

- (d) Physician's absence, the individual having knowledge of a person suffering from a disease presumed to be communicable or suspected of being communicable will report all the facts relating to the case, together with the name and address of the person who is ill.

3. Qualifying Diseases

Diseases listed in [3701-3-02](#) of the Ohio Administrative Code and section [333.5111](#) of Michigan's Public Health Code are considered to be dangerous to the public health and are notifiable. The occurrence of such cases or suspected cases shall be reported as provided in these rules and rules [3701-3-03](#) or [3701-3-05](#) of the Administrative Code to the local health jurisdiction in which the case or suspected case resides.

(a) CLASS A (Ohio and Michigan):

- (i) Cases, suspect cases, and positive laboratory results for Class A diseases of the section [3701-3-02](#) of the Ohio Administrative Code and section [333.5111](#) of Michigan's Public Health Code shall be reported *immediately* via telephone to the local health jurisdiction in which the case or suspected case resides, or if unknown, to the Ohio Department of Health. This is due to the severity of disease or the potential for epidemic spread.
- (ii) The Infection Prevention and Control Staff will assist the previously mentioned responsible reporting designees and/or the patient's physician as necessary for reporting Class A reportable diseases. If the Infection Prevention and Control Staff initiates the report to the Health Department, the staff will forward a copy of this report to the attending physician.

(b) CLASS B (Ohio) or all other diseases that are not Class A (Michigan):

- (i) Cases or suspected cases and reports of positive laboratory results for Class B diseases using [3701-3-02](#) of the Ohio Administrative Code and section [333.5111](#) of Michigan's Public Health Code shall be reported to the Health Department by the end of the next business day.

(c) CLASS C (Ohio):

- (i) Reports related to an actual or suspected outbreak, unusual incident, or epidemic of any disease specified as Class C of rule [3701-3-02](#) of the Administrative Code shall be provided by the end of the next business day, unless unexpected patterns of cases present.

4. AIDS and HIV Test Reporting

- (a) Persons required to report cases of Acquired Immune Deficiency Syndrome (AIDS) and confirmed positive tests for the Human Immunodeficiency Virus (HIV) of rule [3701-3-12](#) and [3701-24](#) of the Revised Code and section [333.5111](#) of Michigan's Public Health Code are as follows:
 - (i) Cases of AIDS shall be reported by the physician in attendance. In an institutional setting, a designated agent such as an Infection Preventionist or HIV Clinical Coordinator may make the report for the attending physician.
 - (ii) Confirmed positive HIV tests, as defined in rule [3701-3-12](#) of the Administrative Code, shall be reported by the person in charge of the laboratory performing the test. If a second laboratory is used for additional or confirmatory testing, the person in charge of the laboratory first lab to receive the specimen shall report the confirmed positive test.

- (iii) The person designated in this rule shall report promptly every case of AIDS and every confirmed positive HIV test to the department of health on forms and in a manner prescribed by the director. In each county the director shall designate the health commissioner of a health district in the county to receive the reports.
- (b) At the University of Toledo Medical Center, the reporting of positive HIV testing will be done by the following method:
 - (i) The serology lab will send the results to the HIV Clinical Coordinator who will complete and mail the form.
 - (ii) The Centers for Disease Control forms for reporting Acquired Immune Deficiency Syndrome and HIV Infection will be completed by the HIV Clinical Coordinator (notify at Ext. 6843) of the patient's name, diagnosis and medical record number.
- 5. This policy shall follow the most recent list of reportable diseases as per [3701-3-02](#) of the Ohio Administrative Code and section [333.5111](#) of Michigan’s Public Health Code and as per federal mandate.

