

INTRODUCTION

The Infectious Disease Control Manual (IDCM) is designed to be a reference for health departments, hospitals, laboratories and physicians in Ohio, providing information about infectious diseases from a public health perspective, including reporting requirements and recommendations for prevention and control.

The IDCM is based on Communicable Disease Rules 3701-3-01 through 3701-3-30 of the Ohio Administrative Code (OAC). These rules, as well as additional rules which pertain to infectious disease reporting and disease control are in [Section 2](#) of the IDCM.

Each reportable disease is described in [Section 3](#) of the IDCM including reporting requirements, the causative agent, the Centers for Disease Control and Prevention (CDC) or ODH surveillance case definition, signs and symptoms, diagnostic criteria, epidemiology, and public health case management. CDC and ODH case report forms are also included, as appropriate. If available, disease fact sheets, suitable for distribution to the public, are included.

[Section 4](#) describes the services available at the ODH Laboratory and discusses proper specimen submission.

[Section 5](#) is the Ohio Department of Health Limitations on Movement and Infection Control Practices document which provides recommendations for public health (both Ohio Department of Health staff and local health department partners) and private health care providers regarding infectious disease prevention and control, including the management of infectious patients.

[Section 6](#) has additional disease-specific material for selected diseases that are not reportable in Ohio. The material presented in this section is thus for information purposes only.

[Section 7](#) has detailed disease-specific information necessary for local health department reporting through the Ohio Disease Reporting System (ODRS).

OHIO'S COMMUNICABLE DISEASE REPORTING REQUIREMENTS

WHO must report?

Health care providers (physicians, hospitals, infection control professionals) with knowledge of a case or suspect case of a disease which is required to be reported

Laboratorians that examine specimens of human origin with evidence of diseases which are required to be reported

Any individual having knowledge of a person suffering from a disease suspected of being communicable

WHAT must be reported?

Diseases on Ohio's ABC list

Health care providers must report the following:

- ✓ Name of case or suspect case
- ✓ Diagnosis or suspected diagnosis
- ✓ Date of birth of case or suspect case
- ✓ Sex of case or suspect case
- ✓ Telephone number of case or suspect case
- ✓ Street address, including city, state and zip code of case or suspect case
- ✓ Supplementary surveillance information as outlined in Section 3 for the specific disease being reported
- ✓ Health care provider name, telephone number and street address (including city, state and zip code)

Laboratorians must report the following:

- ✓ Name of case or suspect case
- ✓ Date of birth of case or suspect case
- ✓ Sex of case or suspect case
- ✓ Street address, including city, state and zip code of case or suspect case
- ✓ Laboratory test information
 - Specimen identification number
 - Specimen collection date
 - Specimen type
 - Test name
 - Test result
 - Organism and serotype, as applicable
- ✓ Health care provider name, telephone number and street address (including city, state and zip code)

WHEN must a report be made?

Class A disease – immediately by phone

Class B1 disease – by the end of the next business day

Class B2 disease – by the end of the business week

Class C disease – by the end of the next business day

WHERE must the report be made?

Health care providers and laboratorians

- To the local health jurisdiction in which the case or suspected case resides (unless otherwise noted in [Section 3](#))
- If residence is outside Ohio or unknown, to the local health jurisdiction in which the health care provider or laboratory is located

Local health jurisdictions

- To ODH

HOW must the report be made?

Health care providers

- Class A – immediately by phone; follow-up with [HEA 3334](#) or supplementary surveillance forms as instructed by the local health jurisdiction; follow-up reports can also be made electronically through direct entry into the Ohio Disease Reporting System (ODRS):
http://www.odh.ohio.gov/odhPrograms/hsio/id_surv/odrs1.aspx
- Class B and C – [HEA 3334](#) and supplementary surveillance forms, as appropriate; Class B and C reports can also be made electronically through direct entry into ODRS
- Health care providers that report 200 or more Class A, B or C diseases each year should consider electronic reporting through direct entry into ODRS
- Order forms for [HEA 3334](#) should be faxed to 614-728-0876

Laboratorians

- Class A – immediately by phone, follow-up with [HEA 3333](#) as instructed by the local health jurisdiction; follow-up reports can also be made electronically through direct entry into the Ohio Disease Reporting System (ODRS):
http://www.odh.ohio.gov/odhPrograms/hsio/id_surv/odrs1.aspx or through Electronic Laboratory Reporting
http://www.odh.ohio.gov/odhPrograms/hsio/id_surv/elr1.aspx
- Class B and C – [HEA 3333](#); Class B and C reports can also be made electronically through direct entry into ODRS or through ELR
- Laboratories that report 200 or more Class A, B or C diseases each year should be working towards ELR reporting
- Order forms for [HEA 3333](#) should be faxed to 614-728-0876

Local health jurisdictions

- Class A – immediately by phone; follow-up reports should be directly entered into the Ohio Disease Reporting System (ODRS):
http://www.odh.ohio.gov/odhPrograms/hsio/id_surv/odrs1.aspx
- Class B and C – direct entry into ODRS
- Local health jurisdictions should assure that reports entered into ODRS are complete; supplementary surveillance information as outlined in [Section 3](#) should be mailed to ODH at the following address:

Ohio Department of Health
Infectious Disease Surveillance
246 N. High Street
Columbus, OH 43215

WHY must a report be made?

