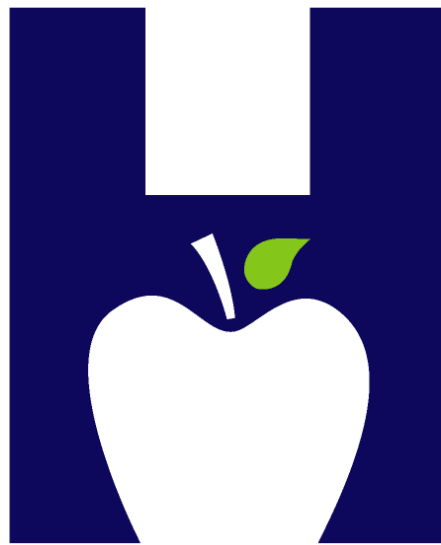


# Oklahoma Disease Reporting Manual



Oklahoma State  
Department of Health  
Creating a State of Health





Oklahoma State Department of Health  
Creating a State of Health

July 23, 2010

Dear Colleague:

We are pleased to provide the updated 2010 Oklahoma Disease Reporting Manual for our partners across the state. The information contained in this manual consolidates rules and protocols related to the surveillance and reporting of disease in Oklahoma. This manual contains the Oklahoma Reportable Disease requirements for disease reporting and for shipment of disease-causing organisms, specific guidance in determining if an event should be reported, guidance on the timeframe specific conditions must be reported and how to report diseases and conditions.

This manual was developed specifically for hospital infection preventionists and clinical laboratory personnel in Oklahoma. It is useful also to clinicians in reporting disease. It is my hope that hospital infection preventionists and clinical laboratorians will find this manual helpful as a reporting guidance. It is part of the continuing efforts of the Oklahoma State Department of Health (OSDH) to provide more technical assistance and guidance in disease reporting. Use of this manual should lead to more timely recognition and containment of reportable infectious diseases.

The manual is available electronically in PDF format on the OSDH website at [http://www.ok.gov/health/Disease,\\_Prevention,\\_Preparedness/Acute\\_Disease\\_Service/Disease\\_Reporting/What\\_to\\_Report/index.html](http://www.ok.gov/health/Disease,_Prevention,_Preparedness/Acute_Disease_Service/Disease_Reporting/What_to_Report/index.html). In order to best utilize our financial resources, we will only be mailing hard copies of this manual to facilities upon request. To request a hard copy of this manual, please contact Anthony Lee at [AnthonyL@health.ok.gov](mailto:AnthonyL@health.ok.gov) or (405) 271-4060.

Sincerely,

Lauri Smithee, Ph.D.  
Chief  
Acute Disease Service

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## Contact Information

### Acute Disease Service

1000 NE 10th St.  
Oklahoma City, Oklahoma 73117-1299  
Ph. - (405) 271-4060 or (800) 234-5963 —Epidemiologist on call 24 hours per day  
FAX\* - (405) 271-6680 or FAX\* - (800) 898-6734

### HIV / STD Service

1000 NE 10th St.  
Mail Drop 0308  
Oklahoma City, Oklahoma 73117-1299  
Ph. - (405) 271-4636  
STD FAX\* - (405) 271-1187  
Hep B & C FAX\* - (405) 271-5149

### Public Health Laboratory

1000 NE 10th St.  
Oklahoma City, Oklahoma 73117-1299  
Ph. - (405) 271-5070  
FAX\* - (405) 271-4850

#### ***Mailing Isolates and Clinical Specimens for Testing***

Public Health Laboratory  
P.O. Box 24106  
OKC, OK 73124-0106

For instructions on sending isolates or clinical specimens to the PHL, see PHL Section in this manual or call PHL personnel between 8 AM - 4:30 PM, M-F.

### Occupational/Employee Exposures

Consultation is available for the management of occupational exposures to bloodborne pathogens by calling the HIV/STD Service at (405) 271-4636.

**\*All FAX machines are located in locked offices and are monitored to ensure the confidentiality of disease reports.**





## **Acronyms and Jargon Defined**

**ADS: Acute Disease Service**

**Blue Card: (ODH 295) Reportable Disease Card**

**CDC: Centers for Disease Control and Prevention**

**CDD: Communicable Disease Division**

**GI: Gastrointestinal Illness**

**HIV / STD: Human Immunodeficiency Virus / Sexually Transmitted Disease**

**IP: Infection Preventionist**

**ODH: Oklahoma State Department of Health**

**OSDH: Oklahoma State Department of Health**

**PHIDDO: Public Health Investigation and Disease Detection of Oklahoma System**

**PHL: Public Health Laboratory**

**TB: Tuberculosis**

**Yellow Card: (ODH 295-A) Laboratory Reportable Pathogen Card**



# Purpose and Use of Disease Reporting Manual

The purpose of this manual is to provide guidance to health care providers, infection preventionists and laboratorians regarding the reporting of infectious diseases to the Oklahoma State Department of Health (OSDH). The Oklahoma Disease Reporting Statutes and Rules section of the manual contains pertinent disease reporting statutory and administrative laws. In the Disease Reporting Guidelines section, each reportable disease or condition is listed followed by its clinical description, laboratory criteria for reporting, and instructions for reporting including the time frame for reporting. Some diseases will also have instructions for isolate or specimen submission. The Disease Reporting Manual is also available on the Disease Reporting page of the Acute Disease Service web site: [http://www.ok.gov/health/Disease\\_Prevention\\_Preparedness/Acute\\_Disease\\_Service/Disease\\_Reporting/What\\_to\\_Report/index.html](http://www.ok.gov/health/Disease_Prevention_Preparedness/Acute_Disease_Service/Disease_Reporting/What_to_Report/index.html).

The secure, web-based Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) system is the preferred method of reporting to the OSDH. See the PHIDDO and OK-HAN User Enrollment Form in the Disease Reporting Forms section for additional information or for access to PHIDDO.

Any questions regarding a particular disease or condition may be addressed by contacting the service specified under the Disease Reporting Guidelines section. The use of this manual for health care providers, infection control practitioners and laboratorians follows.

## Infection Preventionists

- Infection preventionists should report persons meeting the clinical description and laboratory criteria for each disease listed in this manual.
- Submit a report through PHIDDO or complete the appropriate reporting forms.

## Laboratorians

- Laboratory personnel should report positive cultures and tests for the organisms/diseases listed in this manual. Refer to each disease for specific information, as only positive cultures/tests from certain specimens should be reported. Note that isolates of certain organisms must be sent to the Public Health Laboratory (PHL). Lab requisitions to the PHL may be submitted electronically (see Electronic Public Health Laboratory Requisition Instructions in the PHL section of this manual).
- Submit a report through PHIDDO or complete the appropriate reporting forms. For case definitions requiring documented rise in titer, labs should report *each* titer.

## Health Practitioner

- Health practitioners should report persons meeting the clinical description and laboratory criteria for each disease listed in this manual.
- Submit a report through PHIDDO or complete the appropriate case report forms.



# **Oklahoma Disease Statutes and Rules**



## OKLAHOMA STATUTES CITATIONIZED

Pertinent public health statutes were excerpted from the Oklahoma State Courts Network (OSCN). You can access the complete citations by visiting: <http://www.oscn.net>

### **Title 63. Public Health and Safety** **Chapter 1** **Public Health Code**

#### **Article 1: Administration**

##### **Section 1-106 - State Commissioner of Health - Qualifications - Powers and duties. (Section B Only)**

B. The Commissioner shall have the following powers and duties, unless otherwise directed by the State Board of Health:

1. Have general supervision of the health of the citizens of the state; make investigations, inquiries and studies concerning the causes of disease and injury, and especially of epidemics, and the causes of mortality, and the effects of localities, employment, conditions and circumstances on the public health; investigate conditions as to health, sanitation and safety of schools, prisons, public institutions, mines, public conveyances, camps, places of group abode, and all buildings and places of public resort, and recommend, prescribe and enforce such measures of health, sanitation and safety for them as the Commissioner deems advisable; take such measures as deemed necessary by the Commissioner to control or suppress, or to prevent the occurrence or spread of, any communicable, contagious or infectious disease, and provide for the segregation and isolation of persons having or suspected of having any such disease; designate places of quarantine or isolation; advise state and local governments on matters pertaining to health, sanitation and safety; and abate any nuisance affecting injuriously the health of the public or any community. Any health information or data acquired by the Commissioner from any public agency, which information or data is otherwise confidential by state or federal law, shall remain confidential notwithstanding the acquisition of this information by the Commissioner.

2. Be the executive officer and supervise the activities of the State Department of Health, and act for the Department in all matters except as may be otherwise provided in this Code; administer oaths at any hearing or investigation conducted pursuant to this Code; and enforce rules and standards adopted by the State Board of Health. All rules adopted by the State Board of Health are subject to the terms and conditions of the Administrative Procedures Act.

3. Appoint an Assistant State Commissioner of Health and fix his qualifications, duties and compensation of the Assistant State Commission of Health; and employ, appoint and contract with, and fix the qualifications, duties and compensation of, such other assistants, doctors, engineers, attorneys, sanitarians, nurses, laboratory personnel, administrative, clerical and technical help,



investigators, aides and other personnel and help, either on a full-time, part-time, fee or contractual basis, as shall be deemed by the Commissioner necessary, expedient, convenient or appropriate to the performance or carrying out of any of the purposes, objectives or provisions of this Code, or to assist the Commissioner in the performance of his official duties and functions.

4. Cause investigations, inquiries and inspections to be made, and hold hearings and issue orders pursuant to the provisions of the Administrative Procedures Act, to enforce and make effective the provisions of this Code, and all rules and standards adopted by the State Board of Health pursuant to law and the Commissioner or the representative of the Commissioner shall have the right of access to any premises for such purpose at any reasonable time, upon presentation of identification.

5. Authorize persons in the State Department of Health to conduct investigations, inquiries and hearings, and to perform other acts that the Commissioner is authorized or required to conduct or perform personally.

6. Except as otherwise provided by law, all civil and criminal proceedings under this Code shall be initiated and prosecuted by the district attorney where the violation takes place.

7. Issue subpoenas for the attendance of witnesses and the production of books and records at any hearing to be conducted by the Commissioner or the State Board of Health; and if a person disobeys any such subpoena, or refuses to give evidence before, or to allow his books and records to be examined by, the Commissioner or the Board after such person is directed to do so, the Commissioner may file a contempt proceeding in the district court of the county in which the premises involved are situated, or, if no premises are involved, of the county in which such person resides or has a principal place of business, and a judge of such court, after a trial de novo, may punish the offending person for contempt.

8. Unless otherwise required by the terms of a federal grant, sell, exchange or otherwise dispose of personal property that has been acquired by the State Department of Health, or any of its components, when such property becomes obsolete or is no longer needed; any money derived there from shall be deposited in the Public Health Special Fund.

9. Sell films, educational materials, biological products and other items produced by the State Department of Health; and all proceeds there from shall be deposited in the Public Health Special Fund.

10. Revoke or cancel, or suspend for any period up to one (1) year, any license or permit issued under or pursuant to this Code, or by the Commissioner, when the Commissioner determines that ground there for as prescribed by this Code exists, or that the holder of such license or permit has violated any law, or any of the provisions of this Code, or any rules or standards of the State Board of Health filed with the Secretary of State, but the Commissioner shall first afford the holder an opportunity to show cause why the license or permit should not be revoked, canceled or suspended, notice of such opportunity to be given by certified United States Mail to the holder of the license or permit at the last-known address of such holder.

11. Accept, use, disburse and administer grants, allotments, gifts, devises, bequests, appropriations and other monies and property offered or given to the State Department of Health, or any component or agency thereof, by any agency of the federal government, or any corporation or individual.

12. Be the official agency of the State of Oklahoma in all matters relating to public health which require or authorize cooperation of the State of Oklahoma with the federal government or any agency thereof; coordinate the activities of the State Department of Health with those of the federal government or any department or agency thereof, and with other states, on matters pertaining to public health, and

enter into agreements for such purpose, and may accept, use, disburse and administer, for the office of the Commissioner or for the State Department of Health, for any purpose designated and on the terms and conditions thereof, grants of money, personnel and property from the federal government or any department or agency thereof, or from any state or state agency, or from any other source, to promote and carry on in this state any program relating to the public health or the control of disease, and enter into agreements for such purposes.

13. The Commissioner of Health may appoint commissioned peace officers, certified by the Council on Law Enforcement Education and Training, to investigate violations of the Public Health Code and to provide security to Department facilities.



## **Title 63 Article 5: Prevention and Control of Disease**

### **Section 1-501 - Definitions.**

For the purposes of this article:

- (a) The term "disease" means the disturbances of the normal functions or alterations of the state of the human body resulting in physical or mental ill health and/or disability.
- (b) The term "prevention" means any and all conditions that may preclude or reduce the possibility of the onset or beginning of disease.
- (c) The term "control" means any and all procedures which modify, or may modify, favorably the course of disease.
- (d) The term "communicable disease" means an illness due to a specific infectious agent or its toxic products, arising through transmission of that agent or its products from reservoir to susceptible host, either directly as from an infected person or animal, or indirectly through the agent of an intermediate plant or animal host, a vector, or the inanimate environment. It also means an infestation by an ectoparasite and similar species.

### **Section 1-502 - Rules and Regulations.**

- (a) The State Board of Health shall have authority to adopt such rules and regulations, not inconsistent with law, as it deems necessary to aid in the prevention and control of communicable disease, which may be on the following matters: Recommended immunization procedures; quarantine measures; exclusion of children from school; regulation of public meetings and gatherings in epidemic situations; regulation of vectors; control of vehicles capable of transmitting a communicable disease; detection and diagnosis of communicable disease; carriers of disease; disposal of infected body wastes and other materials; fumigation, cleaning and sterilization, and disinfection; and other necessary measures to prevent and control communicable disease.
- (b) The State Board of Health is authorized to establish preventive programs for noncommunicable diseases and to promulgate rules and regulations for the control of causative or toxic substances which can or may cause disease.

