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| Name of Policy: Reportable Diseases Policy Number: 3364-109-GEN-104 Approving Officer: Chair, Infection Control Committee, Chief Medical Officer, Chief of Staff Responsible Agent: Infection Preventionist Scope: University of Toledo Medical Center | |  Effective date: Original effective date: 9/9/1991 | |
| Key words: Reportable Diseases, Methods of Reporting, Qualifying Diseases, Responsible for Reporting, Requirements | | | |
| <input type="checkbox"/> | New policy proposal | <input checked="" type="checkbox"/> | Minor/technical revision of existing policy |
| <input type="checkbox"/> | Major revision of existing policy | <input type="checkbox"/> | Reaffirmation of existing policy |

(A) Policy Statement

According to the Ohio Administrative Code, Chapter 3701-3 and Michigan Public Health Code, 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 and Michigan State laws, communicable diseases are to be reported to the health departments to monitor the spread of infectious illness and to promote actions to prevent such transmission.

(C) Procedure

1. Methods of Reporting

Report of cases of notifiable diseases listed in rule [3701-3-02](#) of the Administrative Code of Ohio and section [333.5111](#) of Michigan's Public Health Code 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 in [3701-3-02](#) of the Ohio Administrative Code and section [333.5111](#) of Michigan's Public Health Code shall be reported to the board of health by:

- (a) A health care provider with knowledge of a case or suspected case
- (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 exists 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 [3701-3-02](#) of the Ohio Administrative Code and section [333.5111](#) of Michigan's Public Health Code 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 these rules and rules [3701-3-03](#) or [3701-3-05](#) of the Administrative Code to the local health jurisdiction in which the case or suspected case resides.

(a) CLASS A (Ohio and Michigan):

- (i) Cases, suspect cases, and positive laboratory results for Class A diseases of the section [3701-3-02](#) of the Ohio Administrative Code and section [333.5111](#) of Michigan's Public Health 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 (Ohio) or all other diseases that are not Class A (Michigan):

- (i) Cases or suspected cases and reports of positive laboratory results for Class B diseases using [3701-3-02](#) of the Ohio Administrative Code and section [333.5111](#) of Michigan's Public Health Code shall be reported to the Health Department by the end of the next business day.

(c) CLASS C (Ohio):

- (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 and section [333.5111](#) of Michigan's Public Health Code are as follows:
 - (i) Cases of AIDS shall be reported by the physician 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.
 - (ii) Confirmed positive HIV tests, as defined in rule [3701-3-12](#) 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 lab to receive 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 Immune Deficiency 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 [3701-3-02](#) of the Ohio Administrative Code and section [333.5111](#) of Michigan's Public Health Code and as per federal mandate.

Reference:

Ohio's Communicable Disease Reporting Requirements. (2022, June 22). Effective August 1, 2019. Retrieved from: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual/welcome/> (see Appendix A below)

Reportable Diseases in Michigan. (2025~~2~~, ~~June-December~~ 24~~2~~). Effective ~~December 2024~~ January 2025. Retrieved from: https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder2/Folder97/Folder1/Folder197/Reportable_Diseases_Michigan_by_Condition.pdf?rev=5fafabad0e4d49779e4fa8edb398a7ba <https://www.michigan.gov/mdhhs/doing-business/providers/labservices/labservicesguide/reportable-diseases> (see Appendix B below)

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| <p>Approved by:</p> <hr/> <p>Michael Ellis, MD Chief Medical Officer and Chair, Infection Control Committee</p> <hr/> <p>Date</p> <hr/> <p>Puneet Sindhvani, MD Chief of Staff</p> <hr/> <p>Date</p> <hr/> <p><i>Review/Revision Completed by: Infection Prevention, Infection Control Committee, Chief Medical Officer</i></p> | <p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• 31:EQP-301 <p>Initial effective date: 9/9/1981</p> <p>Review/Revision Date:</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 11/15/2019 08/29/2022</p> <p>Next review date:</p> |
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Appendix A



Department of
Health

Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio

From the Ohio Administrative Code Chapter 3701-3; Effective October 1, 2025

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.
- Diphtheria.
- Free-living amoeba infection.
- 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, inhalation.
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic 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:

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

- Acute flaccid myelitis (AFM).
- Anaplasmosis.
- Arboviral neuroinvasive and non-neuroinvasive disease:
 - o Chikungunya virus infection.
 - o Eastern equine encephalitis virus disease.
 - o La Crosse virus disease (other California serogroup virus disease).
 - o Powassan virus disease.
 - o St. Louis encephalitis virus disease.
 - o West Nile virus infection.
 - o Western equine encephalitis virus disease.
 - o Yellow fever.
 - o Zika virus disease.
 - o Other arthropod-borne diseases.
- Babesiosis.
- Brucellosis.
- Campylobacteriosis.
- *Candida auris*.
- Carbapenemase-producing organisms (CPO).
- Chancroid.
- *Chlamydia trachomatis* infections.
- Cholera.
- Coccidioidomycosis.
- COVID-19-associated hospitalization.
- Creutzfeldt-Jakob disease (CJD).
- *Cronobacter*, invasive infection in infants less than 12 months of age.
- Cryptosporidiosis.
- Cyclosporiasis.
- Dengue.
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC).
- Ehrlichiosis.
- Giardiasis.
- Gonorrhea (*Neisseria gonorrhoeae*).
- *Haemophilus influenzae* (invasive disease).
- Hantavirus.
- Hemolytic uremic syndrome (HUS).
- Hepatitis A.
- Hepatitis B (non-perinatal).
- Hepatitis B (perinatal).
- Hepatitis C (non-perinatal).
- Hepatitis C (perinatal).
- Hepatitis D (delta hepatitis).
- Hepatitis E.
- Influenza-associated hospitalization.
- Influenza-associated pediatric mortality.
- Legionnaires' disease.
- Leprosy (Hansen disease).
- Leptospirosis.
- Listeriosis.
- Lyme disease.
- Malaria.
- Melioidosis.
- Meningitis, bacterial.
- Mpox.
- Mumps.
- Pertussis.
- Poliomyelitis (including vaccine-associated cases).
- Psittacosis.
- Q fever.
- Respiratory syncytial virus (RSV)-associated hospitalization.
- Rubella (congenital).
- *Salmonella* Paratyphi infection.
- *Salmonella* Typhi infection (typhoid fever).
- 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):
 - o Active disease.
 - o Latent infection in a child 2 years of age or younger.
- Tularemia, non-inhalation.
- 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.
- Healthcare-associated.
- Waterborne.
- Foodborne.
- Institutional.
- 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 October 1, 2025

| Name | Class |
|---|-------|
| Acute flaccid myelitis (AFM) | B |
| Anaplasmosis | B |
| Anthrax | A |
| Arboviral neuroinvasive and non-neuroinvasive disease | B |
| Babesiosis | B |
| Botulism, foodborne | A |
| Botulism, infant | A |
| Botulism, wound | A |
| Brucellosis | B |
| Campylobacteriosis | B |
| <i>Candida auris</i> | B |
| Carbapenemase-producing organisms (CPOs) | B |
| Chancroid | B |
| <i>Chlamydia trachomatis</i> infections | B |
| Chikungunya virus infection | B |
| Cholera | B |
| Coccidioidomycosis | B |
| COVID-19-associated hospitalization | B |
| Creutzfeldt-Jakob disease (CJD) | B |
| <i>Cronobacter</i> , invasive infection in infants less than 12 months of age | B |
| Cryptosporidiosis | B |
| Cyclosporiasis | B |
| Dengue | B |
| Diphtheria | A |
| <i>E. coli</i> O157:H7 and Shiga toxin-producing <i>E. coli</i> (STEC) | B |
| Eastern equine encephalitis virus disease | B |
| Ehrlichiosis | B |
| Free-living amoeba infection | A |
| Giardiasis | B |
| Gonorrhea (<i>Neisseria gonorrhoeae</i>) | B |
| <i>Haemophilus influenzae</i> (invasive disease) | B |
| Hantavirus | B |
| Hemolytic uremic syndrome (HUS) | B |
| Hepatitis A | B |
| Hepatitis B (non-perinatal) | B |
| Hepatitis B (perinatal) | B |
| Hepatitis C (non-perinatal) | B |
| Hepatitis C (perinatal) | B |
| Hepatitis D (delta hepatitis) | B |
| Hepatitis E | B |
| Influenza A – novel virus infection | A |
| Influenza-associated hospitalization | B |
| Influenza-associated pediatric mortality | B |
| La Crosse virus disease (other California serogroup virus disease) | B |
| Legionnaires' disease | B |
| Leprosy (Hansen disease) | B |
| Leptospirosis | B |
| Listeriosis | B |
| Lyme disease | B |
| Malaria | B |

