

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

from the Ohio Administrative Code 3701-3-02 & 3701-3-13; 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	Viral Hemorrhagic Fever (VHF)
Cholera	Plague	Syndrome (SARS)	Yellow Fever
Diphtheria	Rabies, human	Smallpox	

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)
Brucellosis	Giardiasis	Leptospirosis	<i>Streptococcus pneumoniae</i> , invasive disease (ISP)
Campylobacteriosis	Gonococcal infections (urethritis, cervicitis, pelvic inflammatory disease, arthritis, endocarditis, meningitis and neonatal conjunctivitis)	Lyme disease	Toxic shock syndrome (TSS)
Chlamydia infections (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis and pneumonia)	Hepatitis B, non perinatal	Meningitis, including other bacterial	Toxoplasmosis (congenital)
Creutzfeldt-Jakob disease (CJD)	Hepatitis C	Mycobacterial disease, other than tuberculosis (MOTT)	Trichinosis
Cryptosporidiosis	Hepatitis D (delta hepatitis)	Reye syndrome	Typhus fever
Cytomegalovirus (CMV) (congenital)	Hepatitis E	Rheumatic fever	Varicella
Ehrlichiosis	Herpes (congenital)	Rocky Mountain spotted fever (RMSF)	Vibriosis
		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.