### **Section 1-502.1 - Implementation of Universal Precautions for Prevention of Transmission of Communicable Diseases.**

- A. All agencies and organizations that regularly employ emergency medical technicians, paramedics, fire fighters, peace officers, as defined in Section 648 of Title 21 of the Oklahoma Statutes, correctional officers and employees, or health care workers, all mental health or mentally retarded treatment or evaluation programs that employ persons involved with providing care for patients, the J.D. McCarty Center for Children with Developmental Disabilities, and all juvenile institutions of the Department of Human Services shall implement the universal precautions for the prevention of the transmission of communicable diseases published by the Centers for Disease Control, U.S. Public Health Service, in the Morbidity and Mortality Weekly Report, Volume 36, Number 2S or as subsequently amended.
- B. The State Board of Health shall promulgate rules and guidelines that will implement a system of notification of emergency medical technicians, paramedics, fire fighters, health care workers, funeral directors and peace officers relating to risk exposures during health care activities, emergency response activities or funeral preparations. Risk exposure shall be defined by the State Board of Health to be exposure that is

epidemiologically demonstrated to have the potential for transmitting a communicable disease.

- C. The Mental Health Board, Commission for Human Services, Oklahoma Cerebral Palsy Commission, and State Board of Corrections shall each promulgate rules, guidelines or policies to provide for such notification of risk exposures to persons employed by such agencies.

**Section 1-502.2 - Confidential Information - Written Consent - Multidisciplinary Advisory Committee. (Section A Only)**

A. Unless otherwise provided by law, all information and records which identify any person who has or may have any communicable or venereal disease which is required to be reported pursuant to Sections 1-501 through 1-532.1 of this title and which are held or maintained by any state agency, health care provider or facility, physician, health professional, laboratory, clinic, blood bank, funeral director, third party payor, or any other agency, person, or organization in the state shall be confidential. Any information authorized to be released pursuant to paragraphs 1 through 8 of this subsection shall be released in such a way that no person can be identified unless otherwise provided for in such paragraph or by law. Such information shall not be released except under the following circumstances:

1. Release is made upon court order;
2. Release is made in writing, by or with the written consent of the person whose information is being kept confidential or with the written consent of the legal guardian or legal custodian of such person, or if such person is a minor, with the written consent of the parent or legal guardian of such minor;
3. Release is necessary as determined by the State Department of Health to protect the health and well-being of the general public. Any such order for release by the Department and any review of such order shall be in accordance with the procedures specified in Sections 309 through 323 of Title 75 of the Oklahoma Statutes. Only the initials of the person whose information is being kept confidential shall be on public record for such proceedings unless the order by the Department specifies the release of the name of such person and such order is not appealed by such person or such order is upheld by the reviewing court;
4. Release is made of medical or epidemiological information to those persons who have had risk exposures pursuant to Section 1-502.1 of this title;
5. Release is made of medical or epidemiological information to health professionals, appropriate state agencies, or district courts to enforce the provisions of Sections 1-501 through 1-532.1 of this title and related rules and regulations concerning the control and treatment of communicable or venereal diseases;
6. Release is made of specific medical or epidemiological information for statistical purposes in such a way that no person can be identified; or
7. Release is made of medical information among health care providers, their agents or employees, within the continuum of care for the purpose of diagnosis and treatment of the person whose information is released. This exception shall not authorize the release of confidential information by a state agency to a health care provider unless such release is otherwise authorized by this section, or:

When the patient is an inmate in the custody of the Department of Corrections or a private prison or facility under contract with the Department of Corrections, and the release of the information is necessary:

To prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and it is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat, or

For law enforcement authorities to identify or apprehend an individual where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody.

**Section 1-503 - Reports of Disease.**

- (A) The State Board of Health shall promulgate rules and regulations establishing a system of reporting of cases of diseases diagnosed or detected by practicing physicians and/or clinical laboratories which come within the purview of this article. A reporting system established by the Board shall be applicable to penal and eleemosynary institutions. Failure or refusal to report diseases as required by the Board shall constitute a misdemeanor.
- (B) It shall be the duty of each local health officer to report the existence of disease in his jurisdiction, as may be required by rules and regulations of the State Board of Health.

**Section 1-504 - Quarantine.**

Whenever a local health officer determines or suspects that a person has a communicable disease, he may impose a quarantine on the place or premises where such person usually stays, and notice thereof shall be given in accordance with the rules and regulations of the State Board of Health; and it shall be unlawful for such person, or any other person, to violate the terms or conditions of the quarantine.

**Section 1-505 - Removal of Diseased Persons Authorized.**

A local health officer may cause any person in his jurisdiction, found to be infected with a communicable disease, to be removed to a hospital or other place for the reception of infected persons, unless such person be sick in his own place of residence or cannot be moved without danger to his life.

**Section 1-506 - Permission for Removal of Diseased Persons.**

No person having a communicable disease shall be removed from the place where he is sick, to any other place, except in accordance with rules and regulations of the State Board of Health.



**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH  
CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING  
EFFECTIVE 7/25/2010**

**310:515-1-1. Purpose**

The rules in this Chapter implement the Communicable Diseases Reporting Regulations, 63 O.S. 1981, § 1-503.

**310:515-1-1.1. Definitions**

When used in this Chapter, the following words or terms shall have the following meaning unless the context of the sentence requires another meaning:

"**AIDS**" means Acquired Immunodeficiency Syndrome.

"**Anti-HAV-IgM+**" means a positive test result for the hepatitis A virus immunoglobulin M antibody.

"**Anti-HBc-IgM+**" means a positive test result for the hepatitis B core immunoglobulin M antibody.

"**CD4**" means cluster of differentiation 4 glycoprotein that serves as a receptor for HIV on T helper cells.

"**Department**" or "**OSDH**" means the Oklahoma State Department of Health.

"**E. coli**" means *Escherichia coli*.

"**EIA**" means enzyme immunoassay.

"**HBeAg+**" means a positive test result for the hepatitis B "e" antigen.

"**HBsAg+**" means a positive test result for the hepatitis B surface antigen.

"**HBV DNA+**" means a positive test result for deoxyribonucleic acid of the hepatitis B virus.

"**HIV**" means Human Immunodeficiency Virus.

"**PHIDDO**" or "**PHIDDO system**" means Public Health Investigation and Disease Detection of Oklahoma system.

"**NAT for HCV RNA+**" means a nucleic acid amplification test with a positive test result for hepatitis C virus ribonucleic acid.

"**Outbreak of disease**" means two or more cases residing in different households that have a similar clinical syndrome of a potentially infectious disease, toxin, or agent of known or unknown etiology.

"**RIBA**" means recombinant immunoblot assay.

"**S/co**" means the signal-to-cut-off-ratio.

"**Spp.**" is an abbreviation referring to the term "species," and is used to broaden the antecedent term in order to include all organisms that may be found or described within a given genus.

"**Unusual disease or syndrome**" means a case of an uncommon, possibly infectious disease of known or unknown etiology, even if laboratory testing may be pending or inconclusive, or if testing for common etiologies is negative. Such cases of disease may not normally be endemic to Oklahoma, may be an emerging or re-emerging disease, and/or represent diseases for which a public health intervention may be needed. Examples of such unusual diseases or syndromes include but are not limited to, unexplained adult respiratory distress syndrome, rash illness with atypical presentation, or an illness occurring along with an unusual pattern of illness or death among animals.

"**VISA**" means vancomycin intermediate *Staphylococcus aureus*.

"**VRSA**" means vancomycin resistant *Staphylococcus aureus*.

**310:515-1-2. Diseases to be reported**

The diseases listed in this Chapter must be reported, along with patient identifiers, demographics, and contact information, to the Department upon discovery as dictated in sections OAC 310:515-1-3 and OAC 310:515-1-4. The current "Oklahoma Disease Reporting Manual" shall serve as the standard for disease-specific diagnostic test results to be reported. Ancillary laboratory test results, signs, and symptoms must be reported upon request. The current edition of the "Oklahoma Disease Reporting Manual" may be accessed from the Acute Disease Service disease reporting and alerts web page of the OSDH web site at <http://IDReportingAndAlerts.health.ok.gov>. Laboratories having greater than 400 positive tests performed on-site per year for reportable diseases described in 310:515-1-3, 310:515-1-4(1) and 310:515-1-4(2), or as may be otherwise required to be reported by OSDH, shall begin reporting no later than August 30, 2010 using secure electronic data transmission.



**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) Outbreaks of apparent infectious disease.
- (11) Plague (*Yersinia pestis*).
- (12) Poliomyelitis.
- (13) Rabies.
- (14) Smallpox.
- (15) Tularemia (*Francisella tularensis*).
- (16) Typhoid fever (*Salmonella Typhi*).
- (17) 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, faxed, or submitted via secure electronic data transmission to the OSDH within one (1) business day of diagnosis or positive test as specified in the "Oklahoma Disease Reporting Manual".

- (A) Acid Fast Bacillus (AFB) positive smear.
- (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* (STEC infections).
- (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

- (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 (*Chlamydia 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) *Vibrio* spp. infections including cholera.
- (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 positive test 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) Gonorrhea (*Neisseria gonorrhoeae*).
- (E) HIV viral load.
- (F) Pelvic inflammatory disease (PID).

(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.

**310:515-1-6. Additional diseases may be designated**

The Commissioner of Health may designate any disease or condition as reportable for a designated period of time for the purpose of special investigation.

**310:515-1-7. Control of Communicable Diseases Manual**

The OSDH adopts the most recently published edition of the publication, "Control of Communicable Diseases Manual," published by the American Public Health Association, as a guideline for the prevention and control of communicable diseases. In order to determine the most recently published edition of the "Control of Communicable Diseases Manual," access the American Public Health Association web site at <https://secure.apha.org/source/orders/index.cfm>.

**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* (STEC).
- (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) *Vibrio* spp.
- (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.

## **SUBCHAPTER 3. DISCLOSURES AND USES OF DISEASE PREVENTION AND CONTROL INFORMATION**

### **310:515-3-1. General provisions**

Information received, created and/or maintained by the Department pursuant to the provisions of the Public Health Code relating to Disease Prevention and Control is confidential and shall be protected from disclosure unless release or disclosure is sought in accordance with this subchapter or is otherwise authorized by law.

### **310:515-3-2. Disclosures upon written consent**

Information received, created and/or maintained by the Department pursuant to the provisions of the Public Health Code relating to Disease Prevention and Control may be disclosed to a requesting person upon the presentation of a valid written consent executed by the person whose information is being kept confidential or the legal guardian or legal custodian of such person, under the following conditions:

- (1) If the written consent is delivered to the Department by a person other than the person whose information is being kept confidential or the legal guardian or legal custodian of such person, the written consent must either be verified under oath or contain some form of attestation certifying or confirming the authenticity of the signature of the person whose information is being kept confidential or the legal guardian or legal custodian of such person.
- (2) The written consent must advise the person whose information is being kept confidential or the legal guardian or legal custodian of such person the identity of all persons and/or entities who are likely or intended to receive or view the information sought to be released or disclosed. The identity must include the full name, address and title or office of such person or entity identified in the written consent. The written consent must state that the information will not be released or disclosed to any person or entity not so identified.
- (3) The written consent must include a notice thereon, in bold typeface, that the information authorized for release may include records that may indicate the presence of a communicable or venereal disease, which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).
- (4) The written consent must advise the person whose information is being kept confidential or the legal guardian or legal custodian of such person of the provisions of 63 O.S.Supp.2005, § 1-502.2.

### **310:515-3-3. Grounds for denial**

A person whose information is being kept confidential or the legal guardian or legal custodian of such person may be denied access to information if the information was obtained from someone other than a health care provider under a promise of confidentiality, the access requested would be reasonably likely to reveal the confidential source of the information and the requested information cannot be presented in a manner that preserves the confidentiality of the source. The Department incorporates HIPAA, 42 C.F.R. § 164.524(a)(2)(v)(2006) only as guidance in applying this section.

### **310:515-3-4. Disclosures permitted without a written consent**

Information received, created and/or maintained by the Department pursuant to the provisions of the Public Health Code relating to Disease Prevention and Control may, without first obtaining a written consent in accordance with this subchapter, be disclosed, shared and/or disseminated with health professionals engaged in activities described or identified in the provisions of the Public Health Code relating to Disease Prevention and Control.

## OAC 310 OKLAHOMA STATE DEPARTMENT OF HEALTH

### CHAPTER 555. NOTIFICATION OF COMMUNICABLE DISEASE RISK EXPOSURE

"Unofficial Version"

#### Section

310:555-1-1. Purpose

310:555-1-2. Definitions

310:555-1-3. Applicability

310:555-1-4. Notification system

[**Authority:** Oklahoma State Board of Health; 63 O.S. 2001 Sections 1-104, 1-502, 1-502.1(B), 1-502.2 and 1-502.3]

[**Source:** Codified 12-31-1991]

#### **310:555-1-1. Purpose**

The rules in this Chapter implement a system of notification for risk exposures which are capable of transmitting an occupational risk disease to health care workers, emergency responders, and funeral workers. The employers of those classes of workers are required by federal OSHA standards (29 CFR Part 1910.1030) to have management policies and systems to handle such exposures. Only workers at health care facilities have access to patient charts and laboratory results; further, these facilities have systems to handle such exposures. Therefore, in order to facilitate access to source patient information, the notification system established in this Chapter shall apply to risk exposures to health care workers, emergency responders and funeral workers occurring outside of employment at a health care facility.

[**Source:** Amended at 10 Ok Reg 631, eff 1-1-93 (emergency); Amended at 10 Ok Reg 1717, eff 6-1-93; Amended at 21 Ok Reg 1041, eff 5-13-2004]

#### **310:555-1-2. Definitions**

The following words or terms, when used in this Chapter, shall have the following meaning unless the context clearly indicates otherwise:

**"Designee providing post-exposure follow-up"** means any person authorized by law and designated by the employer to be responsible for counseling the exposed health care worker, emergency responder or funeral worker regarding the potential risks, need for further evaluation, testing and treatment, and communicating source patient test results. Examples would be managers, occupational health practitioners, infection control practitioners, etc. This person should be current with the latest issues regarding occupational exposures and are responsible to comply with 63 O.S. Supp. 2001, Section 1-502.1 et seq.