| Name | Class |
|--|-------|
| Melioidosis | B |
| Measles | A |
| Meningitis, bacterial | B |
| Meningococcal disease | A |
| Middle East Respiratory Syndrome (MERS) | A |
| Mpox | B |
| Mumps | B |
| Other arthropod-borne diseases | B |
| Outbreaks: community, foodborne, healthcare-associated, institutional, waterborne, zoonotic | C |
| Pertussis | B |
| Plague | A |
| Poliomyelitis (including vaccine-associated cases) | B |
| Powassan virus disease | B |
| Psittacosis | B |
| Q fever | B |
| Rabies, human | A |
| Respiratory syncytial virus (RSV)-associated hospitalization | B |
| Rubella (congenital) | B |
| Rubella (not congenital) | A |
| <i>Salmonella</i> Paratyphi infection | B |
| <i>Salmonella</i> Typhi infection (typhoid fever) | B |
| Salmonellosis | B |
| Severe acute respiratory syndrome (SARS) | A |
| Shigellosis | B |
| Smallpox | A |
| Spotted fever rickettsiosis, including Rocky Mountain spotted fever (RMSF) | B |
| St. Louis encephalitis virus disease | B |
| <i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VRSA, VISA) | B |
| Streptococcal disease, group A, invasive (IGAS) | B |
| Streptococcal disease, group B, in newborn | B |
| Streptococcal toxic shock syndrome (STSS) | B |
| <i>Streptococcus pneumoniae</i> , invasive disease (ISP) | B |
| Syphilis | B |
| Tetanus | B |
| Toxic shock syndrome | B |
| Trichinellosis | B |
| Tuberculosis, active disease | B |
| Tuberculosis, latent infection in a child 2 years of age or younger | B |
| Tularemia, inhalation | A |
| Tularemia, non-inhalation | B |
| Varicella | B |
| Vibriosis | B |
| Viral hemorrhagic fever (VHF) | A |
| West Nile virus infection | B |
| Western equine encephalitis virus disease | B |
| Yellow fever | B |
| Yersiniosis | B |
| Zika virus disease | B |

Appendix B

2025 REPORTABLE DISEASES IN MICHIGAN – BY CONDITION

A Guide for Physicians, Health Care Providers and Laboratories

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see reverse) within 24 hours if the agent is identified by clinical or laboratory diagnosis. See footnotes for exceptions.

Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.

