COVID-19 REPORTING REQUIREMENTS
Ohio Revised Code 3701.14 and 3701.23

On April 8, 2020 the Ohio Revised Code for Reporting Requirement for 2019 – Novel Coronavirus was updated.

It is now required to report **Confirmed and Probable** cases of COVID-19 within twenty-four (24) hours to the local health district in which the person resides.

The report shall be by any of the following entities:
- The physician or other healthcare provider in attendance of a known or suspected case;
- A person in charge of a hospital, clinic, or other institution providing care or treatment having knowledge of a reportable confirmed case;
- The person in charge of any laboratory that examines specimens;
- Any individual having knowledge of a person suffering from COVID-19

Case Classifications

**Confirmed:**
- Meets confirmatory laboratory evidence (see next page).

**Probable:**
- Meets Clinical Criteria AND Epidemiologic Evidence with no confirmatory laboratory testing performed for COVID-19.
- Meets presumptive Laboratory Evidence AND either Clinical Criteria OR Epidemiologic Evidence.
- Meets Vital Records Criteria with no confirmatory laboratory testing performed for COVID-19.

**Case Definition Details for Reporting**
(Description of criteria to determine how a case should be classified)

**Clinical Criteria (see 1, 2, or 3 below):**
1. At least two of the following symptoms:
   - Fever (measured or subjective)
   - Chills
   - Rigors
   - Myalgia
   - Headache
   - Sore throat
   - New olfactory and taste disorder(s)
   - OR
2. At least one of the following symptoms:
   - Cough,
   - Shortness of breath
   - Difficulty breathing
   - OR
3. Severe respiratory illness with at least one of the following:
   - Clinical or radiographic evidence of pneumonia,
     - OR
   - AND
   - No alternative more likely diagnosis
   - Acute respiratory distress syndrome (ARDS)
Laboratory Evidence (see 1 or 2 below):
Laboratory evidence using an approved method:
1. Confirmatory laboratory evidence:
   - Detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test.
2. Presumptive laboratory evidence:
   - Detection of specific antigen in a clinical specimen.
   - Detection of specific antibody in serum, plasma, or whole blood indicative of a new or recent infection.*

*serologic methods for diagnosis are currently being defined

Epidemiologic Evidence:
One or more of the following exposures in the 14 days before onset of symptoms:
- Close contact** with a confirmed or probable case of COVID-19 disease
- Close contact** with a person with:
  - Clinically compatible illness
  - Linkage to a confirmed case of COVID-19 disease
- Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2;
- Member of a risk cohort as defined by public health authorities during an outbreak.

**Close contact is defined as being within 6 feet for a period of 10 minutes to 30 minutes or more depending upon the exposure. In healthcare settings, this may be defined as exposures of greater than a few minutes or more. Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact.

Vital Records Criteria:
- A death certificate that lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death.

See complete standardized surveillance case definition for COVID-19 below: