

## 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:
    - o Clinically compatible illness
- AND**
- o 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:**

[https://cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/interim-20-id-01\\_covid-19.pdf](https://cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/interim-20-id-01_covid-19.pdf)