


<b>Name of Policy:</b> <u>Reportable Diseases</u> <b>Policy Number:</b> 3364-109-GEN-104 <b>Department:</b> Infection Control Hospital Administration Medical Staff <b>Approving Officer:</b> Chair, Infection Control Committee Chief of Staff Chief Clinical and Operating Officer <b>Responsible Agent:</b> Infection Preventionist <b>Scope:</b> The University of Toledo Medical Center and its Medical Staff	  <b>Effective Date:</b> 05/30/2017 Initial Effective Date: 9/9/1991
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input 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**

**1. 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 of Ohio shall be submitted on a case by case basis.

- (a) This will be in accordance with rule [3701-3-03](#) using supplementary information as needed to ensure information is provided for completion of the official surveillance form provided by the director of health of the state of Ohio.
- (b) 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.

**2. Designee Responsible for Reporting**

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:

- (a) A health care provider with knowledge of a case or suspected care
- (b) Person in charge of the laboratory that examines specimens
- (c) Person in charge of a hospital, dispensary, clinic, or other institution providing care or treatment, having knowledge of such a case, unless evidence exist that physician reported

- (d) Physician's absence, the individual having knowledge of a person suffering from a disease presumed to be communicable or suspected of being communicable will report all the facts relating to the case, together with the name and address of the person who is ill.

### 3. Qualifying Diseases

Diseases listed in this rule and classified as Class A, B, or C are considered to be dangerous to the public health and are notifiable. The occurrence of such cases or suspected cases shall be reported as provided in this rule and rules [3701-3-03](#) or 3701-3031 of the Administrative Code to the local health jurisdiction in which the case or suspected case resides.

#### (a) CLASS A:

- (i) Cases, suspect cases, and positive laboratory results for Class A diseases of the rule [3701-3-02](#) of the Administrative Code shall be reported *immediately* via telephone to the local health jurisdiction in which the case or suspected case resides, or if unknown, to the Ohio department of health. This is due to the severity of disease or the potential for epidemic spread.
- (ii) The Infection Prevention and Control Staff will assist the previously mentioned responsible reporting designees and/or the patient's physician as necessary for reporting Class A reportable diseases. If the Infection Prevention and Control Staff initiates the report to the Health Department, the Staff will forward a copy of this report to the attending physician.

#### (b) CLASS B:

- (i) Cases or suspected cases and reports of positive laboratory results for Class B diseases using [3701-3-02](#) of the Administrative Code shall be reported to the Health Department by the end of the next business day.

#### (c) CLASS C:

- (i) Reports related to an actual or suspected outbreak, unusual incident, or epidemic of any disease specified as Class C of rule [3701-3-02](#) of the Administrative Code shall be provided by the end of the next business day, unless unexpected patterns of cases present.

### 4. 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) of rule [3701-3-12](#) and [3701-24](#) of the Revised Code are as follows:
  - (i) Cases of AIDS shall be reported by the physician or dentist in attendance. In an institutional setting, a designated agent such as an Infection Preventionist or HIV Clinical Coordinator may make the report for the attending physician or dentist.
  - (ii) 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.
  - (iii) The person designated in 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


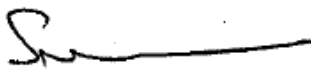
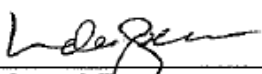
prescribed by the director. In each county the director shall designate the health commissioner of a health district in the county to receive the reports.

- (b) At the University of Toledo Medical Center the reporting of positive HIV testing will be done by the following method:
  - (i) The Serology Lab will send the results to the HIV Clinical Coordinator who will complete and mail the form.
  - (ii) 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. 6843) of the patient's name, diagnosis and medical record number.

5. 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:

Ohio's Communicable Disease Reporting Requirements. (2015, May). Effective September 16, 2016. Retrieved from: <http://www.odh.ohio.gov/pdf/IDCM/intro1.pdf> (see Appendix A below)

<p><b>Approved by:</b></p> <p> Michael Ellis, MD Chair, Infection Control Committee</p> <p> Thomas Schwann, MD Chief of Staff</p> <p> Linda Speer, MD Interim, Chief Medical Officer</p> <p><i>Review/Revision Completed By: Infection Control Committee</i></p>	<p><b>Review/Revision Date:</b></p> <p>01/10/1993 10/09/1996 12/01/1998 05/01/1999 04/15/2002 04/21/2005 07/28/2008 05/23/2011 07/16/2014 05/23/2017</p> <p><b>Next Review Date:</b> 5/2020</p>
<p><b>Policies Superseded by This Policy:</b> 31:EQP-301</p>	

Appendix A

**Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio**  
*From the Ohio Administrative Code Chapter 3701-3; Effective September 16, 2016*

**Class A:**

Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- Anthrax
- Botulism, foodborne
- Cholera
- Diphtheria
- Influenza A – novel virus infection
- Measles
- Meningococcal disease
- Middle East Respiratory Syndrome (MERS)
- Plague
- Rabies, human
- Rubella (not congenital)
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever
- Yellow fever

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.

