

Northeast Ohio Communicable Disease Report Form

Patient Name (Last, First, Middle)									
Address				City		Zip Code	Date Reported		
County				Phone #:		Date of Birth	Date Collected		
Sex	Age	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer Indian / AN <input type="checkbox"/> Asian / PI		Ethnicity <input type="checkbox"/> Hispanic	Reason For Test <input type="checkbox"/> Prenatal <input type="checkbox"/> Repeat Positive		Specimen: Site / Type		
Check Block for Disease Suspected – Indicate Positive Test Results									
HIV <input type="checkbox"/>		Syphilis <input type="checkbox"/>		Chlamydia <input type="checkbox"/>		Gonorrhea <input type="checkbox"/>		Tuberculosis <input type="checkbox"/>	
(DO NOT FAX! Report only repeatedly positive ELISA results confirmed by Western Blot or other confirmatory test (Specify):		RPR/VDRL Titer _____		ELISA _____		Smear _____		<input type="checkbox"/> Smear <input type="checkbox"/> Culture	
		FTA / MHA _____		F.A. _____		ELISA _____		_____	
		DKFD _____		Culture _____		Culture _____		Result	
						PPNG/Resistant (Specify)		Date Reported	
Other Positive Lab Finding: <input type="checkbox"/> Campylobacter <input type="checkbox"/> E. coli O:157 <input type="checkbox"/> Giardia <input type="checkbox"/> Haemophilus Influenza		<input type="checkbox"/> HepA-Ab-Total <input type="checkbox"/> HepA Igm <input type="checkbox"/> HCV-Ab <input type="checkbox"/> HCV RIBA		<input type="checkbox"/> HepBc-Igm <input type="checkbox"/> HepBc-T <input type="checkbox"/> HepBeAg <input type="checkbox"/> HepBsAb <input type="checkbox"/> HepBsAg		<input type="checkbox"/> Neisseria meningitidis <input type="checkbox"/> Salmonella <input type="checkbox"/> Shigella <input type="checkbox"/> Yersinia <input type="checkbox"/> OTHER (Specify): _____			
Other Reportable Disease: _____ Test: _____						Suspected <input type="checkbox"/>		Confirmed <input type="checkbox"/>	
Hospital Name: _____				Pt. Hospital #: _____					
Admission: IP _____		Admit Date: _____		Discharge Date: _____		OP _____ ED _____			
Treatment (If given):						Type / Amount:			
Patient's Occupation (If sensitive): _____ Specify day care center (if the patient is a child): _____ Hospital or Skilled Nursing Facility: _____									
Signs & Symptoms / Related Information:									
Laboratory (Name & Address):					Physician (Name & Address):				
Lab Code:					Phone: ()				
Name of Contact Person (should further information be needed):					Phone: ()				

Send all disease report forms to "Central Reporting" at (216) 676-1316 (fax).

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

from the Ohio Administrative Code Chapter 3701-3; Effective January 1, 2009

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

Anthrax	Influenza A - novel virus	Rabies, human	Smallpox
Botulism, foodborne	Measles	Rubella (not congenital)	Tularemia
Cholera	Meningococcal disease	Severe acute respiratory syndrome (SARS)	Viral hemorrhagic fever (VHF)
Diphtheria	Plague		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 (1) 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

Arboviral neuroinvasive and non-neuroinvasive disease: Eastern equine encephalitis virus disease	Chancroid	Hepatitis B, perinatal	Rubella (congenital)
LaCrosse virus disease (other California serogroup virus disease)	Coccidioidomycosis	Influenza-associated pediatric mortality	Salmonellosis
Powassan virus disease	Cyclosporiasis	Legionnaires' disease	Shigellosis
St. Louis encephalitis virus disease	Dengue	Listeriosis	<i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VRSA, VISA)
West Nile virus infection	<i>E. coli</i> O157:H7 and other enterohemorrhagic (Shiga toxin-producing) <i>E. coli</i>	Malaria	Syphilis
Western equine encephalitis virus disease	Granuloma inguinale	Meningitis, aseptic (viral)	Tetanus
Other arthropod-borne disease	<i>Haemophilus influenzae</i> (invasive disease)	Meningitis, bacterial	Tuberculosis, including multi-drug resistant tuberculosis (MDR-TB)
	Hantavirus	Mumps	Typhoid fever
	Hemolytic uremic syndrome (HUS)	Pertussis	
	Hepatitis A	Poliomyelitis (including vaccine-associated cases)	
		Psittacosis	
		Q fever	

Class B (2) Diseases of significant public health concern - report by the end of the work week after the existence of a case, a suspected case, or a positive laboratory result is known

Amebiasis	Cytomegalovirus (CMV) (congenital)	Hepatitis E	Streptococcal disease, group B, in newborn
Botulism, infant	Ehrlichiosis/Anaplasmosis	Herpes (congenital)	Streptococcal toxic shock syndrome (STSS)
Botulism, wound	Giardiasis	Influenza-associated hospitalization	<i>Streptococcus pneumoniae</i> , invasive disease (ISP)
Brucellosis	Gonococcal infections (urethritis, cervicitis, pelvic inflammatory disease, pharyngitis, arthritis, endocarditis, meningitis, and neonatal conjunctivitis)	Leprosy (Hansen disease)	Toxic shock syndrome (TSS)
Campylobacteriosis	Hepatitis B, non-perinatal	Leptospirosis	Trichinosis
Chlamydia infections (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis, pneumonia, and lymphogranuloma venereum (LGV))	Hepatitis C	Lyme disease	Typhus fever
Creutzfeldt-Jakob disease (CJD)	Hepatitis D (delta hepatitis)	Mycobacterial disease, other than tuberculosis (MOTT)	Varicella
Cryptosporidiosis		Rocky Mountain spotted fever (RMSF)	Vibriosis
		Streptococcal disease, group A, invasive (IGAS)	Yersiniosis

Class C Report an outbreak, unusual incidence, or epidemic (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, and CD4 T-lymphocytes counts <200 or 14% must be reported on forms and in a manner prescribed by the Director.