



# REPORTABLE PATHOGENS

The following organisms are to be reported to the OSDH by any laboratory personnel by PHIDDO or telephone immediately upon suspicion, diagnosis, or positive test:

<i>Bacillus anthracis</i> Bioterrorism - suspected organism	Hepatitis A virus (anti-HAV IgM+) Hepatitis B virus during pregnancy (HBsAg+)	Rabies virus Rubeola virus (Measles)
<i>Clostridium botulinum</i>		<i>Salmonella</i> Typhi
<i>Corynebacterium diphtheriae</i>	<i>Neisseria meningitidis</i> (sterile site)	Variola virus (Smallpox)
<i>Francisella tularensis</i>	Outbreaks of apparent infectious organism	Viral hemorrhagic fever
<i>Haemophilus influenzae</i> (sterile site)	Poliovirus	<i>Yersinia pestis</i>

The following organisms are to be reported to the OSDH within one business day:

Acid Fast Bacillus (AFB) positive smear	Hepatitis C virus (confirmed by RIBA or NAT for HCV RNA, or s/co ratio or index) <sup>1</sup>
<i>Anaplasma</i> spp.	Human Immunodeficiency Virus (HIV)
Arboviral infections	<i>Legionella</i> spp.
<i>Bordetella pertussis</i>	<i>Leptospira interrogans</i>
<i>Borrelia burgdorferi</i>	<i>Listeria monocytogenes</i> (sterile site)
<i>Brucella</i> spp.	Mumps virus
<i>Campylobacter</i> spp.	<i>Mycobacterium tuberculosis</i>
<i>Chlamydia psittaci</i>	<i>Plasmodium</i> spp.
<i>Clostridium tetani</i>	<i>Rickettsia rickettsii</i>
<i>Coxiella burnettii</i>	Rubella virus
<i>Cryptosporidium</i> spp.	<i>Salmonella</i> spp.
<i>Cyclospora cayetanensis</i>	<i>Shigella</i> spp.
Dengue virus	<i>Staphylococcus aureus</i> (VISA or VRSA)
<i>Ehrlichia</i> spp.	<i>Streptococcus</i> , group A (sterile site)
<i>Escherichia coli</i> O157, O157:H7 or a Shiga toxin producing <i>E. coli</i> (STEC)	<i>Streptococcus pneumoniae</i> (sterile site), children <5 yrs.
<i>Giardia lamblia</i>	<i>Treponema pallidum</i>
Hantavirus	<i>Trichinella spiralis</i>
Hepatitis B virus (HBsAg+, anti-HBc IgM+, HBeAg+, and/or HBV DNA+) <sup>1</sup>	Unusual or uncommon pathogens
	<i>Vibrio</i> spp. including <i>Vibrio cholerae</i>
	Yellow fever virus

<sup>1</sup> with entire Hepatitis panel results

The following organisms / test results are to be reported to the OSDH within one month:

CD4 cell count <500 with cell count %	Creutzfeldt-Jakob disease	HIV viral load
<i>Chlamydia trachomatis</i>	<i>Neisseria gonorrhoeae</i>	

Isolates of the following organisms must be sent to the OSDH Public Health Laboratory: P.O. Box 24106 OKC, OK 73214

<i>Bacillus anthracis</i>	<i>Mycobacterium tuberculosis</i>
<i>Brucella</i> spp.	<i>Neisseria meningitidis</i> (sterile site isolates)
<i>Escherichia coli</i> O157, O157:H7, or a Shiga toxin producing <i>E. coli</i> (STEC)	<i>Plasmodium</i> spp.
<i>Francisella tularensis</i>	<i>Salmonella</i> spp.
<i>Haemophilus influenzae</i> (sterile site isolates)	<i>Staphylococcus aureus</i> (VISA or VRSA)
<i>Listeria</i> spp. (sterile site isolates)	<i>Vibrio</i> spp.
	<i>Yersinia</i> spp.

**Acute Disease Service**  
(405) 271-4060 or (800) 234-5963  
Fax (405) 271-6680 or (800) 898-6734

**HIV/STD Service**  
(405) 271-4636  
Fax (405) 271-1187

**Public Health Laboratory**  
(405) 271-5070  
Fax (405) 271-4850

Fax machines are located in locked offices and are monitored to ensure the confidentiality of disease reports.

Please refer to the Oklahoma Disease Reporting Manual for reporting guidelines and test results for reportable organisms which is available through the Disease Reporting link at <http://ads.health.ok.gov>

# LABORATORY REPORTABLE PATHOGEN CARD

## PLEASE ANSWER EVERY QUESTION ON THE CARD

<b>ORGANISM</b> _____ <b>PATIENT'S NAME</b> _____ <b>ADDRESS</b> _____ <b>CITY</b> _____ <b>STATE</b> _____ <b>ZIP</b> _____ <b>PHONE</b> _____ <b>COUNTY</b> _____ <b>AGE:</b> _____ <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days <b>GENDER:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>HISPANIC ETHNICITY:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <b>PREGNANT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>RACE:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>DATE OF COLLECTION</b> _____ / _____ / _____ <b>DATE OF FINAL RESULT</b> _____ / _____ / _____ <b>DATE OF THIS REPORT</b> _____ / _____ / _____ <b>DATE OF BIRTH</b> _____ / _____ / _____
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<b>Was patient hospitalized?</b> <input type="checkbox"/> Yes Name of Hospital: _____ <input type="checkbox"/> No	<b>Did patient die due to this disease?</b> <input type="checkbox"/> Survived <input type="checkbox"/> Died Date of Death _____ / _____ / _____
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**Specimen Source:**     Blood     Stool     CSF     Urine     Other \_\_\_\_\_

**Test Type:**

Culture     Microscopic Exam     Gram Stain

Antigen Test  
 Test Method \_\_\_\_\_

Immunology  
 Test Method \_\_\_\_\_  
 Titer / Result \_\_\_\_\_  
 Range \_\_\_\_\_

If antibody fraction performed:

IgM Titer/Result \_\_\_\_\_  
 IgG Titer/Result \_\_\_\_\_  
 Total Titer/Result \_\_\_\_\_

Other \_\_\_\_\_

**Hepatitis Panel Results: Check all applicable boxes.**

Pos	Neg	Not Done		Pos	Neg	Not Done	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAVIgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAV Total
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBcIgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBcAb Total
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBsAb
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBeAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBeAb
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBV DNA				HBV Viral Load _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCV				HCV S/Co or Index _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCV RIBA/PCR				HCV Viral Load _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HDV				

Date of Collection: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Final Result: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ALT \_\_\_\_\_    AST \_\_\_\_\_    Total Bili \_\_\_\_\_

Clinical isolate already sent to the Oklahoma State Department of Health Public Health Laboratory.

**Reporting Source Information:**

**Name of Person Reporting:** \_\_\_\_\_

**Laboratory Reporting:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_

**Physician:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_

Contact the physician listed above for more information

<b>Need more cards?</b> <input type="checkbox"/> YES Name and address if different from left: _____ _____ _____ _____ _____
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