(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 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 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:


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

*From the Ohio Administrative Code Chapter 3701-3, Effective August 1, 2019*

## 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

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
  - Yellow fever
  - Zika virus infection
  - Other arthropod-borne diseases
- Babesiosis
- Botulism
- 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 (non-perinatal)
  - Hepatitis C (perinatal)
  - Hepatitis D (delta hepatitis)
  - Hepatitis E
  - Influenza-associated hospitalization
  - Influenza-associated pediatric mortality
  - Legionnaires' disease
  - Leptospirosis
  - Listeriosis
  - Lyme disease
  - Malaria
  - Meningitis:
    - Aseptic (viral)
    - Bacterial
  - Mumps
  - Pertussis
  - Polymyelitis (including vaccine-associated cases)
  - Psittacosis
  - Q fever
  - 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), including multi-drug resistant tuberculosis (MDR-TB)
  - 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.

[Ohio Department of Health logo]
<table>
<thead>
<tr>
<th>Name</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amebiasis</td>
<td>B</td>
</tr>
<tr>
<td>Anthrax</td>
<td>A</td>
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<tr>
<td>Arboviral neuroinvasive and non-neuroinvasive disease</td>
<td>B</td>
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<tr>
<td>Babesiosis</td>
<td>B</td>
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<tr>
<td>Botulism, foodborne</td>
<td>A</td>
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<tr>
<td>Botulism, infant</td>
<td>B</td>
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<tr>
<td>Botulism, wound</td>
<td>B</td>
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<td>Brucellosis</td>
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<tr>
<td>Campylobacteriosis</td>
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<td>Candida auris</td>
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<td>Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)</td>
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<tr>
<td>Chancroid</td>
<td>B</td>
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<td>Chlamydia trachomatis infections</td>
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<tr>
<td>Chikungunya</td>
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<td>Cholera</td>
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<td>Coccioidiomycosis</td>
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<td>A</td>
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<tr>
<td>Meningitis, aseptic (viral)</td>
<td>B</td>
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<tr>
<td>Meningitis, bacterial</td>
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<tr>
<td>Meningococcal disease</td>
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<td>Outbreaks: community, foodborne, healthcare-associated, institutional, waterborne, zoonotic</td>
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<td>Rabies, human</td>
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<td>Rubella (not congenital)</td>
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2022 REPORTABLE DISEASES IN MICHIGAN – BY CONDITION
A Guide for Physicians, Health Care Providers and Laboratories

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

Acute flaccid myelitis (1)
Anaplasmosis (Anaplasma phagocytophilum) (1)
Anthrax (Bacillus anthracis and B. cereus serovar anthracis) (4)
Arboviral encephalitides, neuro- and non-neuroinvasive:
  Chikungunya, Eastern Equine, Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika (6)
Babesiosis (Babesia microti)
Blastomycosis (Blastomyces dermatitidis)
Botulism (Clostridium botulinum) (4)
Brucellosis (Brucella species) (4)
Campylobacteriosis (Campylobacter species)
Candidiasis (Candida auris) (4)
Carabapenemase Producing – Carabapenem Resistant Enterobacteriales (CP-CRE): all genera (4)
Chancroid (Haemophilus ducreyi)
Chickenpox / Varicella (Varicella-zoster virus) (6)
Chlamydial infections (including trachoma, genital infections, LGV) (Chlamydia trachomatis) (3, 6)
Cholera (Vibrio cholera) (4)
Coccidioidomycosis (Coccidioides immitis)
Cryptosporidiosis (Cryptosporidium species)
Coronaviruses, Novel; including deaths and SARS-CoV-2 variant identification [SARS, MERS-CoV, COVID-19] (5)
Cyclosporiasis (Cyclospora species) (5)
Dengue Fever (Dengue virus)
Diphtheria (Corynebacterium diphtheriae) (5)
Ehrlichiosis (Ehrlichia species)
Encephalitis, viral or unspecified
Escherichia coli, O157:H7 and all other Shiga toxin positive serotypes (5)
Giardiasis (Giardia species)
Glanders (Burkholderia mallei) (4)
Gonorrhea (Neisseria gonorrhoeae) (3, 6) (4, submit isolates from sterile sites only)
Guillain-Barre Syndrome (1)
Haemophilus influenzae, sterile sites (5, submit isolates for serotyping patients < 15 years of age)
Hantavirus
Hemolytic Uremic Syndrome (HUS)
Hemorrhagic Fever Viruses (4)
Hepatitis A virus (Anti-HAV IgM, HAV genotype)
Hepatitis B virus (HBsAg, HBeAg, anti-Hbc IgM, 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 (Histoplasma capsulatum)
HIV (tests including reactive immunoassays (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percent, and all tests related to perinatal exposures) (2, 6)
Influenza virus (weekly aggregate counts)
  Pediatric influenza mortality, report individual cases (5)
  Novel influenza viruses, report individual cases (5, 6)
Kawasaki Disease (1)
Legionellosis (Legionella species) (5)
Leprosy or Hansen’s Disease (Mycobacterium leprae)
Leptospirosis (Leptospira species)
Listeriosis (Listeria monocytogenes) (5, 6)
Lyme Disease (Borrelia burgdorferi)
Malaria (Plasmodium species)
Measles (Measles/Rubella virus) (6)
Melioidosis (Burkholderia pseudomallei) (4)
Meningitis: bacterial, viral, fungal, parasitic and amebic
Meningococcal Disease, sterile sites (Neisseria meningitidis) (5)
Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A)
Mumps (Mumps virus)
Orthopoxviruses, including: Smallpox, Monkeypox (4)
Pertussis (Bordetella pertussis)
Plague (Yersinia pestis) (4)
Polio (Poliomyelitis)
Prion disease, including CJD
Psittacosis (Chlamydophila psittaci)
Q Fever (Coxiella burnetii) (4)
Rabies (Rabies virus) (4)
Rabies: potential exposure and post exposure prophylaxis (PEP)
Rubella (Rubella virus) (6)
Salmonellosis (Salmonella species) (5)
Shigellosis (Shigella species) (5)
Spotted Fever (Rickettsia species)
Staphylococcus aureus, vancomycin intermediate/ resistant (VISA) (5)/VRSA (4)
Streptococcus pneumoniae, sterile sites
Streptococcus pyogenes, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)
Syphilis (Treponema pallidum) (6)
Tetanus (Clostridium tetani)
Toxic Shock Syndrome (non-streptococcal) (1)
Trichinellisis (Trichinella spiralis)
Tuberculosis (Mycobacterium tuberculosis complex);
  report preliminary and final rapid test and culture results (4)
Tularemia (Francisella tularensis) (4)
Typhoid Fever (Salmonella typhi) and Paratyphoid Fever (serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C) (5)
Vibriosis (Non-cholera vibrio species) (5)
Yellow Fever (Yellow Fever virus)
Yersiniosis (Yersinia enterocolitica) (5)

LEGEND
(1) Reporting within 3 days is required.
(2) Report HIV labs electronically/b by arrangement & case reports by MDHHS Form 135S. 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 Lansing laboratory.
(5) 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 Lansing laboratory. Respiratory: Submit specimens, if available.
(6) Report pregnancy status, if available.
Blue Bold Text = Category A Bioterrorism or Select Agent must be notified immediately to the MDHHS Laboratory (517-335-8063)