

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING**

SUBCHAPTER 1. DISEASE AND INJURY REPORTING

310:515-1-3. Diseases to be reported immediately

The following diseases must be reported by any health practitioner or laboratory personnel to the OSDH electronically via the secure web-based Public Health Investigation and Disease Detection of Oklahoma system or by telephone (405-271-4060 or 800-234-5963) immediately upon suspicion, diagnosis, or testing as specified in the "Oklahoma Disease Reporting Manual".

- (1) Anthrax (*Bacillus anthracis*).
- (2) Bioterrorism - suspected disease.
- (3) Botulism (*Clostridium botulinum*).
- (4) Diphtheria (*Corynebacterium diphtheriae*).
- (5) *Haemophilus influenzae* invasive disease.
- (6) Hepatitis A (Anti-HAV-IgM+).
- (7) Hepatitis B during pregnancy (HBsAg+).
- (8) Measles (Rubeola).
- (9) Meningococcal invasive disease (*Neisseria meningitidis*).
- (10) Novel coronavirus.
- (11) Novel influenza A.
- (12) Outbreaks of apparent infectious disease.
- ~~(11)~~(13) Plague (*Yersinia pestis*).
- ~~(12)~~(14) Poliomyelitis.
- ~~(13)~~(15) Rabies.
- ~~(14)~~(16) Smallpox.
- ~~(15)~~(17) Tularemia (*Francisella tularensis*).
- ~~(16)~~(18) Typhoid fever (*Salmonella Typhi*).
- ~~(17)~~(19) Viral hemorrhagic fever.

310:515-1-4. Additional diseases, conditions, and injuries to be reported

The following diseases, conditions and injuries must be reported by physicians, laboratories, and hospitals (by infection control practitioners, medical records personnel, and other designees) to the OSDH as dictated in the following subsections:

- (1) **Infectious diseases.** Reports of infectious diseases and conditions listed in this subsection must be submitted electronically via the PHIDDO system, telephoned, or submitted via secure electronic data transmission to the OSDH within one (1) working day (Monday through Friday, state holidays excepted) of diagnosis or positive test as specified in the "Oklahoma Disease Reporting Manual".

(A) Acid Fast Bacillus (AFB) positive smear. Report only if no additional testing is performed or subsequent testing is indicative of *Mycobacterium tuberculosis* Complex.

- (B) AIDS (Acquired Immunodeficiency Syndrome).
- (C) Arboviral infections (West Nile virus, St. Louis encephalitis virus, Eastern equine encephalitis virus, Western equine encephalitis virus, Powassan virus, California serogroup virus).
- (D) Brucellosis (*Brucella* spp.).
- (E) Campylobacteriosis (*Campylobacter* spp.).
- (F) Congenital rubella syndrome.
- (G) Cryptosporidiosis (*Cryptosporidium* spp.).
- (H) Dengue Fever.
- (I) *E. coli* O157, O157:H7, or a Shiga toxin producing *E. coli*.
- (J) Ehrlichiosis (*Ehrlichia* or *Anaplasma* spp.).
- (K) Hantavirus pulmonary syndrome.
- (L) Hemolytic uremic syndrome, postdiarrheal.
- (M) Hepatitis B. If HBsAg+, anti-HBc-IgM+, HBeAg+, or HBV DNA+ then report results of the entire hepatitis panel.
- (N) Hepatitis C in persons < or = 40 years or in persons having jaundice or ALT > or = 400 regardless of age with laboratory confirmation. If hepatitis C EIA is confirmed by ~~RIBA~~ or NAT for HCV RNA, or signal-to-cut-off (s/co) ratio or index is predictive of a true positive then report results of the entire hepatitis panel.
- (O) Human Immunodeficiency Virus (HIV) infection.
- (P) Influenza associated ~~pediatric mortality~~ hospitalization or death.
- (Q) Legionellosis (*Legionella* spp.).
- (R) Leptospirosis (*Leptospira interrogans*).
- (S) Listeriosis (*Listeria monocytogenes*).
- (T) Lyme disease (*Borrelia burgdorferi*).
- (U) Malaria (*Plasmodium* spp.).
- (V) Mumps.
- (W) Pertussis (*Bordetella pertussis*).
- (X) Psittacosis (*Chlamydophila psittaci*).
- (Y) Q Fever (*Coxiella burnetii*).
- (Z) Rocky Mountain Spotted Fever (*Rickettsia rickettsii*).
- (AA) Rubella.
- (BB) Salmonellosis (*Salmonella* spp.).
- (CC) Shigellosis (*Shigella* spp.).
- (DD) *Staphylococcus aureus* with reduced susceptibility to vancomycin (VISA or VRSA).
- (EE) *Streptococcus pneumoniae* invasive disease, in persons less than 5 years of age.
- (FF) Syphilis (*Treponema pallidum*).
- (GG) Tetanus (*Clostridium tetani*).
- (HH) Trichinellosis (*Trichinella spiralis*).
- (II) Tuberculosis (*Mycobacterium tuberculosis*).
- (JJ) Unusual disease or syndrome.
- (KK) Vibriosis (*Vibrionaceae* family: *Vibrio* spp. (including

cholera), *Grimontia* spp., *Photobacterium* spp., and other genera in the family).

(LL) Yellow Fever.

(2) **Infectious diseases.** Reports of infectious diseases and conditions listed in this subsection must be reported to the OSDH within one (1) month of diagnosis or test result as specified in the OSDH Disease Reporting Manual.

(A) CD4 cell count ~~←500~~ with corresponding CD4 cell count percentage of total (by laboratories only).

(B) Chlamydia infections (*Chlamydia trachomatis*).

(C) Creutzfeldt-Jakob disease.

(D) Gonorrhoea (*Neisseria gonorrhoeae*).

(E) HIV viral load (by laboratories only).

(3) **Occupational or Environmental diseases.** Laboratories must report blood lead level results greater than 10 ug/dL within one (1) week and results less than 10 ug/dL within one (1) month. Health care providers must report blood lead level results 20 ug/dL or greater within twenty-four (24) hours and results 10-19 ug/dL within one (1) week.

(4) **Injuries (hospitalized and fatal cases only).**

(A) Burns.

(B) Drownings and Near Drownings.

(C) Traumatic Brain Injuries.

(D) Traumatic Spinal Cord Injuries.

310:515-1-8. Organisms/specimens to be sent to the Public Health Laboratory

(a) Isolates or appropriate specimens of the following organisms shall be sent to the OSDH Public Health Laboratory for typing.

(1) *Bacillus anthracis*.

(2) *Brucella* spp.

(3) *E. coli* O157, O157:H7, or a Shiga toxin producing *E. coli*.

(4) *Francisella tularensis*.

(5) *Haemophilus influenzae* (sterile site).

(6) *Listeria monocytogenes* (sterile site).

(7) *Mycobacterium tuberculosis*.

(8) *Neisseria meningitidis* (sterile site).

(9) *Plasmodium* spp.

(10) *Salmonella* spp.

(11) *Staphylococcus aureus* that are VISA or VRSA.

(12) *Vibrionaceae* family (*Vibrio* spp., *Grimontia* spp., *Photobacterium* spp. and other genera in the family).

(13) *Yersinia* spp.

(b) Following consultation with an OSDH epidemiologist, clinical specimens from suspected cases of Botulism must be sent to the OSDH Public Health Laboratory for testing.