

## 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 3703-3-01 through 3701-3-31 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 healthcare 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.

## OHIO'S COMMUNICABLE DISEASE REPORTING REQUIREMENTS

### **WHO** must report?

Healthcare providers (physicians, hospitals, infection preventionists) 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

Healthcare 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
- ✓ Healthcare 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
- ✓ Healthcare 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 B disease – by the end of the next business day

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

### **WHERE** must the report be made?

Healthcare 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 unknown, report to the local health jurisdiction in which the healthcare provider or laboratory is located

- If residence is outside of Ohio and reporting via electronic laboratory reporting (ELR), report to the state of patient residence
- If residence is outside of Ohio and not reporting via ELR, report 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?

Healthcare 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 \(ODRS\)](#)
- 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
- Healthcare providers that report 200 or more Class A, B or C diseases each year should consider electronic reporting through direct entry into ODRS

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 \(ODRS\)](#) or through [Electronic Laboratory Reporting](#)
- 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

Local health jurisdictions

- Class A – immediately by phone; follow-up reports should be directly entered into the [Ohio Disease Reporting System \(ODRS\)](#)
- 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  
Outbreak Response and Bioterrorism Investigation Team  
Bureau of Infectious Diseases  
246 N. High St.  
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 March 22, 2018

## 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
- 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:

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
  - Zika virus infection
  - Other arthropod-borne diseases
- Babesiosis
- Botulism
  - infant
  - wound
- Brucellosis
- Campylobacteriosis
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
  - CP-CRE *Enterobacter* spp.
  - CP-CRE *Escherichia coli*
  - CP-CRE *Klebsiella* spp.
  - CP-CRE other
- Chancroid
- *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
- Leprosy (Hansen disease)
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Meningitis:
  - Aseptic (viral)
  - Bacterial
- Mumps
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- 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)
- Typhoid fever
- 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.

## Know Your ABCs (Alphabetical Order)

Effective March 22, 2018

Name	Class	Name	Class
Amebiasis	B	Measles	A
Anthrax	A	Meningitis, aseptic (viral)	B
Arboviral neuroinvasive and non-neuroinvasive disease	B	Meningitis, bacterial	B
Babesiosis	B	Meningococcal disease	A
Botulism, foodborne	A	MERS	A
Botulism, infant	B	Mumps	B
Botulism, wound	B	Other arthropod-borne diseases	B
Brucellosis	B	Outbreaks: community, foodborne, healthcare-associated, institutional, waterborne, zoonotic	C
Campylobacteriosis	B	Pertussis	B
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)	B	Plague	A
Chancroid	B	Poliomyelitis (including vaccine-associated cases)	B
<i>Chlamydia trachomatis</i> infections	B	Powassan virus disease	B
Chikungunya	B	Psittacosis	B
Cholera	A	Q fever	B
Coccidioidomycosis	B	Rabies, human	A
Creutzfeldt-Jakob disease (CJD)	B	Rubella (congenital)	B
Cryptosporidiosis	B	Rubella (not congenital)	A
Cyclosporiasis	B	Salmonellosis	B
Dengue	B	Severe acute respiratory syndrome (SARS)	A
Diphtheria	A	Shigellosis	B
<i>E. coli</i> O157:H7 and Shiga toxin-producing <i>E. coli</i> (STEC)	B	Smallpox	A
Eastern equine encephalitis virus disease	B	Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	B
Ehrlichiosis/Anaplasmosis	B	St. Louis encephalitis virus disease	B
Giardiasis	B	<i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VRSA, VISA)	B
Gonorrhea ( <i>Neisseria gonorrhoeae</i> )	B	Streptococcal disease, group A, invasive (IGAS)	B
<i>Haemophilus influenzae</i> (invasive disease)	B	Streptococcal disease, group B, in newborn	B
Hantavirus	B	Streptococcal toxic shock syndrome (STSS)	B
Hemolytic uremic syndrome (HUS)	B	<i>Streptococcus pneumoniae</i> , invasive disease (ISP)	B
Hepatitis A	B	Syphilis	B
Hepatitis B (non-perinatal)	B	Tetanus	B
Hepatitis B (perinatal)	B	Toxic shock syndrome	B
Hepatitis C (non-perinatal)	B	Trichinellosis	B
Hepatitis C (perinatal)	B	Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)	B
Hepatitis D (delta hepatitis)	B	Tularemia	A
Hepatitis E	B	Typhoid fever	B
Influenza A – novel virus	A	Varicella	B
Influenza-associated hospitalization	B	Vibriosis	B
Influenza-associated pediatric mortality	B	Viral hemorrhagic fever (VHF)	A
LaCrosse virus disease (other California serogroup virus disease)	B	West Nile virus infection	B
Legionnaires' disease	B	Western equine encephalitis virus disease	B
Leprosy (Hansen disease)	B	Yellow fever	A
Leptospirosis	B	Yersiniosis	B
Listeriosis	B	Zika virus infection	B
Lyme disease	B		
Malaria	B		