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

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
- 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
- Toxoid 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.
The Infectious Disease Control Manual (IDCM): A Quick Guide

What is the IDCM?

The Infectious Disease Control Manual (IDCM) is designed to be a reference for local health departments, hospitals, laboratories, and physicians in Ohio. Information provided includes disease specific prevention, control, reporting, and sensitive occupation requirements. This manual is updated on a regular basis to reflect changes in the Ohio-Administrative-Code (OAC) and public health practices.

How do I access the IDCM?

The IDCM can be found at: http://www.odh.ohio.gov/healthresources/infectiousdiseasemanual.aspx. This webpage will provide 6 sections which provide unique information.

1. Section 1- General information
2. Section 2- Rules that pertain to infection disease control
3. Section 3- Reportable and non-reportable diseases (forms included)
4. Section 4- Microbiology Client Services Manual
5. Section 5- Limitations on movement and infection control practices
6. Section 6- Diseases specific to OAC Rules
    - You will also find a Communicable Disease Chart with several common diseases

Where can I find information on reportable diseases?

Section 3 of the IDCM includes information about both reportable and non-reportable diseases. Each disease listed in Section 3 includes:

- Reporting information
- Causative agent description
- Case definition
- Signs and Symptoms
- Diagnostic criteria
- Epidemiology information
- Public Health Management (isolation guidelines*)
- Disease Fact Sheet (patient education)
- Disease reporting and case investigation forms

*Example of isolation criteria per the IDCM: Cryptosporidiosis: a person with cryptosporidiosis who attends a child care center or works in a sensitive occupation shall be excluded from the child care center or work in the sensitive occupation and may return when the following conditions are met: The child may return to the child care center after diarrhea has ceased, a person may return to work in a sensitive occupation after diarrhea has ceased, provided that their duties do not include food handling, a food handler may return to work after diarrhea has ceased and after three consecutive follow-up stool specimens are negative for Cryptosporidium. Submit 3 stool specimens collected within a 10-day period. Obtain the first specimen no sooner than 48 hours after cessation of diarrhea or, if being treated, at least 48 hours after completion of antibiotic therapy. Obtain the remaining specimens at least 24-48 hours apart