- Disease control and prevention as outlined in [Section 3](#) for the specific disease being reported
- Documentation of the distribution of disease in Ohio
- Identification of outbreaks

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:	Chancroid	Hepatitis B, perinatal	Rubella (congenital)
Eastern equine encephalitis virus disease	Coccidioidomycosis	Influenza-associated pediatric mortality	Salmonellosis
LaCrosse virus disease (other California serogroup virus disease)	Cyclosporiasis	Legionnaires' disease	Shigellosis
Powassan virus disease	Dengue	Listeriosis	<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 infection	Granuloma inguinale	Meningitis, aseptic (viral)	Tetanus
Western equine encephalitis virus disease	<i>Haemophilus influenzae</i> (invasive disease)	Meningitis, bacterial	Tuberculosis, including multi-drug resistant tuberculosis (MDR-TB)
Other arthropod-borne disease	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.

Know Your ABCs (Alphabetical Order) Effective January 1, 2009

Name	Class	Name	Class
Amebiasis	B2	Malaria	B1
Anthrax	A	Measles	A
Arboviral neuroinvasive and non-neuroinvasive disease	B1	Meningitis, aseptic (viral)	B1
Botulism, foodborne	A	Meningitis, bacterial	B1
Botulism, infant	B2	Meningococcal disease	A
Botulism, wound	B2	Mumps	B1
Brucellosis	B2	Mycobacterial disease, other than tuberculosis (MOTT)	B2
Campylobacteriosis	B2	Other arthropod-borne disease	B1
Chancroid	B1	Outbreaks: Community, Foodborne, Healthcare-associated, Institutional, Waterborne, and Zoonotic	C
Chlamydia infections (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis, pneumonia, and lymphogranuloma venereum (LGV))	B2	Pertussis	B1
Cholera	A	Plague	A
Coccidioidomycosis	B1	Poliomyelitis (including vaccine-associated cases)	B1
Creutzfeldt-Jakob disease (CJD)	B2	Powassan virus disease	B1
Cryptosporidiosis	B2	Psittacosis	B1
Cyclosporiasis	B1	Q fever	B1
Cytomegalovirus (CMV) (congenital)	B2	Rabies, human	A
Dengue	B1	Rocky Mountain spotted fever (RMSF)	B2
Diphtheria	A	Rubella (congenital)	B1
<i>E. coli</i> O157:H7 and other enterohemorrhagic (Shiga toxin-producing) <i>E. coli</i>	B1	Rubella (not congenital)	A
Eastern equine encephalitis virus disease	B1	Salmonellosis	B1
Ehrlichiosis/Anaplasmosis	B2	Severe acute respiratory syndrome (SARS)	A
Giardiasis	B2	Shigellosis	B1
Gonococcal infections (urethritis, cervicitis, pelvic inflammatory disease, pharyngitis, arthritis, endocarditis, meningitis, and neonatal conjunctivitis)	B2	Smallpox	A
Granuloma inguinale	B1	St. Louis encephalitis virus disease	B1
<i>Haemophilus influenzae</i> (invasive disease)	B1	<i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VRSA, VISA)	B1
Hantavirus	B1	Streptococcal disease, group A, invasive (IGAS)	B2
Hemolytic uremic syndrome (HUS)	B1	Streptococcal disease, group B, in newborn	B2
Hepatitis A	B1	Streptococcal toxic shock syndrome (STSS)	B2
Hepatitis B, non-perinatal	B2	<i>Streptococcus pneumoniae</i> , invasive disease (ISP)	B2
Hepatitis B, perinatal	B1	Syphilis	B1
Hepatitis C	B2	Tetanus	B1
Hepatitis D (delta hepatitis)	B2	Toxic shock syndrome (TSS)	B2
Hepatitis E	B2	Trichinosis	B2
Herpes (congenital)	B2	Tuberculosis, including multi-drug resistant tuberculosis (MDR-TB)	B1
Influenza A – novel virus	A	Tularemia	A
Influenza-associated hospitalization	B2	Typhoid fever	B1
Influenza-associated pediatric mortality	B1	Typhus fever	B2
LaCrosse virus disease (other California serogroup virus disease)	B1	Varicella	B2
Legionnaires' disease	B1	Vibriosis	B2
Leprosy (Hansen disease)	B2	Viral hemorrhagic fever (VHF)	A
Leptospirosis	B2	West Nile virus infection	B1
Listeriosis	B1	Western equine encephalitis virus disease	B1
Lyme disease	B2	Yellow fever	A
		Yersiniosis	B2