned.

Section 5 – Facility Closure

Section 5:

Did school close this week due to excessive absences? Yes No

Indicate here if school was closed during the week at any point due to illness. Remember, you can come back and change the data or add more data at any time prior to 11:59 p.m. Sunday or Monday. The deadline reporting day is decided by your county health department. It could be Sunday or Monday. If you have not reported before that final day at midnight, on your next login to the site you will be asked for which week you are adding data. Be sure to input the previous week's numbers because at midnight you will no longer be allowed to do so. If you fail to submit your numbers on time, you will receive an email requiring you to contact your county health department contact and to provide your weekly data for the previous week during that call.

NOTE: Clicking the submit button saves the data. It doesn't submit the data to the county until midnight on Sunday. At anytime during the week you can return to the form to make changes. Notice the data you last entered is still displayed. You can add to this data until midnight on Sunday or Monday. After that time, the form will appear empty and the data will be submitted to the county. Changes or corrections at this point will need to be done by calling your county contact.

CONTINUE TO NEXT PAGE FOR COVID-19 REPORTING AND TRACKING



COVID-19 Report

Facility Contact Information

Demo
123 W. Main
My City, MI 55555
Phone: 555-1212
E-Mail: blane@kkzo.com

Student Information

* = required data

1) COVID-19 Positive Case (First and Last Name) *

Please fill out this field.

2) COVID-19 Positive Case DOB *

3) Parent/Guardian Name *

4) Parent/Guardian Phone *

5) Address/County of Residence *

6) Date the positive case developed symptoms (if asymptomatic, use test collection date) *

7) Date the person was tested (if known)

8) Facility where the positive case was tested (if known)

9) Postive case last day at school or sport *

10) Grade *

11) List all sports and extracurricular activities this student has participated in

12) How many students at this school/daycare have tested positive for COVID-19 in the past 2 weeks? *

Complete the form as indicated to report COVID-19 positive tested students and their close contacts. A calendar is built in at the end of many lines to help supply dates. Notice that many fields are required. **The form will not submit if the required data is missing.**

Close Contacts

A close contact is someone who was within 6 feet (about 2 arms' length) of an infected person during their contagious period* for at least 15 minutes, or for a total of 15 minutes in a 24 hour period, with or without wearing a mask. Individuals identified as close contacts must quarantine for 14 days after they were last in contact with an infected person.

For schools that use less than 6 feet between students in classrooms, the definition of close contacts should not change. Students sitting less than 6 feet next to another student or person diagnosed with COVID-19 for a total of 15 minutes or more should quarantine at home.

*Contagious Time Period: A person with COVID-19 is considered contagious starting from 2 days before they started having symptoms(or if they never have symptoms, 2 days before their COVID-19 nasal/throat swab test was performed), and continue being contagious for at least 10 days.

13) Are there any Close Contacts to the COVID-19 positive individual? *

Yes No

If you selected Yes, please complete the next question.

If you selected No, please [skip next question](#).

14) List any close contacts here

These individuals must quarantine for 14 days after they were last in contact with the positive person. Even if the close contacts test negative, they must complete the full 14 days of quarantine.

	Date of last contact with the positive person	Close Contact's Name (first and last)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Add Rows

Please share the steps your school/daycare has already taken in response to being notified about this positive case:

15) Sent positive person home/told them not to return to school/daycare *

Yes No

16) Notified parents/students and employees of a positive case and potential exposure, while strictly maintaining privacy and confidentiality of the person who tested positive, and you cannot divulge his/her name to other students/parents/employees. *

Yes No

17) Developed list of close contacts and notified them about quarantine *

Yes No

18) Cleaned and disinfected the facility/areas the positive person was in *

Yes No

19) Other, please explain

20) Please share any other information that could be helpful to know at this time.

Resources:

- [CDC Schools and Child Care Programs](#)
- [K-12 School Opening Guidance](#)

If you have any questions, please call Meredith Mackey at 517-264-5243 or send an e-mail to meredith.mackey@lenawee.mi.us

Submit

[Online Help \(PDF\)](#)

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