**"Emergency responder"** means fire fighters, certified or designated first responders, emergency medical technicians and peace officers.

**"Funeral worker"** means any person who prepares a corpse for burial or other disposition.

**"Health care facility"** means any hospital, medical center, clinic, medical examiner, ambulatory surgical center, home care agency, hospice, nursing facility, assisted living facility and residential care facility or other inpatient or outpatient healthcare supplier to which a source patient is transported after a risk exposure.

**"Health care facility designated person"** means the person authorized by law and designated by the health care facility to be responsible for following up reported risk exposures.

**"Health care worker"** means any health care facility employee, physician, nurse or other health care provider whose job activities involve contact with patients or with any blood or body fluids from patients in an inpatient or outpatient healthcare facility, including the patient's home.

**"Licensed health care professional"** means a physician, a registered nurse, or a physician assistant (PA).

**"Occupational Risk disease"** for the purpose of these rules, are those infectious diseases which are transmitted from person—to—person by close or intimate contact with blood or body secretions and which may pose an occupational risk to emergency responders, health care workers, and funeral workers. Such diseases include, but are not limited to, Hepatitis B (HBV), Hepatitis C (HCV), Human Immunodeficiency Virus (HIV), meningococcus, measles, pertussis and tuberculosis.

**"Potentially infectious body fluids"** means blood or blood products; semen or vaginal secretions; pleural, synovial, cerebrospinal, pericardial, peritoneal and amniotic fluids; any fluid visibly contaminated with blood; and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

**"Risk exposure"** means an exposure which has been epidemiologically demonstrated to pose a risk for transmission of an occupational risk disease. Such an exposure would include a parenteral (e.g. needle stick or cut), permucosal (e.g. mouth—to—mouth resuscitation or splash to the eye or mouth) exposure to blood or other body fluids, or contact with blood to skin which is chapped, abraded or afflicted with dermatitis or exposure to respiratory secretions.

**"Source patient"** means the person to whom the health care worker, emergency responder, or funeral worker has had a risk exposure.

[**Source:** Amended at 10 Ok Reg 631, eff 1-1-93 (emergency); Amended at 10 Ok Reg 1717, eff 6-1-93; Amended at 21 Ok Reg 239, eff 11-6-2003 (emergency); Amended at 21 Ok Reg 1041, eff 5-13-2004]

### **310:555-1-3. Applicability**

The notification system established in this Chapter shall apply to employers of health care workers, emergency responders and funeral workers for risk exposures not occurring during employment at a health care facility.

[**Source:** Amended at 10 Ok Reg 631, eff 1-1-93 (emergency); Amended at 10 Ok Reg 1717, eff 6-1-93; Amended at 21 Ok Reg 1041, eff 5-13-2004]

### **310:555-1-4. Notification system**

(a) Any health care worker, emergency responder or funeral worker who sustains a risk exposure, not occurring during employment at a health care facility, is responsible for immediately reporting that exposure. To initiate this notification system, the exposed worker shall complete Part I of the OSDH Communicable Disease Risk Exposure Report Form (ODH#207) and submit it to their employer or employer's designated person.

(b) The employer shall be responsible for having the circumstances of the exposure reviewed by a licensed health care professional to determine if a risk exposure occurred. The licensed health care professional should use guidelines of the Centers for Disease Control and Prevention to make this determination.

(c) If the licensed health care professional determines that a valid risk exposure has occurred, then the employer shall be responsible to submit within 24 hours of exposure, if possible, the Risk Exposure Report to:

(1) The health care facility's designated person at the institution to which the source patient was transported, or

(2) The source patient's attending physician, if the source patient was being cared for outside of a health care facility, or

(3) The health care facility that last had responsibility for a deceased source patient, such as hospital of death, medical examiner or attending physician.

(d) The health care facility or the source patient's attending physician, if the source patient was being cared for outside of a health care facility, shall be responsible for designating an appropriate person authorized by law (and at least one back-up person) to provide confidential follow-up of the Risk Exposure Report. Follow-up should include:

(1) Review of the source patient's medical record and consultation with the patient's attending physician to determine if the patient is known to have an occupational risk disease or if the source patient has risk factors for HBV, HCV, and/or HIV infection.

(2) Testing of the source patient for HBV, HCV and/or HIV should be pursued upon request of the exposed worker's employer under the following conditions:

(A) the health care facility has been provided with a completed written report of occupational exposure utilizing ODH Form 207, and

(B) ODH Form 207 has been signed by a licensed health care professional verifying that a risk exposure to the source patient's blood or other potentially infectious body fluid has occurred. In accordance with 63 O.S. 2001, Section 1—502.3(A), testing of a source patient's blood may be performed

(i) with their written consent,

(ii) without consent when ODH Form 207 is presented to the health care facility as noted above, or

(iii) upon court order.

(3) The source patient's blood, whenever available, shall be submitted for testing within 24 hours after ODH Form 207 has been received. When Rapid HIV Testing of the source patient is available and appropriate, efforts shall be made to have these results communicated to the health care facility's designated person immediately. All other test results shall be communicated to the health care facility's designated person within the next 5 days. In some instances, special arrangements (e.g., telephone call) may need to be made in order to have results within 5 days.

(4) Positive test results for HIV, HBV, and HCV from source patients should be made available by the health care facility designee immediately, and not more than 24 hours of receipt of the results to the physician or designee providing post-exposure follow-up to the exposed worker named on ODH Form 207. In addition, the health care facility designated person may (without consent) release the results of the source patient's HIV, HBV and HCV tests to:

(A) the source patient (and his/her physician);

(B) the exposed worker named on ODH Form 207; and/or

(C) Oklahoma State Department of Health.

(e) The health care facility designated person shall complete Part II of the Risk Exposure Report and mail it to the Oklahoma State Department of Health within six (6) working days.

(f) The physician or designee providing post-exposure follow-up to the exposed worker shall be responsible for ensuring the exposed worker has been informed whether or not he or she has been exposed to an occupational risk disease and make recommendations for appropriate follow-up.

(g) All reasonable costs associated with follow-up and testing of the source patient or exposed worker(s) as directed by these rules shall be paid by the exposed worker's employer, unless such costs to the source patient are borne by other payment sources.

(h) All information on the OSDH Risk Exposure Report shall be strictly confidential in accordance with applicable state laws.

[**Source:** Amended at 10 Ok Reg 631, eff 1-1-93 (emergency); Amended at 10 Ok Reg 1717, eff 6-1-93; Amended at 21 Ok Reg 239, eff 11-6-2003 (emergency); Amended at 21 Ok Reg 1041, eff 5-13-2004]



# Changes to the Communicable Disease and Injury Reporting Rules

The new Communicable Disease and Injury Reporting rules went into effect on July 25, 2010. The significant changes to the rules are listed below.

## Definitions

The updated definitions are:

- "Outbreak of disease" means two or more cases residing in different households that have a similar clinical syndrome of a potentially infectious disease, toxin, or agent of known or unknown etiology.
- "Unusual disease or syndrome" means a case of an uncommon, possibly infectious disease of known or unknown etiology, even if laboratory testing may be pending or inconclusive, or if testing for common etiologies is negative. Such cases of disease may not normally be endemic to Oklahoma, may be an emerging or re-emerging disease, and/or represent diseases for which a public health intervention may be needed. Examples of such unusual diseases or syndromes include but are not limited to, unexplained adult respiratory distress syndrome, rash illness with atypical presentation, or an illness occurring along with an unusual pattern of illness or death among animals.

## Diseases and Conditions to be Reported within One Business Day

Diseases/conditions that are no longer reportable

- Cyclosporiasis (*Cyclospora cayetanensis*)
- Giardiasis (*Giardia lamblia*)
- Streptococcus, group A invasive disease

Disease/condition that has been modified

- Hepatitis C – limited reporting to persons < or = 40 years or in persons having jaundice or ALT > or = 400 regardless of age with laboratory confirmation

# To Which State Should You Report a Case?

Oklahoma health care practitioners and laboratorians should contact the appropriate service of the OSDH to report all cases of disease diagnosed/identified in Oklahoma. Epidemiologists at the OSDH will evaluate clinical and laboratory information and interact with other State Health Department epidemiologists to determine the appropriate state to report the case to the CDC. By agreement among the 50 State Epidemiologists, the OSDH will use the "Reciprocal Interstate Notification" system to report the case to another state health department as needed.



# **Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) System**



# PHIDDO

## What Is PHIDDO?

The Oklahoma State Department of Health (OSDH) presents the Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) system to electronically submit cases of reportable diseases and conditions.

- User-friendly system.
- Secure internet-based application.
- Real-time disease reporting.
- Centralized place for reporting.
- Online case reporting, eliminating paperwork completion, faxing, and mailing to OSDH.
- All data is secured and accessible only to those with specific authorization, e.g., a user from Hospital A can only see cases submitted from Hospital A.
- Ability to update previously submitted reports.

PHIDDO is the preferred method of reporting to the OSDH.

## Who Should Be A PHIDDO User?

- Physicians
- Physician Assistants
- Nurse Practitioners
- Infection Preventionists
- Laboratorians
- Other personnel in a clinic or health care setting who would be submitting cases of reportable diseases and conditions

## How Can I Be A PHIDDO User?

For additional information about PHIDDO, please contact Tony McCord at [TonyWM@health.ok.gov](mailto:TonyWM@health.ok.gov) or (405) 271-4060.

To register for PHIDDO, complete the PHIDDO and OK-HAN User Enrollment Form in the Disease Reporting Forms section and fax it to Tony McCord at (405) 271-6680.

## Who Do I Contact For Help After I Become A PHIDDO User?

If you are having problems logging on to PHIDDO or any non-disease specific problems regarding PHIDDO, please contact Tony McCord. If you have any questions regarding reporting of a specific disease, see the table below for the person to contact.

Issue	Name	Phone
General Comm Diseases	Epi-On-Call	(405) 271-4060
Hep B & C	Janet Wilson	(405) 271-4636
TB	Amy Hill	(405) 271-4060
HIV/STD	Traci Wills or Terrainia Harris	(405) 271-4636
HIV CTR/XPEMS	Maria Srouji or Terrainia Harris	(405) 271-4636
Gen PHIDDO Questions	Tony McCord or Anthony Lee	(405) 271-4060



# **Public Health Laboratory**





## **Public Health Laboratory of the Oklahoma State Department of Health**

The Public Health Laboratory (PHL) is dedicated to providing state of the art, high quality laboratory testing to the citizens of Oklahoma, through the following divisions of the Oklahoma State Department of Health: Acute Disease, Chronic Disease, HIV/STD, Immunization, Emergency Preparedness & Response, Maternal & Child Health, WIC and Screening & Special Services.

As a member of the National Public Health infrastructure, the PHL uses the national public health laboratory network to coordinate the health and safety of Oklahoma citizens. Rapid diagnosis of communicable diseases and the recognition of biological/chemical terrorism events are essential to providing a defense for Oklahoma.

The PHL also provides all preparedness training of laboratory personnel in the private and public sector.

### **Accessioning Section:**

The Accessioning section receives incoming specimens from county health departments and private providers for testing in the Public Health Laboratories.

Accessioning is responsible for determining acceptability of a specimen (according to the Resource Manual criteria), assigning the appropriate laboratory number to the specimen, entering demographic information into the Laboratory Information System, centrifuging, and delivering the specimens to the appropriate laboratory.

### **Bacteriology/Parasitology Section:**

The general bacteriology laboratory performs primary isolation and identification on clinical specimens of human and nonhuman origin, as well as, identifying referred isolates from laboratories across the state. This section also performs testing for foodborne pathogens during outbreak situations.

The enteric bacteriology section examines stools from both human and nonhuman sources for wide variety of enteropathogens including: *Salmonella* spp., *Shigella* spp., enterohemorrhagic *Escherichia coli*, *Campylobacter* spp., *Vibrio* spp., *Yersinia enterocolitica*, *Aeromonas* spp., *Pleisomonas shigelloides*, *Bacillus cereus* and *Staphylococcus aureus*. In addition to clinical specimens, all *Salmonella* species, enterohemorrhagic *E. coli*, *Vibrio* species and *Yersinia* species isolated by clinical laboratories are required to be sent to this laboratory for speciation and serotyping. Identification of bacterial strains are performed by using a combination of rapid and traditional biochemical testing, serotyping and Real Time Polymerase Chain Reaction (PCR). All isolates of *Escherichia coli* are screened by Real Time PCR to detect the presence of STX I and STX II genes that are responsible for the production of shiga-like toxins. *Bordetella pertussis* and *Bordetella parapertussis* are identified by Real Time PCR.

The Parasitology section examines stool, referred strains and blood for amoebas, nematodes, cestodes, trematodes and other parasites. Techniques used for these

examinations include wet mounts using iodine and saline, trichrome stain and modified acid fast stain for the detection of *Cryptosporidium* and *Cyclospora*.

### **Chemical Terrorism Section:**

The role of the Oklahoma PHL, as a LRN level 3 chemical terrorism response laboratory, is to provide guidance and training to hospitals in the collection, packaging and transfer of specimens from possible victims of a chemical terrorism event. The PHL will also provide surge capacity for collection supplies and for storage of specimens. The PHL does NOT perform specimen chemical analysis, but serves as a pass through laboratory for collected specimens.