Reference:

Ohio’s Communicable Disease Reporting Requirements. (2022, June 22). Effective August 1, 2019. Retrieved from: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual/welcome/> (see Appendix A below)

Reportable Diseases in Michigan. (2022, June 22). Effective December 2021. Retrieved from: https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder2/Folder97/Folder1/Folder197/Reportable_Diseases_Michigan_by_Condition.pdf?rev=5fafabad0e4d49779e4fa8edb398a7ba (see Appendix B below)

<p>Approved by:</p> <p>_____ Michael Ellis, MD Chair, Infection Control Committee</p> <p style="text-align: right;">Date</p> <p>_____ Andrew Casabianca, MD Chief of Staff</p> <p style="text-align: right;">Date</p> <p>_____ Michael Ellis, MD Chief Medical Officer</p> <p style="text-align: right;">Date</p> <p><i>Review/Revision Completed By: Infection Control Committee</i></p>	<p>Review/Revision Date:</p> <p>01/10/1993 10/09/1996 12/01/1998 05/01/1999 04/15/2002 04/21/2005 07/28/2008 05/23/2011 07/16/2014 05/23/2017 11/15/2019 08/29/2022</p> <p>Next Review Date: 09/2025</p>
<p>Policies Superseded by This Policy: 31:EQP-301</p>	

Appendix A

Know Your ABCs: A Quick Guide to Reportable Infectious Diseases In Ohio

From the Ohio Administrative Code Chapter 3701-3; Effective August 1, 2019

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 fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever

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
 - Yellow fever
 - Zika virus infection
 - Other arthropod-borne diseases
- Babesiosis
- Botulism
 - infant
 - wound
- Brucellosis
- Campylobacteriosis
- *Candida auris*
- 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
- Listeriosis
- Lyme disease
- Malaria
- Meningitis:
 - Aseptic (viral)
 - Bacterial
- Mumps
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- *Salmonella* Paratyphi infection
- *Salmonella* Typhi infection (typhoid fever)
- 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
- Toxic shock syndrome (TSS)
- Trichinellosis
- Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)
- 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.

Know Your ABCs (Alphabetical Order)

Effective August 1, 2019

Name	Class	Name	Class
Amebiasis	B	Measles	A
Anthrax	A	Meningitis, aseptic (viral)	B
Arboviral neuroinvasive and non-neuroinvasive disease	B	Meningitis, bacterial	B
Babesiosis	B	Meningococcal disease	A
Botulism, foodborne	A	MERS	A
Botulism, Infant	B	Mumps	B
Botulism, wound	B	Other arthropod-borne diseases	B
Brucellosis	B	Outbreaks: community, foodborne, healthcare-associated, institutional, waterborne, zoonotic	C
Campylobacteriosis	B	Pertussis	B
Candida auris	B	Plague	A
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)	B	Poliomyelitis (including vaccine-associated cases)	B
Chancroid	B	Powassan virus disease	B
Chlamydia trachomatis Infections	B	Psittacosis	B
Chikungunya	B	Q fever	B
Cholera	A	Rabies, human	A
Coccidioidomycosis	B	Rubella (congenital)	B
Creutzfeldt-Jakob disease (CJD)	B	Rubella (not congenital)	A
Cryptosporidiosis	B	Salmonella Paratyphi Infection	B
Cyclosporiasis	B	Salmonella Typhi Infection (typhoid fever)	B
Dengue	B	Salmonellosis	B
Diphtheria	A	Severe acute respiratory syndrome (SARS)	A
E. coli O157:H7 and Shiga toxin-producing E. coli (STEC)	B	Shigellosis	B
Eastern equine encephalitis virus disease	B	Smallpox	A
Ehrlichiosis/Anaplasmosis	B	Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	B
Giardiasis	B	St. Louis encephalitis virus disease	B
Gonorrhea (Neisseria gonorrhoeae)	B	Staphylococcus aureus, with resistance or intermediate resistance to vancomycin (VRSA, VISA)	B
Haemophilus influenzae (Invasive disease)	B	Streptococcal disease, group A, Invasive (IGAS)	B
Hantavirus	B	Streptococcal disease, group B, In newborn	B
Hemolytic uremic syndrome (HUS)	B	Streptococcal toxic shock syndrome (STSS)	B
Hepatitis A	B	Streptococcus pneumoniae, Invasive disease (ISP)	B
Hepatitis B (non-perinatal)	B	Syphilis	B
Hepatitis B (perinatal)	B	Tetanus	B
Hepatitis C (non-perinatal)	B	Toxic shock syndrome	B
Hepatitis C (perinatal)	B	Trichinellosis	B
Hepatitis D (delta hepatitis)	B	Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)	B
Hepatitis E	B	Tularemia	A
Influenza A – novel virus	A	Vaccinia	B
Influenza-associated hospitalization	B	Vibriosis	B
Influenza-associated pediatric mortality	B	Viral hemorrhagic fever (VHF)	A
LaCrosse virus disease (other California serogroup virus disease)	B	West Nile virus Infection	B
Legionnaires' disease	B	Western equine encephalitis virus disease	B
Leprosy (Hansen disease)	B	Yellow fever	B
Leptospirosis	B	Yersiniosis	B
Listeriosis	B	Zika virus Infection	B
Lyme disease	B		
Malaria	B		

