

Class B (2)		
Creutzfeldt-Jakob disease (CJD)	Hepatitis D	Streptococcal disease, group A, invasive (IGAS)
Cytomegalovirus (CMV)	Hepatitis E	Streptococcal disease, group B, in newborn
Ehrlichiosis/Anaplasmosis	Herpes (congenital)	Streptococcal toxic shock syndrome (STSS)
Influenza-associated hospitalization	Vibriosis	Streptococcus pneumoniae, invasive disease (ISP)
Leprosy (Hansen disease)	Yersiniosis	Toxic Shock Syndrome (TSS)
Mycobacterial disease, other than tuberculosis (MOTT)	Rocky Mountain spotted fever (RMSF)	
Class C		
Outbreaks: Community, Foodborne, Healthcare-associated, Institutional, Waterborne, Zoonotic		

Source: Ohio Department of Health

Please visit:

www.odh.ohio.gov/healthResources/infectiousDiseaseManual.aspx

HOW DO I REPORT A DISEASE?

Contact Central Reporting at:

Phone: (216) 201-2080

Fax: (216) 676-1316



Public Health
Prevent. Promote. Protect.

THE CITY OF CLEVELAND MISSION STATEMENT

We are committed to improving the quality of life in the City of Cleveland by strengthening our citizens and making Cleveland a desirable, safe city in which to live, work, raise a family, shop, study, play and grow.

For additional information please contact:

Office of Communicable Disease Surveillance & Epidemiology

Main: (216) 664-EPIS (3747)

After Hours: (216) 857-7473

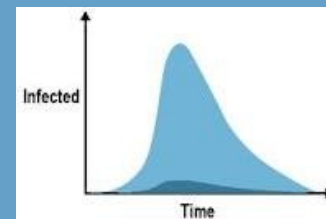
Office Hours: Monday-Friday, 8am-5pm

Website:

www.clevelandhealth.org

OFFICE OF COMMUNICABLE DISEASE SURVEILLANCE & EPIDEMIOLOGY

SURVEILLANCE



OUTBREAK RESPONSE

HEALTH EDUCATION



PREPAREDNESS PLANNING

OCDE MISSION STATEMENT:

To provide disease surveillance, data collection, data analysis, health education, preparedness planning, outbreak response, and disease prevention services designed to protect the health of Clevelanders.



WHAT IS DISEASE REPORTING?

This is when physicians, hospitals, infection control professionals, laboratorians, and individuals report diseases of public health concern (communicable/infectious diseases) to the local public health department. The Ohio Administrative Code (3701-3-02 & 3701-3-03) mandates disease reporting to the local health department where the case resides.

WHAT ARE REPORTABLE DISEASES?

Infectious and communicable diseases caused by: Bacteria, Viruses, Fungi, Parasites, Toxins

WHY MUST A REPORT BE MADE?

- To prevent the spread of communicable disease
- To protect the health of the public
- To determine the level of illness in the community
- To evaluate risk of disease transmissions
- To intervene immediately and control the spread of disease
- To facilitate surveillance, prevention, and outbreak control

WHEN MUST THE REPORT BE MADE?

Class A: report immediately by phone upon recognition that a case, suspected case, or positive lab result exists

Class B (1): report by the end of the next business day after the existence of a case, a suspected case or a positive lab test is known

Class B (2): report by the end of the work week after the existence of a case, a suspected case or a positive lab test is known

Class C: report an outbreak, unusual incidence, or epidemic by the end of the next business day

The ABCs of Disease Reporting

KNOW YOUR OHIO ABCs QUICK GUIDE

Class A		
Anthrax	Measles	Tularemia
Botulism, foodborne	Rabies-Human	Meningococcal disease
Cholera	Rubella (not congenital)	Viral Hemorrhagic fever (VHF)
Diphtheria	Severe Acute respiratory Syndrome (SARS)	Yellow Fever
Influenza A – novel virus	Smallpox	Plague
Class B (1)		
Arboviral neuroinvasive and non-neuroinvasive disease	Granuloma Inguinale	Pertussis
Eastern Equine encephalitis virus disease	<i>Haemophilus influenzae</i> (invasive disease)	Poliomyelitis (including vaccine-associated cases)
LaCrosse virus disease (other California serogroup virus disease)	Meningitis, bacterial	Psittacosis
Powassan virus disease	Hantavirus	Q fever
St. Louis encephalitis virus disease	Hemolytic uremia syndrome (HUS)	Rubella (congenital)
West Nile virus infection	Hepatitis A	Salmonellosis
Western equine encephalitis virus disease	Hepatitis B, perinatal	Shigellosis

Other arthropod-borne disease	Influenza-associated pediatric mortality	Staphylococcus aureus, with resistance or intermediate resistance to vancomycin (VRSA, VISA)
Chancroid	Legionnaires' Disease	Syphilis
Cyclosporiasis	Listeriosis	Tetanus
Coccidioidomycosis	Mumps	Tuberculosis, including MDR
Dengue	Malaria	Typhoid Fever
<i>E. coli</i> O157:H7 and other enterohemorrhagic (shiga toxin-producing) <i>E. coli</i>	Meningitis, aseptic (viral)	
Class B (2)		
Amebiasis	Giardiasis	Herpes (congenital)
Botulism, wound	Cryptosporidiosis	Leptospirosis
Botulism, infant	Lyme disease	Trichinosis
Brucellosis	Vibriosis	Typhus fever
Campylobacteriosis	Hepatitis B, non-perinatal	Varicella
Chlamydia infections: urethritis, epididymitis, Cervicitis, pelvic inflammatory disease (PID), pharyngitis, arthritis, endocarditis, meningitis and neonatal conjunctivitis and pneumonia	Hepatitis C	Gonococcal infections (urethritis, cervicitis, PID, pharyngitis, arthritis, endocarditis, meningitis and neonatal conjunctivitis)