### **Field Laboratory Section:**

The Public Health Laboratory is responsible for 95 testing sites. All sites operate under the PHL Provider-Performed Microscopy CLIA license. The Field Operations Section provides technical consultation for testing procedures, quality systems, laboratory techniques, and equipment evaluation. Annual or semi-annual site visits (Quality Assurance Reviews) are conducted to evaluate and document county health department laboratory performance, and to make recommendations to improve the quality of testing. Training for the following tests is provided: wet preparation / KOH, hemoglobin, glucose, and urinalysis. Remedial action (follow-up) visits and in-service training are also provided as needed. A Good Laboratory Practice Manual has been prepared and implemented to meet the Federal requirements of CLIA. This manual provides quality control and assurance guideline, as well as, written procedures for the county health departments.

### **Immunology Section:**

The immunology section supports the HIV/STD Service and many Oklahoma healthcare providers by performing human immunodeficiency virus (HIV-1) antibody screenings. Rubella and hepatitis "B" surface antigen testing is provided for county health departments that monitor prenatal patients. Since hepatitis is a major public health issue in Oklahoma, this section of the PHL has validated and implemented hepatitis B surface antigen and hepatitis C testing for approved sites.

This section works closely with the Acute Disease Service on infectious disease surveillance projects, including the Tick Panel Study which tests for *Ehrlichia chaffeensis* and *Rickettsia rickettsii* RMSF). Human arbovirus activity is also monitored for West Nile and St. Louis encephalitis.

### **Laboratory Shipping and Receiving Section:**

The Shipping and Receiving section is responsible for receiving, delivering, and storing all equipment and laboratory supplies used by the Public Health Laboratory. This section also prepares and ships Enteric, Parasite, TB, Pertussis, Gen Probe, Group B and Virus Isolation kits to all county health departments and private providers. The PKU forms are housed in this section for shipment to the hospitals.

## Laboratory Training Section:

The training section provides year round training to hospital laboratories including the CDC Select Agent rule-out courses, specimen referral, use of the Secure Telecommunication Application Terminal Package (STATPack), specimen collection, storage of specimens, CDC chemical terrorism guidelines and shipping and packaging of laboratory specimens. The PHL keeps the state laboratories up to date on training opportunities from across the country. The training section also provides training, collection forms, sampling kits, and standardized protocols to Oklahoma's Hazmat Regional Response Teams for responding to suspicious substance events and to Consumer Protection's Public Health Specialists for responding to Foodborne outbreaks.

## Molecular Section

The Molecular Section performs a variety of rapid, accurate and sensitive tests for other sections within the Public Health Laboratory. These methods include real-time PCR for the detection of virulence factors *stx1* and *stx2* associated with toxigenic *Escherichia coli*, *B. pertussis* and *parapertussis* detection, seasonal influenza and Pandemic 2009 Influenza A H1N1 detection. Rapid detection of bioterrorism agents is available due to collaboration with CDC's Lab Response Network (LRN). These agents include:

*Bacillus anthracis*, *Yersinia pestis*, *Brucella species*, *Francisella tularensis*, *Burkholderia mallei/pseudomallei*, Ricin toxin, *Staphylococcus enterotoxin B*

Working closely with state clinicians and law enforcement, the Molecular Section offers rapid rule out detection for bioterrorism isolates, as well as, clinical and environmental samples. Molecular methods replaced some traditional testing methods. In 2009, culturing of *B. pertussis* and *parapertussis* was replaced exclusively by real-time PCR.

Molecular is also an active participant in CDC's PulseNet organization. PulseNet is the standardized international molecular subtyping network which uses Pulsed-Field Gel Electrophoresis (PFGE) to generate bacterial DNA patterns for foodborne pathogens. PulseNet allows all 50 states, several large municipalities, Food and Drug Agency, US Department of Agriculture, and Canadian Provinces to interact and to quickly recognize outbreaks at the outset, when prevention measures can be effectively taken. PulseNet has recently expanded to include PulseNet Europe, Asia Pacific, Middle East, and Latin America. Molecular currently has 3 personnel certified to analyze and submit data to CDC's database. In 2009, the Molecular Section performed PFGE to over 2800 isolates within a 4 day turn-around time as recommended by CDC for all *Salmonella*, *Shigella*, toxigenic *Escherichia coli* and *Listeria monocytogenes* isolates. Molecular personnel alerted Epidemiologists to approximately 30 localized detectable clusters of indistinguishable PFGE patterns within Oklahoma in 2009. This section also posted indistinguishable pattern matches to CDC for 55 national clusters. The PHL is the only PulseNet certified lab in the Oklahoma.

Molecular personnel received Seasonal Influenza PCR training from CDC in early Spring 2009 for the FDA approved IVD Influenza Assay. The PHL was the only lab in Oklahoma to receive training. The advanced training allowed Molecular personnel to

be better prepared for the outbreak of 2009 Influenza A H1N1. Because of the advanced training this section was able to acquire the FDA Emergency Authorization Usage Swine Flu Assay much earlier than many other states. During 2009 Molecular tested almost 4000 viral samples for Influenza A (2009 Pandemic Influenza A H1N1, Seasonal H1, H3) and Influenza B by real-time PCR.

Molecular continues to collaborate with CDC besides PulseNet, LRN and Influenza. In 2009 personnel received training at CDC to implement sequencing of Norovirus GI and GII for epidemiological purposes. After completion of this course Molecular personnel completed a Norovirus certification set to become a member of CalciNet. CalciNet monitors Norovirus nomenclature and detects cluster of sequences much the same as PFGE detects clusters of bacterial DNA. This will supplement the real-time PCR assay that the PHL currently has in place for the detection of Norovirus GI and GII. The PHL also attended training for a newly revised bead based assay to serotype Salmonella. Eventually this method may offer next day serotyping.

Molecular continues to offer second tier Cystic fibrosis transmembrane conductance regulator (CFTR) testing for 43 of the most common mutations. Molecular tested over 1300 samples for our Newborn Screening section in 2009.

#### **Mycobacteriology/Mycology Section:**

The mycobacteriology/mycology section functions to isolate and identify *Mycobacterium tuberculosis complex* and other *Mycobacterium spp.* The laboratory accepts specimens from all County Health Departments and hospitals located in Oklahoma. The specimens are processed in the laboratory with a fluorochrome acid-fast stain result available within 24 hours. The specimen is also inoculated into a liquid media and onto a solid media. The liquid cultures are monitored 24 hours a day for the detection of growth. Solid media is checked for visual growth once a week. Identification of cultures positive for acid-fast bacilli (AFB) is made by mycolic acid profile analysis using high performance liquid chromatography. As necessary, the samples are either assayed with DNA probes or by traditional biochemical tests for identification. Antimicrobial susceptibility to first line antimycobacterial drugs is performed on all first time TB isolates grown or referred.

The PHL participates in a national genotyping program. The Mycobacteriology laboratory sends all first time TB isolates to a CDC affiliated laboratory to perform strain matching. The affiliated laboratory also performs Restriction Fragment Length Polymorphism (RFLP) testing upon request and submission of an isolate.

**The mycology section serves the state of Oklahoma by isolating and identifying fungal specimens. The laboratory receives clinical specimens and referred isolates. Clinical mycology specimens must be pre-approved by the laboratory prior to submission. The laboratory utilizes DNA probe technology for the rapid identification of *Histoplasma capsulatum*, *Blastomyces dermatitidis* and *Coccidioides immitis*. Yeasts are identified by carbon assimilation tests. Fungal isolates are identified using microscopic and macroscopic observations with additional tests used to supplement as needed**

### **Newborn Screening Section:**

The newborn screening laboratory performs state mandated screens on all babies born in the state of Oklahoma. Shortly after birth, and prior to discharge from the hospital, a heel stick is performed on every neonate to collect a small amount of blood onto a filter paper specimen collection card. These cards are transported to the PHL where each specimen is screened for Congenital Adrenal Hyperplasia, Congenital Hypothyroidism, Cystic Fibrosis, Galactosemia, Biotinidase deficiency, Hemoglobinopathies (SS, S- $\alpha$ Thal, SC, Variant Hemoglobins), Amino Acid Disorders (PKU, ARG, ASA, CIT, CIT II, HCY, MET, MSUD, H-PHE, BIOPT [BS], BIOPT [REG], TYR I, TYR II, TYR III), Fatty Acid Oxidation Disorders (MCAD, CUD, SCAD, GA2, VLCAD, CACT, CPT IA, CPT II, LCHAD, TFP) and Organic Acid Disorders (PROP, MUT, CBL-C,D; CBL-A,B; MAL, IBG, IVA, 2MBG, 3-MCC, 3MGA, HMG, MCD, 2M3HBA,  $\alpha$ KT, GA1). Screens are performed using test methods that include Enzyme Immunoassay, IsoElectric Focusing, Tandem Mass Spectrometry and Time-Resolved Fluorescence.

The newborn screening laboratory works closely with the Follow-up Program within Prevention and Preparedness Services. The Follow-up Program ensures all babies identified at risk for a disorder through screening receive repeat testing and clinical services (such as, diagnostic workups, treatment, genetic counsel and subspecialty care) as indicated. With early identification and prompt treatment for these disorders, many Oklahoma children are saved from chronic health problems, mental retardation or death.

The newborn screening laboratory also participates & interacts with the State Metabolic Specialist Workgroup, Oklahoma Genetics Advisory Council, Heartland Regional Genetics & Newborn Screening Collaborative, and the National Newborn Screening & Genetics Resource Center.

### **QC/Media Prep:**

The QC section of this area performs Quality Control on all incoming commercial and prepared media used by the laboratories. The control and internal proficiency organisms are grown and sent the laboratory for use. The Media Prep section prepares media and reagents for use in the laboratories and maintains the current stock of commercial media.

### **Serology Section:**

The serology section is responsible for the laboratory diagnosis of syphilis in Oklahoma by performing a non-treponemal test (RPR) and Serodia *Treponemal Pallidum* Particle Agglutination (TP-PA) tests. This rapid testing allows the HIV/STD Service to assist in the Oklahoma Syphilis Elimination Program. Oklahoma county jail specimens are also tested daily which results in the rapid treatment of confirmed syphilis cases. Rh factor and antibody screening are also performed for prenatal patients from county health departments and other Oklahoma healthcare providers.

### **Virology Section:**

The virology section performs virus isolation and identification, by cell culture, on all common viral agents. This section participates yearly as a World Health Organization (WHO) Collaborating Laboratory by providing influenza isolates to assist in the determination of yearly vaccine strain selection and vaccine efficacy. This section, in collaboration with the Molecular Section monitors viral activity during respiratory virus season.

The virology section also performs rabies examinations by direct immunofluorescence on brain specimens from any animal suspected of having rabies, especially if a human or animal exposure is suspected. The PHL Virology Section is the only rabies testing lab in the state, and has a key role in the prevention and control of rabies in Oklahoma. The rapid laboratory diagnosis of the rabies virus can lead to timely and effective prophylaxis of humans who have been exposed to rabies.

This section participates in the Infertility Prevention Project by testing for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC), using an amplified DNA assay. Samples for testing are received from all the county health departments and some health clinics. Urine samples from juvenile detention centers, a high-risk population, for CT and GC are also tested using this assay. Urine collection is a noninvasive method of sampling juveniles.

Early diagnosis of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* leads to timely treatment, thereby reducing the possibility of complications and the risk of further transmission.





# ELECTRONIC PUBLIC HEALTH LABORATORY REQUISITION

Lab requisitions to the Oklahoma State Department of Health Public Health Laboratory (PHL) can now be submitted and printed electronically from the Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) system. The Lab Requisition is used to request all tests performed. The Public Health Laboratory (PHL) requires one lab slip for each test ordered.

Each user must change the margins on each computer used to print the Lab Requisition form.

## To change the margins:

1. Open Internet Explorer.
2. Go to File – Page Set Up.
3. Change the all margins from 0.75 to 0.25.
4. Delete the Header/Footer Information.
5. Press Apply.
6. Exit Internet Explorer.

## To print a Lab Requisition:

1. Enter a report into PHIDDO and submit it.
2. Review the information to ensure that it is correct. If any corrections are needed, click on "Edit Case" box to make any corrections and submit the report again.
3. Click on the "Specimen Submission Form" box.
4. The Patient Information and Submitter Information are displayed.
5. Enter the Time of Collection in HH:MM. Failure to enter the colon will result in an error message.
6. Enter the Type of Test.
7. Enter the Source.
8. Press Submit.
  - a. Information is sent to OSDH. The Information returns with a Barcode on the top right and bottom right corners of the form.
9. Print the Form.
10. Cut off the top right hand corner and tape the Bar Code to the specimen.
11. Package specimen and requisition with the Bar Code exposed on the outside.

Please contact Tony McCord ([TonyWM@health.ok.gov](mailto:TonyWM@health.ok.gov)) at (405) 271-4060 if you have any questions about PHIDDO or for access to PHIDDO.

Please contact Peter Lemmon ([PeterL@health.ok.gov](mailto:PeterL@health.ok.gov)) at (405) 271-5070 if you have any questions about the Laboratory Requisition page.



# **Disease Reporting Guidelines**



# Quick Reference List of Reportable Infectious Diseases by Service

## Acute Disease Service

Acid Fast Bacillus (AFB) positive smear  
Anthrax  
Arboviral infections  
Bioterrorism – suspected disease  
Botulism  
Brucellosis  
Campylobacteriosis  
Congenital Rubella Syndrome  
Cholera  
Creutzfeldt-Jakob Disease  
Cryptosporidiosis  
Dengue Fever  
Diphtheria  
*E. coli* O157:H7 or a Shiga toxin producing *E. coli* (STEC)  
Ehrlichiosis / Anaplasmosis  
Hantavirus Pulmonary Syndrome  
*H. influenzae* invasive disease  
Hemolytic Uremic Syndrome, post diarrheal  
Hepatitis A (Anti-HAV-IgM+)  
Influenza associated pediatric mortality  
Legionellosis  
Leptospirosis  
Listeriosis  
Lyme disease  
Malaria  
Measles  
Meningococcal invasive disease  
Mumps  
Outbreak of apparent infectious disease  
Pertussis  
Plague  
Poliomyelitis  
Psittacosis  
Q Fever  
Rabies, Animal  
Rabies, Human  
Rocky Mountain spotted fever

Rubella  
Salmonellosis  
Shigellosis  
Smallpox  
*Staphylococcus aureus*, VISA or VRSA  
*Streptococcus pneumoniae*, children <5 years  
Tetanus  
Trichinellosis  
Tuberculosis  
Tularemia  
Typhoid Fever  
Unusual disease or syndrome  
Vibriosis, including Cholera  
Viral Hemorrhagic Fever  
Yellow Fever

## HIV/STD Service

AIDS (Acquired Immunodeficiency Syndrome)  
CD4 count <500  
*Chlamydia trachomatis*, Genital Infections  
Gonorrhea  
Hepatitis B, Acute  
Hepatitis B and C, Acute  
Hepatitis B during pregnancy (HBsAg+)  
Hepatitis C, Acute  
Human Immunodeficiency Virus (HIV) Infection  
Pelvic Inflammatory Disease  
Syphilis



## **Organisms to be sent to the Public Health Laboratory**

*Bacillus anthracis*

*Brucella* spp.