Appendix B

2022

REPORTABLE DISEASES IN MICHIGAN – BY CONDITION

A Guide for Physicians, Health Care Providers and Laboratories

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see reverse) within 24 hours if the agent is identified by clinical or laboratory diagnosis. See footnotes for exceptions.

Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.

Acute flaccid myelitis (1)	Lyme Disease (<i>Borrelia burgdorferi</i>)
Anaplasmosis (<i>Anaplasma phagocytophilum</i>)	Malaria (<i>Plasmodium</i> species)
Anthrax (<i>Bacillus anthracis</i> and <i>B. cereus</i> serovar anthracis) (4)	Measles (Measles/Rubeola virus) (6)
Arboviral encephalitides, neuro- and non-neuroinvasive:	Melioidosis (<i>Burkholderia pseudomallei</i>) (4)
Chikungunya, Eastern Equine , Jamestown Canyon, La Crosse,	Meningitis: bacterial, viral, fungal, parasitic and amebic
Powassan, St. Louis, West Nile, Western Equine, Zika (6)	Meningococcal Disease, sterile sites (<i>Neisseria meningitidis</i>) (5)
Babesiosis (<i>Babesia microti</i>)	Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A)
Blastomycosis (<i>Blastomyces dermatitidis</i>)	Mumps (Mumps virus)
Botulism (<i>Clostridium botulinum</i>) (4)	Orthopox viruses, including: Smallpox, Monkeypox (4)
Brucellosis (<i>Brucella</i> species) (4)	Pertussis (<i>Bordetella pertussis</i>)
Campylobacteriosis (<i>Campylobacter</i> species)	Plague (<i>Yersinia pestis</i>) (4)
Candidiasis (<i>Candida auris</i>) (4)	Polio (Poliovirus)
Carbapenemase Producing – Carbapenem Resistant Enterobacterales (CP-CRE): all genera (4)	Prion disease, including CJD
Chancroid (<i>Haemophilus ducreyi</i>)	Psittacosis (<i>Chlamydia psittaci</i>)
Chickenpox / Varicella (<i>Varicella-zoster virus</i>) (6)	Q Fever (<i>Coxiella burnetii</i>) (4)
Chlamydial infections (including trachoma, genital infections, LGV) (<i>Chlamydia trachomatis</i>) (3, 6)	Rabies (<i>Rabies virus</i>) (4)
Cholera (<i>Vibrio cholera</i>) (4)	Rabies: potential exposure and post exposure prophylaxis (PEP)
Coccidioidomycosis (<i>Coccidioides immitis</i>)	Rubella (<i>Rubella virus</i>) (6)
Cryptosporidiosis (<i>Cryptosporidium</i> species)	Salmonellosis (<i>Salmonella</i> species) (5)
Coronaviruses, Novel; including deaths and SARS-CoV-2 variant identification (SARS , MERS-CoV, COVID-19) (5)	Shigellosis (<i>Shigella</i> species) (5)
Cyclosporiasis (<i>Cyclospora</i> species) (5)	Spotted Fever (<i>Rickettsia</i> species)
Dengue Fever (Dengue virus)	<i>Staphylococcus aureus</i> , vancomycin intermediate/resistant (VISA) (5)/VRSA (4)
Diphtheria (<i>Corynebacterium diphtheriae</i>) (5)	<i>Streptococcus pneumoniae</i> , sterile sites
Ehrlichiosis (<i>Ehrlichia</i> species)	<i>Streptococcus pyogenes</i> , group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)
Encephalitis, viral or unspecified	Syphilis (<i>Treponema pallidum</i>) (6)
<i>Escherichia coli</i> , O157:H7 and all other Shiga toxin positive serotypes (5)	Tetanus (<i>Clostridium tetani</i>)
Giardiasis (<i>Giardia</i> species)	Toxic Shock Syndrome (non-streptococcal) (1)
