


Name of Policy:	Reportable Diseases	 <p>Effective Date: 5/23/2011 Initial Effective Date: 9/9/1991</p>
Policy Number:	3364-109-GEN-104	
Department:	Infection Control Hospital Administration Medical Staff	
Approving Officer:	Chairman, Infection Control Committee Sr. Vice President & Executive Director, UTMC Chief of Staff	
Responsible Agent:	Infection Control Practitioner	
Scope:	The University of Toledo Medical Center and its Medical Staff	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy		<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

According to the Ohio Administrative Code, Chapter 3701-3, communicable diseases must be reported to the county/city health department of the patient's residence.

(B) Purpose of Policy

In compliance with the Ohio State law, communicable diseases are to be reported to the health departments to monitor the spread of infectious illness and in order to promote actions to prevent such transmission.

(C) Procedure

Methods of Reporting: Report of cases of notifiable diseases listed as Class A and Class B in rule 3701-3-02 of the Administrative Code shall be made on forms prescribed and furnished by the director of health of the state of Ohio. In lieu of the written reports from physicians required in this rule, health commissioners may accept from physicians within their health districts verbal reports by telephone, or otherwise, within the same time limitations as required for written reports.

Who Shall Report: Reports of notifiable diseases required by law and those listed as Class A and Class B of rule 3701-3-02 of the Administrative Code shall be reported to the board of health by the physician in attendance. A person in charge of a hospital, dispensary, clinic, or other institution providing care or treatment, having knowledge of such a case, shall report it unless he/she has evidence that it has been reported by a physician. When no physicians is in attendance, it shall be the duty of any individual having knowledge of a person suffering from a disease presumably communicable or suspected of being communicable to report forthwith to the board of health all the facts relating to the case, together with the name and address of the person who is ill.

Qualifying Diseases: The diseases listed in this rule and classified as Class A, Class B, and Class C are declared to be dangerous to the public health and made notifiable. The occurrence of cases or suspected cases shall be reported as provided in this rule and rules 3701-3-03 or 3701-3031 of the Administrative Code.

CLASS A: (Individual case reports required within twenty-four hours)

*Class A diseases are diseases of major public health concern because of endemicity and/or potential for epidemic spread (see sample attachment).

Note: The Infection Prevention and Control Staff and/or the patient's physician is responsible for reporting Class A reportable diseases. If the Infection Prevention and Control Staff initiates the report to the Health

Department from which the patient resides, the Staff will forward a copy of this report to the attending physician.

CLASS B: (Report by number of cases only)

*Class B notifiable diseases or suspected cases shall be reported by numbers only on forms prescribed and furnished by the Ohio Department of Health.

CLASS C: (Report situation when epidemic is suspected)

*Class C diseases or conditions shall be reported immediately by telephone or other rapid means of communication by incident only when there is an outbreak or unusual prevalence of one of the diseases.

3701-3-12 AIDS and HIV Test Reporting

(A) Persons required to report cases of acquired immune deficiency syndrome (AIDS) and confirmed positive tests for the human immunodeficiency virus (HIV) under division (c) of section 3701-24 of the Revised Code and paragraph (B) of this rule are as follows:

- (1) Cases of AIDS shall be reported by the physician or dentist in attendance. In an institutional setting, a designated agent such as an infection control practitioner or HIV Clinical Coordinator may make the report for the attending physician or dentist.
- (2) Confirmed positive HIV tests, as defined in rule 3701-03-10 of the Administrative Code, shall be reported by the person in charge of the laboratory performing the test. If a second laboratory is used for additional or confirmatory testing, the person in charge of the laboratory first receiving the specimen shall report the confirmed positive test.

(B) The person designated by paragraph (A) of this rule shall report promptly every case of AIDS and every confirmed positive HIV test to the department of health on forms and in a manner prescribed by the director. In each county the director shall designate the health commissioner of a health district in the county to receive the reports.

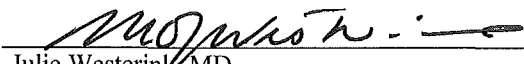

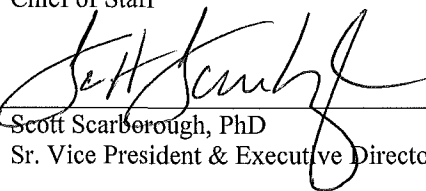
At the University of Toledo Medical Center the reporting of positive HIV testing will be done by the following method: The Serology Lab will send the results to the HIV Clinical Coordinator who will complete and mail the form. The Centers for Disease Control forms for reporting Acquired Immunodeficiency Syndrome and HIV Infection will be completed by the HIV Clinical Coordinator (notify at Ext. 3741) of the patient's name, diagnosis and medical record number.

The Public Health Council (PHC) has approved changes to Ohio Administrative Code 3701-3-02, which lists diseases which must be reported to the Ohio Department of Health (ODH). These changes will become effective on July 11, 1996. The PHC added Hantavirus, Pneumococcal disease, Invasive, and Vancomycin Resistant Enterococcus Disease to their list of Class A reportable diseases. Streptococcal disease, Group A, Invasive, and Streptococcal Toxic Shock Syndrome were also added as Class A notifiable diseases. The PHC also eliminated the reporting of four other diseases: smallpox, streptococcal infection, diarrhea of the newborn and infectious mononucleosis.

The ODH states that pneumococcal disease reports be limited to disease associated with cultures of the pneumococcus (*S. pneumoniae*) from blood or cerebrospinal fluid (CSF). Pneumococcal pneumonia, a common form of pneumonic disease, will not be reportable unless it is accompanied by invasion by the pneumococcus of blood or CSF. In conjunction with reporting of the invasive form of the disease, information will be requested regarding antibiotic sensitivity testing.

This policy shall follow the most recent list of reportable diseases as per Ohio Administrative Code 3701-3-02 and as per federal mandate.

Reference: Excerpts from Ohio Administrative Code, chapter 3701-3, Communicable diseases, Including AIDS, and HIV testing. Compiled May 1995/Division of Prevention Ohio Department of Health

Approved by:  _____ Julie Westerink, MD Chairman, Infection Control Committee  _____ John Kane, MD Chief of Staff  _____ Scott Scarborough, PhD Sr. Vice President & Executive Director, UTMC <i>Review/Revision Completed By:</i> <i>Infection Control Committee</i>	Review/Revision Date: 1/10/93 10/9/96 12/01/98 5/1/99 4/15/02 4/21/05 7/28/2008 5/23/2011 Next Review Date: 7/1/2011
Policies Superseded by This Policy: 31:EQP-301	

“Know Your ABCs”: a Quick Guide to Reportable Infectious Diseases in Ohio
 Ohio Administrative Code 3701-3-02. Effective January 1, 2006.

Class A Diseases

(1) diseases of major public health concern because of the severity of disease or potential for epidemic spread - report by telephone immediately upon recognition that a case, suspect case or positive laboratory result exists

Anthrax	Measles	Rubella (not congenital)	Tularemia
Botulism, foodborne	Meningococcal disease	Severe acute respiratory syndrome (SARS)	Viral hemorrhagic fever (VHF)
Cholera	Plague	Smallpox	Yellow fever
Diphtheria	Rabies, human		

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

(2) diseases of public health concern needing timely response because of potential for epidemic spread - report by the end of the next business day after the existence of a case, suspect case or positive laboratory result is known

Arboviral neuroinvasive and non-neuroinvasive disease	Chancroid	Influenza-associated pediatric mortality	Rubella (congenital)
Eastern equine encephalitis virus disease	Coccidioidomycosis	Legionnaires' disease	Salmonellosis
LaCrosse virus disease (other California serogroup virus disease)	Dengue	Listeriosis	Shigellosis
Powassan virus disease	<i>E. coli</i> O157:H7 and other enterohemorrhagic (Shiga toxin-producing) <i>E. coli</i>	Lymphogranuloma venereum	<i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VISA, VRSA)
St. Louis encephalitis virus disease	Foodborne disease outbreaks	Malaria	Syphilis
West Nile virus disease (also current infection)	Granuloma inguinale	Meningitis, aseptic, including viral	Tetanus
Western equine encephalitis virus disease	<i>Haemophilus influenzae</i> (invasive disease)	meningoencephalitis	Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)
Other arthropod-borne disease	Hantavirus	Mumps	Typhoid fever
	Hemolytic uremic syndrome (HUS)	Pertussis	Waterborne disease outbreaks
	Hepatitis A	Polkomyelitis (including vaccine-associated cases)	
	Hepatitis B, perinatal	Paltacosis	
		Q fever	

(3) diseases of significant public health concern - report by the close of the working week after the existence of a case, suspect case or positive laboratory result is known

