miOttawa Department of Public Health

Online Communicable Disease Reporting
LTC QUICK REFERENCE GUIDE

This guide provides instructions for how to register and quick tips for using the Facility Weekly Report of Communicable Diseases to Ottawa County Department of Public Health. Facilities will report total patient visits, total weekly cases of influenza-like illness, gastroenteritis, total weekly positive COVID-19, and rapids flu test results by type. This guide contains the following:

How To Register New Users

1. Open your browser and go to: http://www.miottawa.org/CDReporting/
2. Click on Register to Use Communicable Disease Reporting
3. Enter the first name, last name & e-mail address of the person who will be doing weekly facility reports
4. In the Organization Types drop-down, select your healthcare type as shown below:

Organization Type:

- College/University
- Health Dept
- Hospital
- Licensed Childcare
- **SELECT ONE** → LTC/Assisted Living
- Physician's Office
- Preschool
- School
- Urgent Care

5. If this is the first time registering for your health care facility, select **OTHER** in the Organization drop-down and additional fields will appear. Fill in your facility name, address and the phone/fax number for contacting the reporter, as shown below. Do not fill in New Organization ID. Once your registration is approved, you will receive a confirmation email with username and temporary password. The first time you login, you will be prompted to reset your password.

Organization:

OTHER ▾   ← *If new, select OTHER*

New Organization:

New Organization ID:

← Ignore this field →

Address:

Street 1

Street 2

City   Zip

Phone:

(###) ###-####

Fax:

(###) ###-####

[Register]

6. If your facility has **already registered**, find and select it in the Organization drop-down alphabetized list.

How To Report Each Week

1. Report by end of day Monday for the *prior week* (Sunday to Saturday)
2. Open your browser and go to http://www.miottawa.org/CDReporting/ OR use the link in Friday's reminder email
3. Login with Username and Password
4. Fill out each applicable field (pointed out below) on the Communicable Disease Reporting page and "Submit"
5. You will receive confirmation of your report

Communicable Disease Reporting

Facility Weekly Report to Ottawa County Department of Public Health

Instructions

A: Fill out form as completely as possible.

B: Submit report **by end of day on Monday of following week** EVEN IF THERE ARE NO DISEASES TO REPORT.

C: Complete the "Mandatory Report of Communicable Diseases in MI Form" for individual suspected reportable illnesses or an unusual occurrence and fax to 616-393-5767.

D: During an outbreak, complete the Long Term Care Outbreak Weekly Reporting Form and fax to 616-393-5767.

Facility Information

Facility: Admin
ID Number: Admin
Submitted by: Webtecs TestLTC
Phone: (616) 222-3333
Fax:
E-Mail: ¡
Facility Type: health

This section should match your registration

Enter total patients and week-ending date for reporting week

Patients

Total Patients Seen:

0

From Sunday to Saturday of week ending:

mm/dd/yyyy (always a Saturday)

Required Information

Please indicate the TOTAL NUMBER of new cases. These DO NOT need to be listed individually.

☐ NO INFLUENZA-LIKE ILLNESS, GASTROENTERITIS, COVID-19 OR POSITIVE RAPID FLU TESTS TO REPORT THIS WEEK.

If there are no ILI, gastroenteritis, COVID-19, or flu positives then check & submit

	TOTAL CASES	DEFINITION
INFLUENZA-LIKE ILLNESS (symptoms and no labs)	#	Fever of >= 100 F (37.8 C) AND cough and/or sore throat in the absence of a known cause other than influenza.
GASTROENTERITIS	#	Diarrhea and/or vomiting for 24 to 48 hours.
POSITIVE RAPID INFLUENZA TEST RESULTS	Type A	
	Type B	
	Type Unknown	
TOTAL RAPID INFLUENZA TESTS CONDUCTED	#	Total number of negative and positive (A, B, and UNKNOWN) rapid influenza tests.
POSITIVE COVID-19 TEST RESULTS	#	
OTHER:	# Faxed	Complete and fax "Mandatory Reporting Form" for other reportable illnesses or unusual occurrence.

For ILI, follow the definition provided

Use EMR or Tally Sheet provided on login page

In the absence of a positive lab result or other known case

Don't include these in ILI count above

Enter the total number of influenza tests conducted

Enter the total number of positive COVID-19

Optional – use as needed

☐ SUSPECT OUTBREAK OF ILLNESS

During an outbreak, complete the Long Term Care Outbreak Weekly Reporting Form and fax to 616-393-5767.

Click on Submit before closing. For help, contact OCDPH Clinic Support Staff at 616-396-5266.

Submit