



Main Office
635 N. Erie St.
Toledo, OH 43604-1317
(419) 213-4100
Fax: (419) 213-4017

Email: boardofhealth@co.lucas.oh.us

Western Clinic Site
330 Oak Terrace Boulevard
Holland, Ohio 43528-8993
(419) 213-6255
Fax: (419) 213-6266

David Grossman, M.D.
Health Commissioner

Larry J. Vasko, R.S., M.P.H.
Deputy Health Commissioner

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Dear Healthcare Provider,

The Toledo-Lucas County Health Department would like to remind all health care facilities to report all Class A diseases to the health department **immediately**. Attached to this briefing is the ABCs: A Quick Guide to Reportable Infections Diseases in Ohio as well as contact information for the infectious disease department at the Toledo-Lucas County Health Department. If you, or anyone in your facility, **suspects** the possibility of a Class A disease, the health department needs to be notified of the case immediately. This is due to the potential public health repercussions of a confirmed case.

Post exposure prophylaxis, isolation, and exclusions are all roles the health department needs to be prepared for in the event of a confirmed Class A reportable disease. We rely on our health care facilities in Lucas County to correctly diagnose diseases in the community in order to prevent the spread and severity of a particular disease. It is imperative to the health and well-being of our community that all proper procedures and protocols for infectious diseases are in place.

The reporting requirements are from the Ohio Revised Code Chapter 3701-3; Effective January 1, 2014. In the event your facility should clinically diagnose or suspect a patient with a Class A disease **call the local health department immediately by phone at 419-213-4073, 419-213-4161, 419-213-4264**. Initially the following information will be requested:

- Full Name
- Date of Birth
- Sex
- Occupation
- Address/Telephone number
- Signs/Symptoms
- Date of Illness Onset
- Lab Work
- Vaccination History
- Travel History
- Photographs (if taken) of rash or other visible symptoms

If you are unsure of your roles and responsibilities in reporting infectious diseases, specifically those designated Class A, please discuss this with your administration or infection prevention and control department.

Thank you for your cooperation and assistance with this issue. If you have any questions or concerns please contact the Toledo-Lucas County Health Department at 419-213-4073.

Respectfully,


David Grossman, MD
Health Commissioner
Toledo-Lucas County Health Department

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

From the Ohio Administrative Code Chapter 3701-3; Effective January 1, 2014

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
- Measles
- Meningococcal disease
- Plague
- Rabies, human
- Rubella (not congenital)
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fever (VHF)
- Yellow 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:
 - 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
 - Other arthropod-borne diseases
- Babesiosis
- Botulism, infant
- Botulism, wound
- Brucellosis
- Campylobacteriosis
- Chancroid
- *Chlamydia trachomatis* infections
- Coccidioidomycosis
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- *E. coli* O157:H7 and Shiga toxin-producing (STEC) *E. coli*
- 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
- 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
- Mycobacterial disease, other than tuberculosis (MOTT)
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- Salmonellosis
- Shigellosis
- Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever
- *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, including multi-drug resistant tuberculosis (MDR-TB)
- Typhoid fever
- Typhus 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, and CD4 T-lymphocyte counts <200 or 14% must be reported on forms and in a manner prescribed by the Director.



MEASLES:

What to do if it's Suspected

Signs/Symptoms

Measles is an acute viral respiratory illness. It is characterized by a prodrome of fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis -the three "C"s -, a pathognomonic enanthema (Koplik spots) followed by a maculopapular rash. The rash usually appears about 14 days after a person is exposed; however, the incubation period ranges from 7 to 21 days. The rash spreads from the *head to the trunk to the lower extremities*. Patients are considered to be contagious from 4 days before to 4 days after the rash appears. Of note, sometimes immunocompromised patients do not develop the rash.



What You Should Do

Measles is a Class A Infectious Disease in the state of Ohio. What this means is that any person having knowledge of a person suffering from a disease suspected of being communicable is authorized to report to public health authorities all known facts relating to the case or incident. With Class A diseases, individuals are required to report that information immediately via telephone.

Additional Tests

Because of the public health implications of measles, it is important to order confirmatory testing to ensure the appropriate diagnosis. IgM is preferred to be ordered four days after the onset of rash and IgM can be detectable for at least 28 days after rash onset. Specimens taken within 72 hours of rash onset may give a false-negative result (approx 20% of tests) and will need to be repeated for a confirmatory diagnosis.

Why the Health Department is Concerned

Many diseases, such as measles, have ramifications beyond the provider's office. Susceptible persons who refuse immunization should be excluded from contact in schools and child care centers until 21 days after the last case has occurred. This greatly impacts daycare facilities and schools . when a case arises because unimmunized children are required to be absent from school for 21 days.



For additional information, visit www.lucascountyhealth.com or www.cdc.gov/measles