Amebiasis	Encephalitis, other viral	Kawasaki disease (mucocutaneous lymph node syndrome)	Streptococcal disease, group B, in newborn
Botulism, wound	Encephalitis, post-infection	Leprosy (Hansen disease)	Streptococcal toxic shock syndrome (STSS)
Brucellosis	Giardiasis	Leptospirosis	<i>Streptococcus pneumoniae</i> , invasive disease (ISP)
Campylobacteriosis	Gonococcal infections (urethritis, cervicitis, pelvic inflammatory disease, arthritis, endocarditis, meningitis and neonatal conjunctivitis)	Lyme disease	Toxic shock syndrome (TSS)
Chlamydia infections (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis and pneumonia)	Hepatitis B	Meningitis, including other bacterial	Toxoplasmosis (congenital)
Creutzfeldt-Jakob disease (CJD)	Hepatitis C	Mycobacterial disease, other than tuberculosis (MOTT)	Trichinosis
Cryptosporidiosis	Hepatitis D (delta hepatitis)	Raye syndrome	Typhus fever
Cytomegalovirus (CMV) (congenital)	Hepatitis E	Rheumatic fever	Varicella
Ehrlichiosis	Herpes (congenital)	Rocky Mountain spotted fever (RMSF)	Vibriosis
		Streptococcal disease, group A, invasive (IGAS)	Yersiniosis

Class B Disease - report the number of cases by the close of each working week
 Influenza

Class C Diseases - report an outbreak, unusual incidence or epidemic by the end of the next business day

Blastomycosis	Scabies	Outbreak, unusual incidence, or epidemic of other infectious diseases of known etiology not categorized as Class A, Class B or Class C
Conjunctivitis, acute	Sporotrichosis	
Histoplasmosis	Staphylococcal skin infections	
Nonoccomial infections of any type	Toxoplasmosis	
Pediculosis		

Except as otherwise required for the Class A(1) diseases, reports of cases, suspect cases and positive laboratory results shall be in writing, and shall include the name and address of the case, suspect case, or person from whom the specimen was taken. A Board of Health may accept verbal reports by telephone or other electronic systems approved by the Director within the same time limitations. Reports shall include supplementary information relevant to the case or laboratory reports as needed to complete official surveillance forms provided or approved by the Director.

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, and CD4 T-lymphocytes counts <200 or 14% must be reported on forms and in a manner prescribed by the Director.

Section III Table of Contents

Specific Diseases and Syndromes in Alphabetical Order	Class	Fact sheet	Form(s)
AIDS (Acquired Immunodeficiency Syndrome - see HIV/AIDS)			
Amebiasis	B2	X	
Anthrax	A		
Blastomycosis			
Blastocystis hominis*		X	
Botulism - foodborne; wound, infant	A; B2	X	
Brucellosis	B2	X	X
Campylobacteriosis	B2	X	
Chancroid	B1		
Chickenpox (see Varicella-Zoster infections)	B2		
Chlamydia infections	B2		
Cholera	A	X	X
Clostridium difficile*			
Coccidioidomycosis	B1		
Conjunctivitis			
Creutzfeld-Jakob Disease	B2	X	
Cryptosporidiosis	B2	X	X
Cyclospora	B1	X	X
Cytomegalovirus (congenital)	B2		
Dengue Fever	B1	X	
Dientamoeba fragilis*		X	
Diphtheria	A	X	X
E. coli O157:H7	B1	X	X (HUS)
Eastern Equine Encephalitis	B1		X
Ehrlichiosis /Anaplasmosis	B2	X	X
Encephalitis - arboviral--See individual chapters	B1		
Fifth Disease*		X	
Foodborne Disease Outbreaks	C		X
Genital Herpes		X	
Genital Warts*			
Giardiasis	B2	X	
Gonococcal Infections	B2		
Granuloma inguinale	B1		
Haemophilus influenzae invasive disease	B1	X	X
Hand, foot, and mouth disease*		X	
Hansen's Disease (see Leprosy)			

Specific Diseases and Syndromes in Alphabetical Order	Class	Fact sheet	Form(s)
Hantavirus	B1	X	X
Head Lice (see pediculosis)			
Hemolytic Uremic Syndrome (HUS) (see E. coli O157:H7)	B1		
Hepatitis A	B1	X	X
Hepatitis B (including delta hepatitis) and Hepatitis B (Perinatal Exposure)	B2 B1	X	X
Hepatitis C	B2	X	X
Hepatitis E	B2		X
Herpes Simplex (HSV) - congenital	B2		
Herpes Simplex (HSV) - genital			
Herpes Zoster (Shingles) (see Varicella-Zoster infections)			
Histoplasmosis			
HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) HIV Infection Acquired Immunodeficiency Syndrome (AIDS) HIV Exposure, Perinatal			X X
Human Papillomavirus (HPV) (see Genital Warts)*			
Influenza A Novel Virus Infection	A	X	X
Influenza-associated pediatric mortality Influenza-associated hospitalization	B1 B2		X X
Infection Control Practices			
Kawasaki Disease* (Mucocutaneous Lymph Node Syndrome)			
LaCrosse Encephalitis	B1		X
Legionellosis	B1	X	X
Leprosy (Hansen Disease)	B2		X
Leptospirosis	B2		X
Listeriosis	B1	X	X
Lyme Disease	B2	X	X
Lymphocytic choriomeningitis (see Meningitis, aseptic)			
Lymphogranuloma venereum (see Chlamydia infections)			
Malaria	B1	X	X
Measles	A	X	X
Meningitis, aseptic	B1	X	
Meningitis, bacterial	B2	X	X
Meningitis, non-bacterial (see Meningitis, aseptic)			

