

Ohio Department of Health

Ohio Confidential Reportable Disease

Use this form to submit reportable infectious diseases to your local health department (**Do not** use this form to report HIV/AIDS)

Disease reported						ODRS number <i>(internal use only)</i>	
Patient's last name			First name			Middle name (or initial and/or suffix)	
Address <i>(number and street)</i>					County		
City			State	ZIP	Patient expired? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Home telephone ()		Work telephone ()			Alternate number ()		
Birthdate <i>(month/day/year)</i> / /		Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Delivery date / /
Race <i>(check all that apply)</i> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Unknown <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____					Ethnicity <i>(check one)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Hispanic		Was patient contacted? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No
Sensitive occupation? <i>(Check all that apply)</i> <input type="checkbox"/> Food handler <input type="checkbox"/> Direct patient-care <input type="checkbox"/> Child care attendee/staff <input type="checkbox"/> Long-term care resident/staff <input type="checkbox"/> Not applicable			Name of facility				
			Address of facility				

Parent, guardian, or alternate contact name						Phone	
Health care provider name						Phone	
Health care provider address							
Health care facility name						Phone	
Health care facility address							
Submitted by <i>(contact name, facility)</i>						Phone	

Date of report / /		Status <input type="checkbox"/> Laboratory confirmed <input type="checkbox"/> Clinically diagnosed <i>(list symptoms)</i> _____				Date of result / /	
Date of onset / /		Laboratory name				Phone ()	
Date of diagnosis / /		Laboratory address					
Hospital admission / /		Date of specimen collection / /		Reason for test <input type="checkbox"/> Dx <input type="checkbox"/> Prenatal <input type="checkbox"/> Repeat pos		Specific type of test <i>(e.g. smear, culture, ELISA)</i>	
Hospital discharge / /		Specimen site/type <input type="checkbox"/> Blood <input type="checkbox"/> Stool <input type="checkbox"/> CSF <input type="checkbox"/> Urine <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Sputum <input type="checkbox"/> Other _____					
Date of death / /		Treatment <i>(required for STD)</i> <input type="checkbox"/> Treated <input type="checkbox"/> Untreated: <input type="radio"/> Will treat <input type="radio"/> Unable to contact <input type="radio"/> Refused treatment <input type="radio"/> Referred to: _____					
		Date treatment initiated / /		Detail drugs/dose/route			

Remarks	
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Class B reporting <i>(Report number of cases only)</i>	
Disease	
No. of cases	Week ending / /
Please submit to:	

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

from the Ohio Administrative Code 3701-3-02 & 3701-3-13 Effective January 1, 2006

Class A Diseases

(1) 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	Measles	Rubella (not congenital)	Tularemia
Botulism, foodborne	Meningococcal disease	Severe Acute Respiratory Syndrome (SARS)	Viral Hemorrhagic Fever (VHF)
Cholera	Plague	Smallpox	Yellow Fever
Diphtheria	Rabies, human		

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.

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

(3) 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	Encephalitis, other viral	Kawasaki disease (mucocutaneous lymph node syndrome)	Streptococcal disease, group B, in newborn
Botulism, wound	Encephalitis, post-infection	Leprosy (Hansen disease)	Streptococcal toxic shock syndrome (STSS)
Botulism, infant	Giardiasis	Leptospirosis	<i>Streptococcus pneumoniae</i> , invasive disease (ISP)
Brucellosis	Gonococcal infections (urethritis, cervicitis, pelvic inflammatory disease, pharyngitis, arthritis, endocarditis, meningitis and neonatal conjunctivitis)	Lyme disease	Toxic shock syndrome (TSS)
Campylobacteriosis	Hepatitis B, non perinatal	Meningitis, including other bacterial	Toxoplasmosis (congenital)
Chlamydia infections (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis and pneumonia)	Hepatitis C	Mycobacterial disease, other than tuberculosis (MOTT)	Trichinosis
Creutzfeldt-Jakob disease (CJD)	Hepatitis D (delta hepatitis)	Reye syndrome	Typhus fever
Cryptosporidiosis	Hepatitis E	Rheumatic fever	Varicella
Cytomegalovirus (CMV) (congenital)	Herpes (congenital)	Rocky Mountain spotted fever (RMSF)	Vibriosis
Ehrlichiosis		Streptococcal disease, group A, invasive (IGAS)	Yersiniosis

Class B Disease - the number of cases is to be reported by the close of each working week
Influenza

Class C Diseases - report an outbreak, unusual incidence, or epidemic by the end of the next working day

Blastomycosis	Scabies	Outbreak, unusual incidence, or epidemic of other infectious diseases of known etiology not categorized as Class A, Class B or Class C
Conjunctivitis, acute	Sporotrichosis	
Histoplasmosis	Staphylococcal skin infections	
Nosocomial infections of any type	Toxoplasmosis	
Pediculosis		

Except as otherwise required for the Class A(1) diseases, reports of cases and suspect cases and positive laboratory results shall be in writing, and shall include the name and address of the case, suspect case, or person from whom the specimen was taken. A Board of Health may accept verbal reports by telephone or other electronic systems approved by the Director within the same time limitations. Reports shall include supplementary information relevant to the case or laboratory reports as needed to complete official surveillance forms provided or approved by the Director.

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.