*Clostridium botulinum* suspected clinical specimens following consultation with OSDH epidemiologist to be forwarded to the CDC

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

*Francisella tularensis*

*Haemophilus influenzae* (sterile sites only)

*Listeria monocytogenes* (sterile sites only)

*Mycobacterium tuberculosis*

*Neisseria meningitidis* (sterile sites only)

*Plasmodium* spp.

*Salmonella* spp.

*Staphylococcus aureus* that are VISA or VRSA

*Vibrio* spp. including Cholera

*Yersinia* spp.

## **Occupational/Employee Exposures**

Consultation is available for the management of occupational exposures to bloodborne pathogens by calling the HIV/STD Service at 405-271-4636.





# Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome (AIDS)

This revised definition of HIV infection, which applies to any HIV (e.g., HIV-1 or HIV-2), is intended for public health surveillance only. It incorporates the reporting criteria for HIV infection and AIDS into a single case definition.

## Laboratory Criteria:

- Positive result on a screening test for HIV antibody (e.g., repeatedly reactive enzyme immunoassay), followed by a positive result on a confirmatory (sensitive and more specific) test for HIV antibody (e.g., Western blot or immunofluorescence antibody test), or
- HIV nucleic acid (DNA or RNA) detection (e.g., DNA polymerase chain reaction [PCR] or plasma HIV-1 RNA)<sup>\*\*\*</sup>, or
- HIV p24 antigen test, including neutralization assay, or
- HIV isolation (viral culture)

## Clinical or Other Criteria (if the above laboratory criteria are not met):

- Diagnosis of HIV infection, based on the laboratory criteria above, that is documented in a medical record by a physician, or
- Conditions that meet criteria included in the case definition for AIDS

<sup>\*\*\*</sup> In adults, adolescents, and children infected by other than perinatal exposure, plasma viral RNA nucleic acid tests should **NOT** be used in lieu of licensed HIV screening tests (e.g., repeatedly reactive enzyme immunoassay). In addition, a negative (i.e., undetectable) plasma HIV-1 RNA test result does not rule out the diagnosis of HIV infection.

## Instructions for Reporting:

- Cases of HIV and AIDS must be reported to the HIV/STD Service Surveillance and Analysis Office by secure web-based PHIDDO report or mail within one business day of diagnosis or positive test.
- All HIV viral loads must be reported to the HIV/STD Service by secure web-based PHIDDO report or mail within one month of diagnosis or positive test.

## Instructions for Specimen Submission:

- HIV specimens were required to be submitted to the Oklahoma State Department of Health PHL under the Communicable Disease and Injury Reporting rules effective June 25, 2007. As of January 1, 2008 the specimens were no longer required to be sent to the PHL and the Communicable Disease and Injury Reporting rules were amended and went into effect June 25, 2009.



# Anthrax

## Clinical Description:

An acute bacterial disease usually affecting the skin, which may very rarely involve the oropharynx, lower respiratory tract, mediastinum or intestinal tract. In cutaneous anthrax, itching of an exposed skin surface occurs first, followed by a lesion that becomes papular, then vesicular, and in 2-6 days develops into a depressed black eschar. Moderate to severe and very extensive edema, sometimes with small secondary vesicles, usually surrounds the eschar. Pain is unusual and, if present, is due to edema or secondary infection. The head, forearms and hands are common sites of infection. The lesion has been confused with human Orf Virus. Untreated infections may spread to regional lymph nodes and to the bloodstream with an overwhelming septicemia. Involvement of the meninges can occur. Untreated cutaneous anthrax has a case-fatality rate between 5% and 20%, but with effective antibiotic therapy, few deaths occur. The lesion evolves through typical local changes even after the initiation of antibiotic therapy.

Initial symptoms of inhalation anthrax are mild and nonspecific, resembling a common URI; acute symptoms of respiratory distress, x-ray evidence of mediastinal widening, fever and shock follow in 3-5 days, with death shortly thereafter. Intestinal anthrax is rare and more difficult to recognize, except that it tends to occur in explosive food poisoning outbreaks; abdominal distress is followed by fever, signs of septicemia and death in the typical case. An oropharyngeal form of primary disease has also been described.

## Laboratory Criteria for Reporting:

- Isolation or suspected isolation of *Bacillus anthracis* from a clinical specimen, or
- Anthrax electrophoretic immunotransblot (EITB) reaction to the protective antigen and/or lethal factor bands in one or more serum samples obtained after onset of symptoms, or
- Demonstration of *Bacillus anthracis* in a clinical specimen by immunofluorescence

## Instructions for Reporting:

- **Cases of anthrax must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system immediately upon suspicion, diagnosis, or positive test.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

## Instructions for Isolate Submission:

- Isolates, which cannot be ruled out per the sentinel protocols, must be sent to the Oklahoma State Department of Health Public Health Laboratory (PHL). Please contact the PHL by telephone (405-271-5070 daytime or 405-271-7457 after-hours) for instructions on isolate submission. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Arboviral Infection

## **Clinical Description:**

Arboviral encephalitis or meningitis resulting from mosquito exposures may include infections with St. Louis encephalitis, LaCrosse encephalitis, Western Equine encephalitis or West Nile viruses. Arboviral infection may result in a febrile illness of variable severity associated with neurologic symptoms ranging from headache to aseptic meningitis or encephalitis. Arboviral encephalitis cannot be distinguished clinically from other central nervous system (CNS) infections. Symptoms can include headache, confusion or other alteration in sensorium, nausea and vomiting. Signs may include fever, meningismus, cranial nerve palsies, paresis or paralysis, sensory deficits, altered reflexes, convulsions, abnormal movements and coma of varying degree.

## **Laboratory Criteria for Reporting:**

- Isolation of virus from or demonstration of viral antigen by polymerase chain reaction (PCR), or nucleic acid test (NAT) specific to arboviruses in tissue, blood, CSF, or other body fluid, or
- Positive immune globulin M (IgM) arboviral specific result from blood, cerebrospinal fluid (CSF), or other body fluid, or
- Fourfold or greater change in immune globulin G (IgG) among acute and convalescent specimens

## **Instructions for Reporting:**

- Cases of arboviral infection must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## **Instructions for Isolate or Specimen Submission:**

- The Oklahoma State Department of Health Public Health Laboratory (PHL) performs testing or confirmation for arboviral infections on request. Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Bioterrorism – Suspected Disease

## Clinical description:

A bioterrorism attack defined by CDC is the deliberate release of viruses, bacteria, or other germs (agents) used to cause illness or death in people, animals, or plants. These agents are typically found in nature, but it is possible that they could be changed to increase their ability to cause disease, make them resistant to current medicines or to increase their ability to be spread into the environment. Biological agents can be spread through the air, through water, or in food. Terrorists may use biological agents because they can be extremely difficult to detect and do not cause illness for several hours to several days. Some bioterrorism agents, like the smallpox virus, can be spread from person-to-person and some, like anthrax, can not. Specific potential bioterrorism agents of concern include Anthrax, Botulism, Plague, Smallpox, Tularemia and Viral Hemorrhagic Fevers.

Upon suspicion of a bioterrorism – related disease, the Epidemiologist-on-Call must be notified immediately. Once notified, the Epidemiologist-on-Call will provide an assessment of the situation and guidance for specimen submission and disease investigation.

## Laboratory criteria for diagnosis:

- Consult with the Epidemiologist-on-Call for instructions on what specimens need to be collected for testing.

## Instructions for Reporting:

- **Suspected bioterrorism–related disease must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system immediately upon suspicion, diagnosis, or positive test.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

## Instructions for Specimen Submission:

- Please contact the ADS by telephone (405-271-4060 or 800-234-5963) to arrange for clinical specimen submission for testing by the Oklahoma State Department of Health Public Health Laboratory (PHL) and the Centers for Disease Control and Prevention. Contact the PHL by telephone (405-271-5070 daytime or 405-271-7457 after-hours) immediately for the proper procedures to send in specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.





# Botulism

## Foodborne Botulism

### Clinical Description:

Foodborne botulism is a severe intoxication resulting from ingestion of preformed toxin present in contaminated food. The illness is characterized by acute bilateral cranial nerve impairment and descending weakness or paralysis. Visual difficulty (blurred or double vision), dysphagia and dry mouth are often the first complaints. These symptoms may extend to a symmetrical flaccid paralysis in a paradoxically alert person. Vomiting and constipation or diarrhea may be present initially. Fever is absent unless a complicating infection occurs. The case-fatality rate in the USA is 5%-10%. Recovery may take months.

## Infant Botulism

### Clinical Description:

Infant botulism is the most common form of botulism in the USA; it results from spore ingestion, subsequent growth and then in-vivo toxin production in the intestine by *Clostridium botulinum*. Infants under one year of age are affected almost exclusively; additionally, adults who have altered GI anatomy or microflora can be affected. The illness typically begins with constipation, followed by lethargy, listlessness, poor feeding, ptosis, difficulty swallowing, loss of head control, hypotonia extending to generalized weakness ("floppy baby" syndrome) and, in some cases, respiratory insufficiency and arrest. Infant botulism has a wide spectrum of clinical severity, ranging from mild illness with gradual onset to sudden infant death; some studies suggest it may cause an estimated 5% of cases of sudden infant death syndrome (SIDS). The case-fatality rate of hospitalized cases in the USA is less than 1%; without access to hospitals with pediatric intensive care units, more would die.

## Wound Botulism

### Clinical Description:

In wound botulism the same clinical picture is seen after the causative organism contaminates a wound in which anaerobic conditions develop. This type of botulism occurs least frequently.

### Laboratory Criteria for Reporting:

- Isolation of *Clostridium botulinum* from wound, or
- Detection of botulinum toxin in serum

### Instructions for Reporting:

- **Cases of botulism must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system immediately upon suspicion, diagnosis, or positive test.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

**Instructions for Specimen Submission:**

- Please contact the Epidemiologist-on-Call by telephone (405-271-4060 or 800-234-5963) to arrange for clinical specimen submission for botulism testing with the Centers for Disease Control and Prevention. A copy of the Public Health Laboratory Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.

**Other Information:**

- Contact the Epidemiologist-on-Call to assist in obtaining Baby BIG for infant botulism cases.



# Brucellosis

## Clinical Description:

A systemic bacterial disease with acute or insidious onset, characterized by continued, intermittent or irregular fever of variable duration, headache, weakness, profuse sweating, chills, arthralgia, depression, weight loss and generalized aching. Localized suppurative infections of organs, including the liver and spleen, may occur; subclinical disease has been reported and chronic localized infections can occur. The disease may last for several days, months, or occasionally for a year or more if not adequately treated.

## Laboratory Criteria for Reporting:

- Isolation of *Brucella* spp. from a clinical specimen, or
- Evidence of a fourfold or greater rise in *Brucella* antibody titer between acute and convalescent serum specimens, or
- Positive *Brucella* spp. agglutination titer, or
- Detection of *Brucella* spp. DNA in a clinical specimen by PCR, or
- Demonstration by immunofluorescence of *Brucella* spp. in a clinical specimen

## Instructions for Reporting:

- Cases of brucellosis must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Isolate Submission:

- Isolates, which cannot be ruled out per the sentinel protocols, must be sent to the Oklahoma State Department of Health Public Health Laboratory (PHL). Please contact the PHL by telephone (405-271-5070 daytime or 405-271-7457 after-hours) for instructions on isolate submission. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Campylobacteriosis

## Clinical Description:

An acute bacterial enteric disease of variable severity that is characterized by diarrhea, abdominal pain, malaise, fever, nausea and vomiting. The illness is frequently over within two to five days and usually lasts no more than 10 days. Prolonged illness may occur in adults and relapses can occur. Gross or occult blood in association with mucus and white blood cells is often present in the liquid stools. A typhoid-like syndrome or reactive arthritis may occur, and rarely, febrile convulsions, Guillain-Barré syndrome or meningitis. Some cases mimic acute appendicitis. Many infections are asymptomatic.

## Laboratory Criteria for Reporting:

- Isolation of *Campylobacter* spp. from any clinical specimen.

## Instructions for Reporting:

- Cases of campylobacteriosis must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.



## **CD4 Cell Count < 500**

### **Description:**

All CD4 cell counts less than 500ml/dl should be reported to the HIV/STD Service.

### **Instructions for Reporting:**

- CD4 cell count <500 with corresponding CD4 cell count percentage of total must be reported to the HIV/STD Service by secure web-based PHIDDO report, electronic data transmission, fax (405-271-1187), or by mail within one month of diagnosis or positive test.





## ***Chlamydia trachomatis*, Genital Infections**

### **Clinical Description:**

Sexually transmitted genital infection manifested in males primarily as a urethritis, and in females as a mucopurulent cervicitis. Clinical manifestations of urethritis are often difficult to distinguish from gonorrhea and include mucopurulent discharges of scanty or moderate quantity, urethral itching, and burning on urination. Asymptomatic infection may be found in 1%-25% of sexually active men. Possible complications or sequelae of male urethral infections include epididymitis, infertility and Reiter syndrome. In homosexual men, receptive anorectal intercourse may result in chlamydial proctitis.

