

## Meldepflichtige Krankheiten nach §34 Infektionsschutzgesetz

| Erkrankung Kind oder Personal<br><u>Zutreffendes bitte ankreuzen</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Dauerausscheidung von Erregern                                                                                                                                                                                                                                                                                                                                     | Krankheit in der Wohngemeinschaft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cholera<br><input type="checkbox"/> Diphtherie<br><input type="checkbox"/> EHEC-Enteritis (spezielle Durchfallsform)<br><input type="checkbox"/> Enteritis (Durchfall unter 6 Jahren)<br><input type="checkbox"/> Virales hämorrhagisches Fieber<br><input type="checkbox"/> Haemophilus-B-Meningitis<br><input type="checkbox"/> Impetigo contagiosa – Borkenflechte<br><input type="checkbox"/> Keuchhusten (Pertussis)<br><input type="checkbox"/> Lungen-Tuberkulose, offen<br><input type="checkbox"/> Masern<br><input type="checkbox"/> Meningokokken-Meningitis<br><input type="checkbox"/> Mumps<br><input type="checkbox"/> Paratyphus (Salmonella paratyphi)<br><input type="checkbox"/> Pest<br><input type="checkbox"/> Poliomyelitis (Kinderlähmung)<br><input type="checkbox"/> Röteln<br><input type="checkbox"/> Krätze (Scabies)<br><input type="checkbox"/> Scharlach-/Streptoc.-pyog.-Infektionen<br><input type="checkbox"/> Shigellose - Ruhr<br><input type="checkbox"/> Typhus (Salmonella typhi)<br><input type="checkbox"/> Virushepatitis A oder E<br><input type="checkbox"/> Varizellen – Windpocken<br><input type="checkbox"/> Verlausion | <input type="checkbox"/> Vibrio cholerae<br><input type="checkbox"/> Corynebact. diphtheriae, toxinbildend<br><input type="checkbox"/> Enterohämorrhagische E. Coli, EHEC<br><br><input type="checkbox"/> Salmonella paratyphi (Paratyphus)<br><br><input type="checkbox"/> Shigella-Spezies (boydii, flexneri, u.a.)<br><input type="checkbox"/> Salmonella typhi | <input type="checkbox"/> Cholera<br><input type="checkbox"/> Diphtherie<br><input type="checkbox"/> EHEC-Enteritis<br><br><input type="checkbox"/> Virales hämorrhagisches Fieber<br><input type="checkbox"/> Haemophilus-B-Meningitis<br><br><input type="checkbox"/> Lungen-Tuberkulose, offen<br><input type="checkbox"/> Masern<br><input type="checkbox"/> Meningokokken-Meningitis<br><input type="checkbox"/> Mumps<br><input type="checkbox"/> Paratyphus (Salmonella paratyphi)<br><input type="checkbox"/> Pest<br><input type="checkbox"/> Poliomyelitis (Kinderlähmung)<br><input type="checkbox"/> Röteln<br><br><input type="checkbox"/> Shigellose<br><input type="checkbox"/> Typhus (Salmonella typhi)<br><input type="checkbox"/> Virushepatitis A oder E |