Specific Diseases and Syndromes in Alphabetical Order	Class	Fact sheet	Form(s)
Meningococcal Disease	A		X
Mononucleosis, infectious*		X	
Mucocutaneous Lymph Node Syndrome (see Kawasaki Disease)			
Mucopurulent cervicitis (MPC)**			
Mumps	B1	X	X
Mycobacterial disease, other than tuberculosis	B2		
Outbreak, unusual incidence or epidemic of other infectious diseases from the following sources: Community Outbreaks Foodborne Outbreaks Healthcare-Associated Outbreaks Institutional Outbreaks Waterborne Outbreaks Zoonotic Outbreaks	C		
Non-gonococcal urethritis (NGU)**			
Pediculosis (Lice)		X	
Pelvic inflammatory disease (PID)**		X	
Pertussis	B1	X	X
Plague	A	X	X
Pneumococcal disease (see Streptococcus pneumoniae, invasive disease)			
Powassan Virus Disease	B1		X
Poliomyelitis	B1	X	X
Psittacosis	B1		X
Q Fever	B1		X
Rabies	A		X
Reye Syndrome*			
Rheumatic Fever*			
Rocky Mountain Spotted Fever (RMSF)	B2		X
Rubella - acute; congenital	B	X	X
Salmonellosis	B	X	
Scabies		X	
Severe Acute Respiratory Syndrome (SARS)	A		X
Shigellosis	B1		
Shingles (Herpes Zoster) (see Varicella-Zoster infections)			
Smallpox	A		
Sporotrichosis	C		
St. Louis Encephalitis	B1		
Staphylococcus aureus - skin infections	C		

Specific Diseases and Syndromes in Alphabetical Order	Class	Fact sheet	Form(s)
Staphylococcus aureas with resistance or intermediate resistance to vancomycin (VISA,VRSA)	B1		
Streptococcal Toxic Shock Syndrome (STSS)	B2	X	X
Streptococcus Group A, Invasive	B2	X	X
Streptococcus Group B, Disease of the Newborn	B2	X	
Streptococcus pneumoniae, invasive disease	B2	X	X
Swimmer's Itch*		X	
Syphilis	B1		
Tetanus	B1	X	X
Toxic Shock Syndrome (TSS)	B2		X
Toxoplasmosis; Congenital Toxoplasmosis*		X	
Trichinosis	B2		X
Tuberculosis	B1	X	X
Tularemia	A	X	X
Typhoid Fever	B1	X	X
Typhus Fever	B2		
Any unexpected pattern of cases, deaths, or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, an outbreak, epidemic, related public health hazard or act of bioterrorism.	A1		
Vancomycin Resistant Enterococcus (VRE)*		X	
Varicella-Zoster infections	B2	X	X
Vibriosis	B2	X	X
Viral Hemorrhagic Fever (VHF)	A		
Waterborne Disease Outbreaks	C		X
West Nile Virus (WNV)	B1		
Western Equine Encephalitis	B1	X	X
Yellow Fever	A	X	
Yersiniosis	B2	X	

* These are not reportable conditions as of January 2009; however, the Ohio Department of Health receives frequent inquiries for information or they are of special interest.

^ HIV/AIDS reporting requirements are described in Chapter 3701-3-12.

** Reportable when due to a specific organism, to be reported as the etiologic agent, e.g., *Chlamydia trachomatis* or *Neisseria gonorrhoea*.

Note: As of January 2009, methicillin-resistant *Staphylococcus aureus* infections are not individually reportable under the OAC, but outbreaks of these infections are reportable and the local/state health departments should be notified.

Note: Some fact sheets in the IDCM have been adapted from materials published by the Centers for Disease Control and Prevention and the New York State Health Department.