In the female, the clinical manifestations may be similar to those of gonorrhea, frequently presenting as a mucopurulent endocervical discharge, with edema, erythema and easily induced endocervical bleeding, caused by inflammation of the endocervical columnar epithelium. However, most women with endocervical or urethral infections are asymptomatic. Complications and sequelae include salpingitis with subsequent risk of infertility, ectopic pregnancy or chronic pelvic pain. Asymptomatic chronic infections of the endometrium and fallopian tubes may lead to the same outcome. Less-frequent manifestations include bartholinitis, urethral syndrome with dysuria and pyuria, perihepatitis (Fitz-Hugh-Curtis syndrome) and proctitis. Infection during pregnancy may result in premature rupture of membranes and preterm delivery, and conjunctival and pneumonic infection of the newborn. Endocervical chlamydial infection has been associated with increased risk of acquiring HIV infection.

### **Laboratory Criteria for Reporting:**

- Isolation of *C. trachomatis* by culture, or
- Demonstration of *C. trachomatis* in a clinical specimen by detection of antigen or nucleic acid

### **Instructions for Reporting:**

- Cases of chlamydia infections must be reported to the HIV/STD Service by secure web-based PHIDDO report, electronic data transmission, fax (405-271-1187), or mail within one month of diagnosis or positive test.



# Creutzfeldt-Jakob Disease

## Clinical Description:

Creutzfeldt-Jakob Disease (CJD) is a rare, degenerative fatal brain disorder. Typically onset of symptoms occurs around age 60, and about 90% of patients die within one year. The first symptoms of CJD typically include dementia, problems with muscular coordination, behavior changes and visual disturbances. As the illness progresses, persons quickly deteriorate mentally along with developing involuntary movements, blindness and weakness of extremities. The individual will eventually lose the ability to move and speak and enter a coma. Pneumonia and other infections often occur in these patients and can lead to death. CJD symptoms can be similar to other progressive neurological disorders; however, CJD tends to cause more rapid deterioration of a person's abilities than Alzheimer's disease or most other types of dementia. Sporadic CJD is the most common form of the disease (at least 85% of cases), and occurs among individuals with no known risk factors. The hereditary form occurs among individuals with a family history of disease and/or tests positive for a genetic mutation associated with CJD.

Causes of concern for public health in the United States are 1) CJD symptoms in an unusually young patient, 2) variant CJD acquired from exposure to animal prion disease sources, or 3) iatrogenic CJD acquired from contaminated surgical instruments or tissue implants.

Suspected cases should be reported to establish not only the diagnosis but also the type of prion disease.

## Laboratory Criteria for Reporting:

- Positive histopathology, immunohistochemistry, Western blot, or prion analysis of autopsy or biopsy tissue for CJD, or
- Presence of CJD protein marker 14-3-3 in cerebral spinal fluid (CSF)

## Instructions for Reporting:

- Cases of Creutzfeldt-Jakob disease must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one month of diagnosis or positive test.

## Instructions for Specimen Submission:

- Please contact the ADS by telephone (405-271-4060 or 800-234-5963) for consultation, instructions for specimen submission and arrangement for testing or confirmation by an appropriate laboratory for suspected cases of Creutzfeldt-Jakob disease. The Oklahoma State Department of Health Public Health Laboratory (PHL) does not perform tests for Creutzfeldt-Jakob disease.



# Cryptosporidiosis

## Clinical Description:

A parasitic infection of medical and veterinary importance that affects epithelial cells of the gastrointestinal, biliary and respiratory tracts of humans as well as over 45 different vertebrate species, including poultry and other birds, fish, reptiles, small mammals (rodents, cats, dogs) and large mammals (particularly cattle and sheep). Asymptomatic infections are common and constitute a source of infection for others. The major symptom in human patients is diarrhea, which may be profuse and watery, preceded by anorexia and vomiting in children. The diarrhea is associated with abdominal cramping. General malaise, fever, anorexia, nausea and vomiting occur less often. Symptoms often wax and wane but remit in fewer than 30 days in most immunologically healthy people. Immunodeficient people, especially AIDS patients, may be unable to clear the parasite, and the disease may have a prolonged and fulminant clinical course, contributing to death. Symptoms of cholecystitis may occur in biliary tract infections; the relationship between respiratory tract infections and clinical symptoms is unclear.

## Laboratory Criteria for Reporting:

- Oocysts in stool by microscopic examination, or in intestinal fluid or small-bowel biopsy specimens, or
- Oocyst or sporozoite antigens by immunodiagnostic methods, e.g., ELISA, or
- By PCR techniques when routinely available, or
- Demonstration of reproductive stages in tissue preparations

## Instructions for Reporting:

- Cases of cryptosporidiosis must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Specimen Submission:

- The Oklahoma State Department of Health Public Health Laboratory (PHL) performs testing or confirmation for cryptosporidiosis on request. Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Dengue Fever

## Clinical Description:

An acute febrile viral disease characterized by sudden onset, fever for 2-7 days (sometimes biphasic), intense headache, myalgia, arthralgia, retro-orbital pain, anorexia, nausea, vomiting and rash. Early generalized erythema occurs in some cases. A generalized maculopapular rash may appear about the time of defervescence. Rash is frequently not visible in dark-skinned persons. Minor bleeding phenomena, such as petechiae, epistaxis or gum bleeding, may occur at any time during the febrile phase. With underlying conditions, adults may have major bleeding phenomena, such as GI hemorrhage in peptic ulcer cases or menorrhagia. Recovery may be associated with prolonged fatigue and depression. Lymphadenopathy and leukopenia with relative lymphocytosis are usual; thrombocytopenia (Less than  $100 \times 10^3/\text{mm}^3$ ; or 100 SI units  $\times 10^9/\text{L}$ ) and elevated transaminases occur less frequently.

## Laboratory Criteria for Reporting:

- Isolation of dengue virus from or demonstration of specific arboviral antigen or genomic sequences in tissue, blood, cerebrospinal fluid (CSF), or other body fluid by polymerase chain reaction (PCR) test, immunofluorescence or immunohistochemistry, or
- Elevated immunoglobulin G (IgG) or immunoglobulin M (IgM) antibody titer to one or more dengue virus antigens, or
- Demonstration of a  $\geq 4$ -fold rise in PRNT (plaque reduction neutralization test) end point titer (as expressed by the reciprocal of the last serum dilution showing a 90% reduction in plaque counts compared to the virus infected control) between dengue viruses and other flaviviruses tested in a convalescent serum sample

## Instructions for Reporting:

- Cases of dengue fever must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Specimen Submission:

- Please contact the ADS by telephone (405-271-4060 or 800-234-5963) for consultation, instructions for specimen submission, and arrangement for testing or confirmation by an appropriate laboratory. The Oklahoma State Department of Health Public Health Laboratory (PHL) does not perform tests for dengue fever. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.





# Diphtheria

## Clinical Description:

An acute bacterial disease primarily involving the tonsils, pharynx, larynx, nose, and occasionally other mucous membranes. The characteristic lesion is an asymmetrical adherent grayish white membrane with surrounding inflammation. The throat is moderately to severely sore, with cervical lymph nodes somewhat enlarged and tender; in moderate to severe cases, there is a marked swelling and edema of the neck with extensive tracheal membranes that progress to airway obstruction. Inapparent infections (colonization) outnumber clinical cases. The overall case-fatality rate for diphtheria is 5-10%, with higher death rates (up to 20%) among persons younger than five and older than 40 years of age. A presumptive diagnosis is based on observing an asymmetrical grayish white membrane adhering to the tonsil(s) or pharynx with surrounding inflammation.

## Laboratory Criteria for Reporting:

- Isolation of *Corynebacterium diphtheriae* from a clinical specimen, or
- Histopathologic diagnosis of diphtheria

## Information for Reporting:

- **Cases of diphtheria must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system immediately upon suspicion, diagnosis, or positive test.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

## Instructions for Specimen Submission:

- The Oklahoma State Department of Health Public Health Laboratory (PHL) performs testing or confirmation for diphtheria on request. Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in isolates or specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate or specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Ehrlichiosis / Anaplasmosis

## Clinical Description:

Ehrlichiosis is an acute, febrile, bacterial illness that is transmitted to humans through a bite from an infected tick. Once in humans, the small pleomorphic organisms survive in the phagosomes of mononuclear or polymorphonuclear leukocytes. The organisms are sometimes observed within these cells.

The spectrum of disease ranges from an illness so mild that no medical care is sought, to a severe, life-threatening or fatal disease. Symptoms are usually nonspecific; the most common complaints are fever, headache, anorexia, nausea, myalgia and vomiting. The disease may be confused clinically with Rocky Mountain Spotted Fever (RMSF) but differs by rarity of a prominent rash. Laboratory findings include leukopenia, thrombocytopenia and elevation of one or more liver-function tests. In hospitalized cases, the laboratory findings may be only slightly abnormal on admission, and become more abnormal during hospitalization.

Four categories of ehrlichiosis should be reported: 1) human ehrlichiosis caused by *E. chaffeensis* (HME), 2) human ehrlichiosis caused by *A. phagocytophila* (HGA) also called Anaplasmosis, 3) human ehrlichiosis caused by *E. ewingii*, and 4) human ehrlichiosis (other or unspecified agent).

## Laboratory Criteria for Reporting:

- Culture of *Ehrlichia* spp. or *Anaplasma* spp. from a clinical specimen, or
- Immunostaining of *Ehrlichia* spp. or *Anaplasma* spp. antigen in a biopsy or autopsy sample, or
- Identification of morulae in leukocytes, and a positive indirect immunofluorescence assay (IFA) titer to *Ehrlichia* spp. or *Anaplasma* spp. antigen, or
- Positive polymerase chain reaction (PCR) assay and confirmation of *Ehrlichia* spp. or *Anaplasma* spp. DNA, or
- Positive antibody titer to *Ehrlichia* spp. or *Anaplasma* spp. antigen by IFA greater than or equal to 1:64

## Instructions for Reporting:

- Cases of ehrlichiosis / anaplasmosis must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Specimen Submission:

- The Oklahoma State Department of Health Public Health Laboratory (PHL) performs testing or confirmation for ehrlichiosis on request. Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



## ***Escherichia coli* O157, O157:H7 or a Shiga toxin producing *E. coli* (STEC)**

### **Includes:**

- *Escherichia coli* O157:H7
- Shiga toxin producing *Escherichia coli* (not serogrouped)
- Shiga toxin producing *Escherichia coli* (serogroup non-O157)

### **Clinical Description:**

This category of diarrhea-causing *E. coli* has been recognized since 1982 when an outbreak of hemorrhagic colitis occurred in the United States and was shown to be due to a specific serogroup, *Escherichia coli* O157:H7. The diarrhea may range from mild and non-bloody to stools that are virtually all blood but have no leukocytes. STEC strains can also cause hemolytic uremic syndrome (HUS) and thrombotic thrombocytopenic purpura (TTP); they elaborate potent cytotoxins called Shiga toxins I and II (because of their close resemblance to Shiga toxin of *Shigella dysenteriae* 1); they are also called verotoxins 1 and 2. Elaboration of these toxins depends on the presence of certain phages carried by the bacteria. In addition, STEC strains have a plasmid that allows expression of a novel type of fimbria that is involved in attachment of the bacteria to intestinal mucosa.

### **Laboratory Criteria for Reporting:**

- Isolation or suspected isolation of *Escherichia coli* O157:H7 from a specimen, or
- Isolation of Shiga toxin producing *Escherichia coli* from a clinical specimen, or
- Identification of Shiga toxin from a clinical specimen

### **Instructions for Reporting:**

- Cases of STEC must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

### **Instructions for Isolate Submission:**

- Isolates for STEC must be sent to the Oklahoma State Department of Health Public Health Laboratory (PHL). Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in isolates. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Gonorrhea

## Clinical Description:

A sexually transmitted infection commonly manifested by urethritis, cervicitis, or salpingitis. Infection may be asymptomatic.

## Laboratory Criteria for Reporting:

- Isolation of typical gram-negative, oxidase-positive diplococci (presumptive *Neisseria gonorrhoeae*) from a clinical specimen, or
- Demonstration of *N. gonorrhoeae* in a clinical specimen by detection of antigen or nucleic acid, or
- Observation of gram-negative intracellular diplococci in a urethral smear obtained from a male

## Instructions for Reporting:

- Cases of gonorrhea must be reported to the HIV/STD Service Surveillance and Analysis Office by secure web-based PHIDDO report, fax (405-271-1187), or by mail within one month of diagnosis or positive test.





# ***Haemophilus influenzae* Invasive Disease**

## **Clinical Description:**

Invasive disease caused by *Haemophilus influenzae* may produce any of several clinical syndromes, including meningitis, bacteremia, epiglottitis, or pneumonia. *Haemophilus influenzae* serotype b (Hib) is the most pathogenic of the encapsulated strains. Following licensure of conjugate Hib vaccines in the late 1980's, the incidence is estimated to have fallen 99% in the United States. Serotyping of isolates is performed by the OSDH PHL to continue to monitor this trend. Positive antigen test results from urine or serum samples are unreliable for diagnosis of *H. influenzae* disease.

## **Laboratory Criteria for Reporting:**

- Isolation or suspected isolation of *Haemophilus influenzae* from a normally sterile site (e.g., blood or cerebrospinal fluid [CSF] or, less commonly, joint, pleural, or pericardial fluid)

## **Instructions for Reporting:**

- **Cases of *H. influenzae* invasive disease must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system immediately upon suspicion, diagnosis, or positive test.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

## **Instructions for Isolate Submission:**

- Isolates for *H. influenzae* invasive disease must be sent to the Oklahoma State Department of Health Public Health Laboratory (PHL). Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in isolates. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Hantavirus Pulmonary Syndrome

## **Clinical Description:**

An acute zoonotic viral disease characterized by fever, myalgias and GI complaints followed by the abrupt onset of respiratory distress and hypotension. The illness progresses rapidly to severe respiratory failure and shock. An elevated hematocrit, hypoalbuminemia, and thrombocytopenia are found in most cases. The crude mortality rate is approximately 40%-50%. In survivors, recovery is rapid, but full convalescence may require weeks or months.

## **Clinical case definition:**

An illness characterized by one or more of the following clinical features:

- A febrile illness (i.e., temperature greater than 101°F [greater than 38.3°C]) characterized by bilateral diffuse interstitial edema or a clinical diagnosis of acute respiratory distress syndrome (ARDS) or radiographic evidence of noncardiogenic pulmonary edema, or unexplained respiratory illness resulting in death, and occurring in a previously healthy person
- An unexplained respiratory illness resulting in death, with an autopsy examination demonstrating noncardiogenic pulmonary edema without an identifiable cause

## **Laboratory Criteria for Reporting:**

- Detection of hantavirus-specific ribonucleic acid sequence by polymerase chain reaction in clinical specimens, or
- Detection of hantavirus antigen by immunohistochemistry, or
- Detection of hantavirus-specific immunoglobulin M (IgM) or rising titers of hantavirus-specific immunoglobulin G (IgG)

## **Instructions for Reporting:**

- Cases of hantavirus pulmonary syndrome must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## **Instructions for Specimen Submission:**

- Please contact the ADS by telephone (405-271-4060 or 800-236-5963) for consultation, instructions for specimen submission, and arrangement for testing or confirmation by an appropriate laboratory. The Oklahoma State Department of Health Public Health Laboratory (PHL) does not perform tests for hantavirus pulmonary syndrome. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Hemolytic Uremic Syndrome, Post-diarrheal

## Clinical Description:

Hemolytic Uremic Syndrome (HUS) is characterized by the acute onset of microangiopathic hemolytic anemia, renal injury and low platelet count. Thrombotic thrombocytopenic purpura (TTP) is also characterized by these features but can include central nervous system (CNS) involvement and fever and may have a more gradual onset. Most cases of HUS (but few cases of TTP) occur after an acute gastrointestinal illness (usually diarrheal).

## Laboratory Criteria for Reporting:

The following are both present at some time during the illness:

- Anemia (acute onset) with microangiopathic changes (i.e. schistocytes, burr cells, or helmet cells) on peripheral blood smear, and
- Renal injury (acute onset) evidenced by either hematuria, proteinuria, or elevated creatinine level (i.e. greater than or equal to 1.0 mg/dL in a child aged less than 13 years or greater than or equal to 1.5 mg/dL in a person aged greater than or equal to 13 years, or greater than or equal to 50% increase over baseline)

Note: A low platelet count can be usually, but not always, detected early in the illness, but it may then become normal or even high. If a platelet count obtained within 7 days after onset of the acute gastrointestinal illness is not less than 150,000/mm<sup>3</sup>, other diagnoses should be considered.

## Instructions for Reporting:

- Cases of hemolytic uremic syndrome must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Isolate Submission:

- Different organisms can cause hemolytic uremic syndrome, only isolates of the state required organisms must be sent to the Oklahoma State Department of Health Public Health Laboratory (PHL). Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in isolates. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Hepatitis A, Viral, Acute

## Clinical Description:

An acute illness with a) discrete onset of symptoms and b) jaundice or elevated serum aminotransferase levels without any other apparent cause.

## Laboratory Criteria for Reporting:

- Immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV) positive

## Instructions for Reporting:

**Cases of Hepatitis A must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system immediately upon suspicion, diagnosis, or positive test.

ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.





# Hepatitis B

## Clinical Description:

*Acute hepatitis B* infection is an acute illness with a) discrete onset of symptoms (e.g. fatigue, abdominal pain, loss of appetite, intermittent nausea, vomiting) and b) jaundice or elevated serum aminotransferase levels. Laboratory criteria consist of hepatitis B core immunoglobulin M (HBcIgM) positive or hepatitis B surface antigen (HBsAg) positive and hepatitis A virus immunoglobulin M (HAVIgM) negative (if done).

People with *chronic hepatitis B* infection may be asymptomatic. They may have no evidence of liver disease or may have a spectrum of disease ranging from chronic hepatitis to cirrhosis or liver cancer. Chronically infected persons are a major reservoir for transmission to others. Persons testing positive, for the presence of hepatitis B surface antigen (HBsAg), hepatitis B e antigen (HBeAg) positive, or hepatitis B virus deoxyribonucleic acid (HBV DNA), are potentially infectious to household, sexual and needle sharing contacts.

Laboratory criteria consists of hepatitis B core immunoglobulin M (HBcIgM) negative **AND** a positive result one of the following tests: hepatitis B surface antigen (HBsAg), hepatitis B e antigen (HBeAg), Hepatitis B virus deoxyribonucleic acid (HBV DNA), **OR** hepatitis B surface antigen (HBsAg) positive or hepatitis B e antigen (HBeAg) positive or hepatitis B virus deoxyribonucleic acid (HBV DNA) positive 2 times at least 6 months apart (any combination of these tests performed 6 months apart is acceptable).

## Laboratory Criteria for Reporting:

- Immunoglobulin M antibody to the hepatitis B core antigen (HBc IgM) positive, or
- Antibody to hepatitis B surface antigen (HBsAg) positive, or
- Antibody to hepatitis B e antigen (HBeAg) positive, or
- Hepatitis B virus deoxyribonucleic acid (HBV DNA), or
- Positive polymerase chain reaction (PCR) for hepatitis B

\* You must report results of the entire hepatitis panel.

## Instructions for Reporting:

- **Cases of hepatitis B in a pregnant woman must be reported immediately to the HIV/STD Service** by phone. During business hours (8am – 5 pm, M-F) the number is 271-4636. If after hours or on weekends, notify the Epidemiologist-on-Call by telephone (405-271-4060 or 800-234-5963).
- Other acute cases of hepatitis B must be reported to the HIV/STD Service by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4636), by fax (405-271-5149) within one business day of diagnosis or positive test.



# Hepatitis C

## Clinical Description:

Acute hepatitis C is an acute illness with a) discrete onset of any sign or symptom (e.g. anorexia, abdominal discomfort, nausea, vomiting), and b) jaundice or serum aminotransferase >400 IU/L. Laboratory criteria consists of hepatitis C immunoassay (HCV EIA) positive and confirmed with signal to cut-off ratio (s/co) predictive of a true positive **OR** hepatitis C recombinant immunoblot assay (HCV RIBA) positive **OR** nucleic acid test (NAT) for hepatitis C ribonucleic acid (RNA) positive **AND** hepatitis A immunoglobulin M (HAV IgM) negative **AND** hepatitis B core immunoglobulin M (HBcIgM) negative.

Past or present hepatitis C infection occurs in generally asymptomatic individuals, many of who may have chronic liver disease, which can range from mild to severe including cirrhosis and liver cancer. The laboratory criteria consists of hepatitis C immunoassay (HCV EIA) positive and confirmed with signal to cut-off (s/co) ratio predictive of a true positive **OR** hepatitis C recombinant immunoblot assay (HCV RIBA) positive **OR** nucleic acid test (NAT) for hepatitis C ribonucleic acid (RNA). Any person not meeting the case definition for acute hepatitis C is considered a confirmed past or present infection.

## Laboratory Criteria for Reporting:

- Persons less than or equal to 40 years of age who have laboratory confirmation of Hepatitis C (as defined below), or
- Persons having jaundice or ALT greater than or equal to 400 regardless of age with laboratory confirmation of Hepatitis C (as defined below).

Laboratory confirmation:

- Hepatitis C enzyme immunoassay (HCV EIA) antibody positive with hepatitis C recombinant immunoblot assay (HCV RIBA) confirmation, or
- Nucleic acid test (NAT) for hepatitis C ribonucleic acid (RNA), or
- Hepatitis C signal to cut-off (s/co) ratio that is predictive of a true positive

\* You must report results of the entire hepatitis panel.

## Instructions for Reporting:

- Acute cases of hepatitis C must be reported to the HIV/STD Service by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4636), by fax (405-271-5149) within one business day of diagnosis or positive test.



# Influenza Associated Pediatric Mortality

## **Clinical Description:**

An influenza-associated death is defined for surveillance purposes as a death resulting from a clinically compatible illness that was confirmed to be influenza by an appropriate laboratory or rapid diagnostic test. There should be no period of complete recovery between the illness and death.

## **Laboratory Criteria for Reporting:**

Laboratory testing for influenza virus infection may be done on pre- or post-mortem clinical specimens, and include identification of influenza A or B virus infections by a positive result by at least one of the following:

- Influenza virus isolation in tissue cell culture from respiratory specimens, or
- Reverse-transcriptase polymerase chain reaction (RT-PCR) testing of respiratory specimens, or
- Immunofluorescent antibody staining (direct or indirect) of respiratory specimens, or
- Rapid influenza diagnostic testing of respiratory specimens, or
- Immunohistochemical (IHC) staining for influenza viral antigens in respiratory tract tissue from autopsy specimens, or
- Four-fold rise in influenza hemagglutination inhibition (HI) antibody titer in paired acute and convalescent sera

## **Instructions for Reporting:**

- Cases of influenza associated pediatric mortality must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.



# Legionellosis

## Clinical Description:

An acute bacterial disease with two distinct clinical and epidemiologic manifestations: Legionnaire disease (ICD-10 A48.1) and Pontiac fever (ICD-10 A48.2). Both are characterized initially by anorexia, malaise, myalgia and headache. Within a day, there is usually a rapidly rising fever associated with chills. Temperatures commonly reach 102°-105°F (39°-40.5°C). A nonproductive cough, abdominal pain and diarrhea are common. In Legionnaire disease, chest radiograph may show patchy or focal areas of consolidation that may progress to bilateral involvement and ultimately to respiratory failure; the case-fatality rate has been as high as 39% in hospitalized cases of Legionnaire disease; it is generally higher in those with compromised immunity.

Pontiac fever is not associated with pneumonia or death; patients recover spontaneously in 2-5 days without treatment. This clinical syndrome may represent reaction to inhaled antigen rather than bacterial invasion.

## Laboratory Criteria for Reporting:

- Isolation of *Legionella* spp. from respiratory secretions, lung tissue, pleural fluid, or other normally sterile fluids, or
- Demonstration of *Legionella pneumophila* serogroup 1 antigens in urine by radioimmunoassay or enzyme-linked immunosorbent assay, or
- An elevated antibody titer greater than or equal to 1:128 to *Legionella pneumophila* serogroup 1 or serogroups of *Legionella* by enzyme linked immunoassay

## Instructions for Reporting:

- Cases of legionellosis must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Specimen Submission:

- The Oklahoma State Department of Health Public Health Laboratory (PHL) performs confirmation of isolates for legionellosis on request. Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in isolates. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.





# Leptospirosis

## Clinical Description:

A group of zoonotic bacterial diseases characterized by protean manifestations. Common features are fever with sudden onset, headache, chills, severe myalgia (calves and thighs) and conjunctival suffusion. Other manifestations that may be present are diphasic fever, meningitis, rash (palatal exanthem), hemolytic anemia, hemorrhage into skin and mucous membranes, hepatorenal failure, jaundice, mental confusion/depression, myocarditis and pulmonary involvement with or without hemorrhage or hemoptysis. In areas of endemic leptospirosis, a majority of infections are clinically inapparent or too mild to be definitively diagnosed.

Clinical illness lasts from a few days to three weeks or longer. Generally, there are two phases in the illness: the leptospiremic or febrile stage lasting four to nine days, followed by the convalescent or immune phase on the sixth to twelfth day. Recovery for untreated cases can take several months. Infections may be asymptomatic; severity varies with the infecting serovar. Case-fatality rate is low but increases with advancing age, and may reach 20% in patients with jaundice and kidney damage who have not been treated carefully, including renal dialysis. Deaths are due predominantly to hepatorenal failure, vascular abnormalities with hemorrhage, adult respiratory distress syndrome or cardiac arrhythmias from myocarditis.

## Laboratory Criteria for Reporting:

- Isolation of *Leptospira* from a clinical specimen, or
- Elevated *Leptospira* agglutination titer in serum specimen, or
- Demonstration of *Leptospira* in a clinical specimen by immunofluorescence

## Instructions for Reporting:

- Cases of leptospirosis must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Specimen Submission:

- The Oklahoma State Department of Health Public Health Laboratory (PHL) performs testing or confirmation for leptospirosis on request. Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in isolates. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Listeriosis

## Clinical Description:

A bacterial disease usually manifested as meningoencephalitis and/or septicemia in newborns and adults and abortion in pregnant women. Those at highest risk are neonates, elderly, immunocompromised individuals and pregnant women. The onset of meningoencephalitis (which is rare in pregnant women) may be sudden, with fever, intense headache, nausea, vomiting and signs of meningeal irritation, or may be subacute, particularly in an immunocompromised or elderly host. Delirium and coma may appear early; occasionally there is collapse and shock. Endocarditis, granulomatous lesions in the liver and other organs, localized internal or external abscesses, and pustular or papular cutaneous lesions may occur.

The normal host who acquires infection may exhibit only an acute, mild, febrile illness, sometimes with influenza-like symptoms. This may be especially dangerous in pregnant women who transfer the infection to the fetus. Infants may be stillborn, born with septicemia, or develop meningitis in the neonatal period, even though the mother is asymptomatic. The postpartum course of the mother is usually uneventful, but the case-fatality rate is 30% in newborn infants and approaches 50% when onset occurs in the first 4 days. In a recent epidemic, the case-fatality rate among nonpregnant adults was 35%, 11% in those less than 40 years old and 63% in those greater than 60 years of age.