| | |
|--|--|
| Acute flaccid myelitis (1) | Malaria (<i>Plasmodium</i> species) |
| Anaplasmosis (<i>Anaplasma phagocytophilum</i>) | Measles (Measles/Rubeola virus) (6) |
| Anthrax (<i>Bacillus anthracis</i> and other anthrax toxin-producing <i>Bacillus</i> species) (4) | Melioidosis (<i>Burkholderia pseudomallei</i>) (4) |
| Arboviral encephalitis, neuro- and non-neuroinvasive: | Meningitis: bacterial, viral, fungal, parasitic and amebic |
| Chikungunya, Eastern Equine , Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika (6) | Meningococcal Disease, sterile sites (<i>Neisseria meningitidis</i>) (4) |
| Babesiosis (<i>Babesia microti</i>) | Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A) |
| Blastomycosis (<i>Blastomyces dermatitidis</i>) | Mumps (Mumps virus) |
| Botulism (<i>Clostridium botulinum</i>) (4) | Orthopox viruses, including: Smallpox, Mpox (4) |
| Brucellosis (<i>Brucella abortus</i>, <i>melitensis</i>, <i>suis</i>, and <i>canis</i>) (4) | Pertussis (<i>Bordetella pertussis</i>) |
| Campylobacteriosis (<i>Campylobacter</i> species) | Plague (<i>Yersinia pestis</i>) (4) |
| Candidiasis (<i>Candida auris</i>) (4) | Polio (Poliovirus) |
| Carbapenemase-Producing Organisms (CPO) (4) | Prion disease, including Creutzfeldt-Jakob Disease (CJD) |
| Chancroid (<i>Haemophilus ducreyi</i>) | Psittacosis (<i>Chlamydophila psittaci</i>) |
| Chickenpox / Varicella (Varicella-zoster virus) (6) | Q Fever (<i>Coxiella burnetii</i>) (4) |
| Chlamydial infections (all sites - genital, rectal, and pharyngeal, Trachoma, Lymphogranuloma venereum (LGV)) (<i>Chlamydia trachomatis</i>) (3, 6) | Rabies (Rabies virus) (4) |
| Cholera (<i>Vibrio cholerae</i>) (4) | Rabies: potential exposure and post exposure prophylaxis (PEP) |
| Coccidioidomycosis (<i>Coccidioides</i> species) | Respiratory syncytial virus (RSV) pediatric mortality (< 5 years of age) |
| Coronaviruses, Novel (SARS , MERS-CoV) (5) | Rubella (Rubella virus) (6) |
| COVID-19; including SARS-CoV-2 variant identification | Salmonellosis (<i>Salmonella</i> species) (5) |
| <i>Cronobacter sakazakii</i> (infants < 1 year of age) (4, blood or CSF only) | Shigellosis (<i>Shigella</i> species) (5) |
| Cryptosporidiosis (<i>Cryptosporidium</i> species) | Spotted Fever (<i>Rickettsia</i> species) |
| Cyclosporiasis (<i>Cyclospora</i> species) (5) | <i>Staphylococcus aureus</i> , vancomycin intermediate/resistant (VISA) (5)/VRSA (4)) |
| Dengue Fever (Dengue virus) | <i>Streptococcus pneumoniae</i> , sterile sites |
| Diphtheria (<i>Corynebacterium diphtheriae</i>) (5) | <i>Streptococcus pyogenes</i> , group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS) |
| Ehrlichiosis (<i>Ehrlichia</i> species) | Syphilis (<i>Treponema pallidum</i>) (for any reactive result, report all associated syphilis tests, including negative results) (6) |
| Encephalitis, viral or unspecified | Tetanus (<i>Clostridium tetani</i>) |
| <i>Escherichia coli</i> , O157:H7 and all other Shiga toxin positive serotypes (5) | Toxic Shock Syndrome (non-streptococcal) (1) |
| Giardiasis (<i>Giardia</i> species) | Trichinellosis/Trichinosis (<i>Trichinella spiralis</i>) |
| Glanders (<i>Burkholderia mallei</i>) (4) | Tuberculosis (<i>Mycobacterium tuberculosis</i> complex); report preliminary and final rapid test and culture results (4) |
| Gonorrhea (<i>Neisseria gonorrhoeae</i>) (3, 4 – isolates from sterile sites only, 6) | Tularemia (<i>Francisella tularensis</i>) (4) |
| Guillain-Barre Syndrome (1) | Typhoid Fever (<i>Salmonella</i> serotype Typhi) and Paratyphoid Fever (<i>Salmonella</i> serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C) (5) |
| <i>Haemophilus influenzae</i> , sterile sites (5, submit isolates for serotyping for patients <15 years of age) | Vibriosis (<i>Vibrio</i> species other than <i>cholerae</i>) (5) |
| Hantavirus | Yellow Fever (Yellow Fever virus) |
| Hemolytic Uremic Syndrome (HUS) | Yersiniosis (<i>Yersinia non-pestis</i> species) (5) |
| Hemorrhagic Fever Viruses (4) | |
| Hepatitis A virus (IgM anti-HAV, HAV genotype) | |
| Hepatitis B virus (HBsAg, HBeAg, IgM anti-HBc, total anti-HBc, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6) | |
| Hepatitis C virus (all HCV test results including positive and negative antibody, RNA, and genotype tests) (6) | |
| Histoplasmosis (<i>Histoplasma capsulatum</i>) | |
| HIV tests including: reactive immunoassays including all analytes (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA, Rapids), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percents, and all tests related to perinatal exposures) (2, 6) | |
| Influenza virus (weekly aggregate counts) | |
| Influenza pediatric mortality (< 18 years of age), report individual cases (5) | |
| Novel influenza viruses, report individual cases (5, 6) | |
| Kawasaki Disease (1) | |
| Legionellosis (<i>Legionella</i> species) (5) | |
| Leprosy or Hansen's Disease (<i>Mycobacterium leprae</i>) | |
| Leptospirosis (<i>Leptospira</i> species) | |
| Listeriosis (<i>Listeria monocytogenes</i>) (5, 6) | |
| Lyme Disease (<i>Borrelia burgdorferi</i>) | |

LEGEND

- (1) Reporting within 3 days is required.
 - (2) Report HIV labs electronically/by arrangement & case reports by MDHHS Form 1355. Report HIV genome sequence data only as Sanger sequences, or as consensus sequences for next generation sequencing.
 - (3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/hivsti for details.
 - (4) A laboratory shall immediately submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the MDHHS Laboratory.
 - (5) Specimen and/or isolate requested. *Enteric*: If an isolate is not available from non-culture based testing, the positive broth and/or stool in transport medium must be submitted to the MDHHS Laboratory. *Respiratory*: Submit specimens, if available.
 - (6) Report pregnancy status.
- Blue Bold Text** = Category A Bioterrorism or Select Agent must be notified immediately to the MDHHS Laboratory (517-335-8063)

This reporting is expressly allowed under HIPAA and required by Michigan Public Act 368 of 1978, 333.5111

MDHHS maintains, reviews, and revises this list at least annually, for the most recent version please refer to: www.michigan.gov/cdinfo REV. 12/2024
Michigan Department of Health and Human Services • Bureau of Laboratories • Bureau of Infectious Disease Prevention • Bureau of HIV & STI Programs