Acute Disease Service
Oklahoma State Department of Health
Creating a State of Health

REPORTABLE DISEASES/ CONDITIONS

The following diseases are to be reported to the OSDH by PHIDDO or telephone (405-271-4060) immediately upon suspicion, diagnosis, or positive test.

- Anthrax
- Bioterrorism - suspected disease
- Botulism
- Diphtheria
- Free-living amebae infections causing primary amebic meningoencephalitis
- Hepatitis B during pregnancy (HBsAg+)
- Measles (Rubeola)
- Meningococcal invasive disease
- Novel coronavirus
- Novel influenza A
- Outbreaks of apparent infectious disease
- Plague
- Poliomyelitis
- Rabies
- Smallpox
- Tularemia
- Typhoid fever
- Viral hemorrhagic fever

The following diseases are to be reported to the OSDH by PHIDDO, telephone or secure electronic data transmission within one working day (Monday through Friday, State holidays excepted):

- Acid Fast Bacillus (AFB) positive smear (only if no additional testing is performed or subsequent testing is indicative of *Mycobacterium tuberculosis* Complex)
- AIDS (Acquired Immunodeficiency Syndrome)
- Anaplasmosis
- Brucellosis
- California serogroup virus infection
- Campylobacteriosis
- Chikungunya virus infection
- Congenital rubella syndrome
- Cryptosporidiosis
- Dengue fever
- Eastern equine encephalitis virus infection
- *Escherichia coli* O157, O157:H7 or a Shiga toxin producing *E. coli* (STEC)
- Ehrlichiosis
- *Haemophilus influenza* invasive disease
- Hantavirus infection, without pulmonary syndrome
- Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome, postdiarrheal
- Hepatitis A (Anti-HAV-IgM+)
- Hepatitis B (HBsAg+, anti-HBc IgM+, HBeAg+, and/or HBV DNA+)[1]
- Hepatitis C virus (having jaundice or ALT ≥ 200 with laboratory confirmation)[1]
- Human Immunodeficiency Virus (HIV) infection
- Influenza associated hospitalization or death
- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Mumps
- Pertussis
- Powassan virus infection
- Psittacosis
- Q Fever
- Rocky Mountain Spotted Fever
- Rubella
- Salmonellosis
- Shigellosis
- St. Louis encephalitis virus infection
- Streptococcal disease, invasive, Group A (GAS)
- *Streptococcus pneumoniae* invasive disease, children <5 yrs.
- Syphilis (Nontreponemal and treponemal tests are reportable. If any syphilis test is positive, then all syphilis test results on the panel must be reported. For infants ≤12 months, all syphilis tests ordered, regardless of test result, must be reported.)
- Tetanus
- Trichinellosis
- Tuberculosis
- Unusual disease or syndrome
- Vibriosis including cholera
- West Nile virus infection
- Western equine encephalitis virus infection
- Yellow fever
- Zika virus infection

[1] *with entire Hepatitis panel results*

The following diseases and laboratory results are to be reported to the OSDH within one month:

- CD4 cell count with cell count % (by laboratories only)
- Chlamydial infections (*C. trachomatis*)
- Creutzfeldt-Jakob disease
- Gonorrhea (*N. gonorrhoeae)*
- HIV viral load (by laboratories only)

Isolates of the following organisms must be sent to the OSDH Public Health Laboratory: P.O. Box 24106 OKC, OK 73124

- *Bacillus anthracis*
- *Brucella* spp.
- Carbapenem-resistant *Enterobacteriaceae*
- *Escherichia coli* O157, O157:H7, or a Shiga toxin producing *E. coli*
- *Francisella tularensis*
- *Haemophilus influenzae* (sterile site isolates)
- *Listeria* spp. (sterile site isolates)
- *Mycobacterium tuberculosis*
- *Neisseria meningitidis* (sterile site isolates)
- *Plasmodium* spp.
- *Salmonella* spp.
- *Vibrionaceae* family (*Vibrio* spp., *Grimontia* spp., *Photobacte*rium spp., and other genera in the family)
- *Yersinia* spp.

Acute Disease Service
(405) 271-4060 or (800) 234-5963
Available 24 Hours a Day

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 reportable test results which is available through the Disease Reporting link at http://ads.health.ok.gov

(REV. 1/18)

REPORTABLE DISEASE CARD
PLEASE ANSWER EVERY QUESTION ON THE CARD

DISEASE _____

PATIENT'S NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **COUNTY** _____

AGE: _____ ☐ Years ☐ Months ☐ Days **GENDER:** ☐ Male ☐ Female

HISPANIC ETHNICITY: ☐ Yes ☐ No ☐ Unk **PREGNANT:** ☐ Yes ☐ No

RACE: ☐ White ☐ Black ☐ American Indian ☐ Native Hawaiian / Pacific Islander ☐ Asian ☐ Other ☐ Unknown

DATE OF SYMPTOM ONSET
/ /

DATE OF SPECIMEN COLLECTION
/ /

DATE OF THIS REPORT
/ /

DATE OF BIRTH
/ /

Was patient hospitalized?

☐ Yes Name of Hospital: _____

☐ No

Did patient die due to this disease?

☐ Survived

☐ Died Date of Death ____/____/____

How was diagnosis made? ☐ Clinical ☐ Laboratory Date of Final Result: / /

Name of Laboratory:

Hepatitis Panel Results: Check all applicable boxes.

Pos	Neg	Not Done		Pos	Neg	Not Done		Pos	Neg	Not Done	
☐	☐	☐	HAVIgM	☐	☐	☐	HAV Total	☐	☐	☐	HCV
☐	☐	☐	HBcIgM	☐	☐	☐	HBcAb Total	HCV S/Co or Index _____			
☐	☐	☐	HBsAg	☐	☐	☐	HBsAb	☐	☐	☐	HCV RIBA/PCR
☐	☐	☐	HBeAg	☐	☐	☐	HBeAb	HCV Viral Load _____			
☐	☐	☐	HBV DNA	HBV Viral Load _____				☐	☐	☐	HDV

Date of Collection ____/____/____

ALT _____ AST _____ Total Bili _____

Comments:

In the past 6 weeks, has PATIENT / HOUSEHOLD MEMBER (PLEASE CIRCLE ONE) ATTENDED, LIVED IN, or WORKED IN any of the following settings?

☐ Child Care ☐ Food Handler ☐ Nursing Home ☐ Other Institution ☐ Unknown

Name and Location of Establishment: _____

Reporting Source Information: ☐ Physician ☐ Laboratory ☐ Hospital/ICP ☐ Other

Name of Person Reporting: _____

Facility Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** ( )

Attending Physician: _____

City: _____ **State:** _____ **Phone:** ( )

☐ Contact the physician listed above for more information

Need more cards? ☐ **YES**

Name and address if different from left:

ODH FORM 295

(REV. 10/07)