Glanders (<i>Burkholderia mallei</i>) (4)	Trichinellosis (<i>Trichinella spiralis</i>)
Gonorrhea (<i>Neisseria gonorrhoeae</i>) (3,6) (4, submit isolates from sterile sites only)	Tuberculosis (<i>Mycobacterium tuberculosis</i> complex); report preliminary and final rapid test and culture results (4)
Guillain-Barre Syndrome (1)	Tularemia (<i>Francisella tularensis</i>) (4)
<i>Haemophilus influenzae</i> , sterile sites (5, submit isolates for serotyping for patients < 15 years of age)	Typhoid Fever (<i>Salmonella typhi</i>) and Paratyphoid Fever (serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C) (5)
Hantavirus	Vibriosis (Non-cholera vibrio species) (5)
Hemolytic Uremic Syndrome (HUS)	Yellow Fever (Yellow Fever virus)
Hemorrhagic Fever Viruses (4)	Yersiniosis (<i>Yersinia enterocolitica</i>) (5)
Hepatitis A virus (Anti-HAV IgM, HAV genotype)	
Hepatitis B virus (HBsAg, HBeAg, anti-HBc IgM, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6)	
Hepatitis C virus (all HCV test results including positive and negative antibody, RNA, and genotype tests) (6)	
Histoplasmosis (<i>Histoplasma capsulatum</i>)	
HIV (tests including reactive immunoassays (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percents, and all tests related to perinatal exposures) (2,6)	
Influenza virus (weekly aggregate counts)	
Pediatric influenza mortality, report individual cases (5)	
Novel influenza viruses, report individual cases (5,6)	
Kawasaki Disease (1)	
Legionellosis (<i>Legionella</i> species) (5)	
Leprosy or Hansen's Disease (<i>Mycobacterium leprae</i>)	
Leptospirosis (<i>Leptospira</i> species)	
Listeriosis (<i>Listeria monocytogenes</i>) (5,6)	

LEGEND

- (1) Reporting within 3 days is required.
 - (2) Report HIV labs electronically/by arrangement & case reports by MDHHS Form 1355. Report HIV genome sequence data only as Sanger sequences, or as consensus sequences for next generation sequencing.
 - (3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/hivsti for details.
 - (4) A laboratory shall immediately submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the MDHHS Lansing laboratory.
 - (5) Isolate requested. *Enteric*: If an isolate is not available from non-culture based testing, the positive broth and/or stool in transport medium must be submitted to the MDHHS Lansing laboratory. *Respiratory*: Submit specimens, if available.
 - (6) Report pregnancy status, if available.
- Blue Bold Text** = Category A Bioterrorism or Select Agent must be notified immediately to the MDHHS Laboratory (517-335-8063)

This reporting is expressly allowed under HIPAA and required by Michigan Public Act 368 of 1978, 333.5111

MDHHS maintains, reviews, and revises this list at least annually, for the most recent version please refer to: www.michigan.gov/cdinfo

Michigan Department of Health and Human Services • Bureau of Laboratories • Bureau of Infectious Disease Prevention

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