**Class B:**

Disease 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, a suspected case, or a positive laboratory result is known.

- Amebiasis
- Arboviral neuroinvasive and non-neuroinvasive disease:
  - Chikungunya virus infection
  - Eastern equine encephalitis virus disease
  - LaCrosse virus disease (other California serogroup virus disease)
  - Powassan virus disease
  - St. Louis encephalitis virus disease
  - West Nile virus infection
  - Western equine encephalitis virus disease
  - Zika virus infection
  - Other arthropod-borne diseases
- Babesiosis
- Botulism
  - infant
  - wound
- Brucellosis
- Campylobacteriosis
- Chancroid
- *Chlamydia trachomatis* infections
- Coccidioidomycosis
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC)
- Ehrlichiosis/anaplasmosis
- Giardiasis
- Gonorrhea (*Neisseria gonorrhoeae*)
- *Haemophilus influenzae* (invasive disease)
- Hantavirus
- Hemolytic uremic syndrome (HUS)
- Hepatitis A
- Hepatitis B (non-perinatal)
- Hepatitis B (perinatal)
- Hepatitis C
- Hepatitis D (delta hepatitis)
- Hepatitis E
- Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- Legionnaires' disease
- Leprosy (Hansen disease)
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Meningitis:
  - Aseptic (viral)
  - Bacterial
- Mumps
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- Salmonellosis
- Shigellosis
- Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)
- *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VRSA, VISA)
- Streptococcal disease, group A, invasive (IGAS)
- Streptococcal disease, group B, in newborn
- Streptococcal toxic shock syndrome (STSS)
- *Streptococcus pneumoniae*, invasive disease (ISP)
- Syphilis
- Tetanus
- Toxic shock syndrome (TSS)
- Trichinellosis
- Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)
- Typhoid fever
- Varicella
- Vibriosis
- Yersiniosis

**Class C:**

Report an outbreak, unusual incident or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

Outbreaks:

- Community
- Foodborne
- Healthcare-associated
- Institutional
- Waterborne
- Zoonotic

**NOTE:**

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.

**Know Your ABCs (Alphabetical Order)**  
*Effective September 16, 2016*

Name	Class	Name	Class
Amebiasis	B	Meningitis, aseptic (viral)	B
Anthrax	A	Meningitis, bacterial	B
Arboviral neuroinvasive and non-neuroinvasive disease	B	Meningococcal disease	A
Babesiosis	B	MERS	A
Botulism, foodborne	A	Mumps	B
Botulism, infant	B	Other arthropod-borne diseases	B
Botulism, wound	B	Outbreaks: community, foodborne, healthcare-associated, institutional, waterborne, zoonotic	C
Brucellosis	B	Pertussis	B
Campylobacteriosis	B	Plague	A
Chancroid	B	Poliomyelitis (including vaccine-associated cases)	B
<i>Chlamydia trachomatis</i> infections	B	Powassan virus disease	B
Chikungunya	B	Psittacosis	B
Cholera	A	Q fever	B
Coccidioidomycosis	B	Rabies, human	A
Creutzfeldt-Jakob disease (CJD)	B	Rubella (congenital)	B
Cryptosporidiosis	B	Rubella (not congenital)	A
Cyclosporiasis	B	Salmonellosis	B
Dengue	B	Severe acute respiratory syndrome (SARS)	A
Diphtheria	A	Shigellosis	B
<i>E. coli</i> O157:H7 and Shiga toxin-producing <i>E. coli</i> (STEC)	B	Smallpox	A
Eastern equine encephalitis virus disease	B	Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	B
Ehrlichiosis/Anaplasmosis	B	St. Louis encephalitis virus disease	B
Giardiasis	B	<i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VRSA, VISA)	B
Gonorrhea ( <i>Neisseria gonorrhoeae</i> )	B	Streptococcal disease, group A, invasive (IGAS)	B
<i>Haemophilus influenzae</i> (invasive disease)	B	Streptococcal disease, group B, in newborn	B
Hantavirus	B	Streptococcal toxic shock syndrome (STSS)	B
Hemolytic uremic syndrome (HUS)	B	<i>Streptococcus pneumoniae</i> , invasive disease (ISP)	B
Hepatitis A	B	Syphilis	B
Hepatitis B (non-perinatal)	B	Tetanus	B
Hepatitis B (perinatal)	B	Toxic shock syndrome	B
Hepatitis C	B	Trichinellosis	B
Hepatitis D (delta hepatitis)	B	Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)	B
Hepatitis E	B	Tularemia	A
Influenza A – novel virus	A	Typhoid fever	B
Influenza-associated hospitalization	B	Varicella	B
Influenza-associated pediatric mortality	B	Vibriosis	B
LaCrosse virus disease (other California serogroup virus disease)	B	Viral hemorrhagic fever (VHF)	A
Legionnaires' disease	B	West Nile virus infection	B
Leprosy (Hansen disease)	B	Western equine encephalitis virus disease	B
Leptospirosis	B	Yellow fever	A
Listeriosis	B	Yersiniosis	B
Lyme disease	B	Zika virus infection	B
Malaria	B		
Measles	A		