## Laboratory Criteria for Reporting:

- Isolation of *Listeria monocytogenes* from a normally sterile site (e.g., blood or cerebrospinal fluid [CSF] or, less commonly, joint, pleural, or pericardial fluid), or
- In the setting of miscarriage or stillbirth, isolation of *Listeria monocytogenes* from placental or fetal tissue

## Instructions for Reporting:

- Cases of listeriosis must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Isolate Submission:

- Isolates for listeriosis must be sent to the Oklahoma State Department of Health Public Health Laboratory (PHL). Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in isolates. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Lyme Disease

## Clinical Description:

This tickborne, spirochetal, zoonotic disease is characterized by a distinctive skin lesion, systemic symptoms and neurologic, rheumatologic and cardiac involvement occurring in varying combinations over a period of months to years. The early symptoms are intermittent and changing. The illness typically begins in the summer, and the first manifestation in about 60% of patients appears as a red macule or papule that expands slowly in an annular manner, sometimes with multiple similar lesions. This distinctive skin lesion is called "erythema migrans" (EM; formerly "erythema chronicum migrans"). To be considered significant for case surveillance purposes, the EM lesion must reach 5 cm in diameter. With or without EM, early systemic manifestations may include malaise, fatigue, fever, headache, stiff neck, myalgia, migratory arthralgias and/or lymphadenopathy, possibly lasting several weeks or more in untreated patients.

Within weeks to months after onset of the EM lesion, early neurologic abnormalities (aseptic meningitis, cranial neuritis including facial palsy, chorea, cerebellar ataxia, motor or sensory radiculoneuritis, myelitis and encephalitis) may develop; symptoms fluctuate and may last for months and may become chronic. Cardiac abnormalities (including atrioventricular block, and, rarely, acute myopericarditis or cardiomegaly) may occur within a few weeks after onset of EM. Weeks to years after onset (mean, 6 months), intermittent episodes of swelling and pain in large joints, especially the knees, may develop and recur for several years; chronic arthritis may occasionally result. Similarly, sometimes following long periods of latent infection, chronic neurologic manifestations may develop, including encephalopathy, polyneuropathy or leukoencephalitis; the CSF often shows lymphocytic pleocytosis and elevated protein levels, and the electromyogram is usually abnormal.

## Laboratory Criteria for Reporting:

- Isolation of *Borrelia burgdorferi* from a clinical specimen, or
- Demonstration of diagnostic immunoglobulin M (IgM) antibodies to *Borrelia burgdorferi* in serum or cerebrospinal fluid (CSF) using a two test approach of a sensitive enzyme immunoassay (EIA) or immunofluorescence antibody (IFA) that is confirmed by Western blot (WB).
- Demonstration of diagnostic immunoglobulin G (IgG) antibodies to *Borrelia burgdorferi* in serum or cerebrospinal fluid (CSF) by Western blot (WB).

## Instructions for Reporting:

- Cases of Lyme disease must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.



# Malaria (*Plasmodium* spp.)

## Clinical Description:

Mosquito-borne parasitic illness that is caused by one of four *Plasmodium* spp: *P. falciparum*, *P. vivax*, *P. malariae* or *P. ovale*. Malaria is not endemic to the United States, therefore persons at risk are those who have recently lived in or returned from tropical or subtropical regions, especially if they did not take appropriate malarial prophylaxis. No prophylaxis is foolproof, and failures are associated most commonly when the medications are not taken appropriately. Antibiotic resistance has been documented in *P. falciparum* and *P. vivax*, making region-specific prophylaxis necessary.

*Plasmodium falciparum* is the most severe form of malaria, and can be fatal. Signs and symptoms are variable; however, most patients experience fever. In addition to fever, commonly associated symptoms include headache, back pain, chills, sweats, myalgia, nausea, vomiting, diarrhea, and cough. Untreated *P. falciparum* infection can lead to coma, renal failure, pulmonary edema, and death. Malaria should be included in the differential for any person who has these symptoms and recently traveled to an area in which malaria is endemic. Prompt identification and treatment are critical to survival. The other species generally are not life threatening except in the very young, the very old and in patients with concurrent disease or immunodeficiency. Asymptomatic parasitemia can occur among persons who have been long-term residents of areas in which malaria is endemic.

## Laboratory Criteria for Reporting:

- Detection of circulating malaria-specific antigens using rapid diagnostic test (RDT), or
- Detection of species specific parasite DNA in a sample of peripheral blood using a PCR test, or
- Detection of malaria parasites in thick or thin peripheral blood films

## Instructions for Reporting:

- Cases of malaria must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Specimen Submission:

- Specimen slides for malaria must be sent to the Oklahoma State Department of Health Public Health Laboratory (PHL). Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in specimen slides. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.





# Measles (Rubeola)

## Clinical Description:

Measles (Rubeola) is an acute, highly communicable viral disease with prodromal fever (temperature greater than or equal to 101°F (38.3°C)), conjunctivitis, coryza, cough and small spots with white or bluish white centers on an erythematous base on the buccal mucosa (Koplik spots). A characteristic red blotchy rash appears on the third to seventh day; the rash begins on the face, then becomes generalized, lasts four to seven days, and fades in the same order it appears. Leukopenia is common. The disease is more severe in infants and adults than in children. Complications occur in approximately 30% of cases and may result from viral replication or bacterial superinfection, and include otitis media, pneumonia, laryngotracheobronchitis (croup), diarrhea and encephalitis. Case fatality rates in developing countries may be 3-5%, but are commonly 10-30%.

## Laboratory Criteria for Reporting:

- Isolation of measles virus from a clinical specimen, or
- Detection of measles-virus-specific nucleic acid by PCR, or
- Elevated specific measles immunoglobulin G (IgG) antibody titer in absence of recent vaccination, or
- Positive serologic test for measles immunoglobulin M (IgM) antibody

## Instructions for Reporting:

- **Cases of measles (rubeola) must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system immediately upon suspicion, diagnosis, or positive test.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

## Instructions for Specimen Submission:

- Please contact the ADS by telephone for consultation, instructions for specimen submission, and arrangement for testing or confirmation by an appropriate laboratory. The Oklahoma State Department of Health Public Health Laboratory (PHL) does not perform tests for measles (rubeola). A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Meningococcal Invasive Disease

## Clinical Description:

An acute bacterial disease characterized by sudden onset with fever, intense headache, nausea and often vomiting, stiff neck, and frequently a petechial rash with pink macules or, very rarely, vesicles. Delirium and coma often appear; occasional fulminating cases exhibit sudden prostration, ecchymoses and shock at onset. Formerly, case-fatality rates exceeded 50%, but with early diagnosis, modern therapy and supportive measures, the case-fatality rate is between 5% and 15%. Meningococcemia may occur without extension to the meninges and should be suspected in cases of otherwise unexplained acute febrile illness associated with petechial rash and leukocytosis. In fulminating meningococcemia, the death rate remains high despite prompt antibacterial treatment.

Up to 5%-10% of the population in countries with endemic disease may be asymptomatic carriers, wherein the nasopharynx is colonized with *N. meningitidis*. A small minority of persons who acquire infection will progress to invasive disease, characterized by one or more clinical syndromes, including bacteremia, sepsis, meningitis or pneumonia.

## Laboratory Criteria for Reporting:

- Isolation or suspected isolation of *Neisseria meningitidis* from a normally sterile site (e.g., blood or cerebrospinal fluid [CSF] or, less commonly, joint, pleural, or pericardial fluid), or
- Evidence of *Neisseria meningitidis* antigen by immunohistochemistry (IHC) on formalin-fixed tissue or latex agglutination of CSF, or
- Evidence of *Neisseria meningitidis* DNA using a validated polymerase chain reaction (PCR), obtained from a normally sterile site, or
- Observation of gram-negative diplococci in a clinical specimen from a normally sterile site

## Instructions for Reporting:

- **Cases of meningococcal invasive disease must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system immediately upon suspicion, diagnosis, or positive test.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

## Instructions for Isolate Submission:

- Isolates for meningococcal invasive disease must be sent to the Oklahoma State Department of Public Health Laboratory (PHL). Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in isolates. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Mumps

## **Clinical Description:**

An illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, lasting greater than or equal to two days, and without other apparent cause. Infection with mumps virus may present as aseptic meningitis, encephalitis, hearing loss, orchitis (20-30% post-pubertal males), oophoritis, parotitis or other salivary gland swelling, mastitis or pancreatitis. The parotid salivary glands (located within the cheek near the jawline below the ears) are the most frequently affected. Asymptomatic mumps infections represent at least 20% of cases, and an additional 40-50% of persons having only non-specific or primary respiratory infections. Both symptomatic and asymptomatic infections are communicable.

## **Laboratory Criteria for Reporting:**

- Isolation of mumps virus from clinical specimen, or
- Elevated specific mumps immunoglobulin G (IgG) antibody titer in absence of recent vaccination, or
- Detection of mumps immunoglobulin M (IgM) antibody, or
- Detection of mumps nucleic acid (e.g., standard or real time RT-PCR assays)

## **Instructions for Reporting:**

- Cases of mumps must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## **Instructions for Specimen Submission:**

- Please contact the ADS by telephone for consultation, instructions for specimen submission, and arrangement for testing or confirmation by an appropriate laboratory. The Oklahoma State Department of Health Public Health Laboratory (PHL) does not perform tests for mumps. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Pelvic Inflammatory Disease

## Description:

- Uterine/adnexal tenderness or
- Cervical motion tenderness

Additional criteria that support a diagnosis of PID include the following:

- Oral temperature >101 F (>38.3C);
- Abnormal cervical or vaginal mucopurulent discharge;
- Presence of white blood cells (WBCs) on saline microscopy of vaginal secretions
- Elevated erythrocyte sedimentation rate; and
- Elevated c-related protein

## Instructions for Reporting:

- PID must be reported to the HIV/STD Service by secure web-based PHIDDO report, or by mail within one month of diagnosis.





# Pertussis

## Clinical Description:

An acute bacterial infection of the respiratory tract caused by the bacterium *Bordetella pertussis*. It is characterized by a cough illness lasting at least two weeks with one of the following: paroxysms of coughing, inspiratory "whoop" or post-tussive vomiting, without other apparent cause (as reported by a health professional). Infants under 6 months, vaccinated children, adolescents and adults often do not have the typical whoop or cough paroxysm. Case-fatality rates in unprotected children are less than 1 per 1000 in industrialized countries. In recent years an increase in cases have been reported in adolescents and adults, whose symptoms vary from a mild, atypical respiratory illness to full-blown syndrome. Many such cases occur in previously immunized persons and suggest waning immunity following immunization.

Report cases having symptoms clinically compatible with this disease.

## Laboratory Criteria for Reporting:

- Isolation of *Bordetella pertussis* from clinical specimen, or
- Positive polymerase chain reaction (PCR) for *Bordetella pertussis*

Note: Serology and direct fluorescent antibody (DFA) should NOT be relied on as criterion for laboratory diagnosis of pertussis.

## Instructions for Reporting:

- Cases of pertussis must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Specimen Submission:

- The Oklahoma State Department of Health Public Health Laboratory (PHL) performs testing or confirmation for pertussis on request. Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in isolates or specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate or specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Plague

## Clinical Description:

Plague is a zoonotic disease in which rodents serve as the reservoir and fleas as the vector transmitting infection to various animals or humans. Initial signs and symptoms may be nonspecific with fever, chills, malaise, myalgia, nausea, prostration, sore throat and headache. Commonly, a lymphadenitis develops in those lymph nodes receiving drainage from the site of the fleabite where there may be an initial lesion. This is bubonic plague, and it occurs more often in lymph nodes in the inguinal area (90%) and less commonly in those in the axillary and cervical areas. The involved nodes become swollen, inflamed, and tender and may suppurate. Fever is usually present. All forms, including instances in which lymphadenopathy is not apparent, may progress to septicemic plague with bloodstream dissemination to diverse parts of the body, including the meninges. Endotoxic shock and disseminated intravascular coagulation (DIC) may occur without localizing signs of infection. Secondary involvement of the lungs results in pneumonia and mediastinitis or pleural effusion may develop. Secondary pneumonic plague is of special significance, since respiratory droplets may serve as the source of person-to-person transfer resulting in primary pneumonic or pharyngeal plague. This secondary transmission can result in localized outbreaks or in devastating epidemics.

Untreated bubonic plague has a case-fatality rate of about 50%-60%. Untreated primary septicemic plague and pneumonic plague are invariably fatal. Modern therapy markedly reduces fatality from bubonic plague; pneumonic and septicemic plague also respond if recognized and treated early.

## Laboratory Criteria for Reporting:

- Elevated serum antibody titer(s) to *Yersinia pestis* fraction 1 (F1) antigen in a patient with no history of plague vaccination, or
- Detection of F1 antigen in a clinical specimen by fluorescent assay, or
- Isolation of *Yersinia pestis* from a clinical specimen

## Instructions for Reporting:

- **Cases of plague must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system immediately upon suspicion, diagnosis, or positive test.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

## Instructions for Isolate Submission:

- Isolates, that cannot be ruled out per the sentinel protocols, must be sent to the Oklahoma State Department of Health Public Health Laboratory (PHL). Please contact the PHL by telephone (405-271-5070 daytime or 405-271-7457 after-hours) for instructions on isolate submission. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Poliomyelitis, Paralytic

## Clinical Description:

A viral infection most often recognized by the acute onset of flaccid paralysis. Flaccid paralysis occurs in less than 1% of poliovirus infections; over 90% of infections are either inapparent or result in a nonspecific fever. Aseptic meningitis occurs in about 1% of infections. A minor illness is recognized in 10% of infections with symptoms including fever, malaise, headache, nausea and vomiting. If flaccid paralysis occurs, the paralysis is usually asymmetric, with fever present at the onset. The maximum extent of paralysis is reached in a short period, usually within three to four days. The legs are affected more often than the arms. Paralysis of the respiration and/or swallowing muscles may be life-threatening. If paralysis is still present after 60 days it is likely to be permanent.

## Laboratory Criteria for Reporting:

- Isolation of poliovirus (genus *Enterovirus*) type 1, 2, or 3 from an appropriate clinical specimen (e.g., stool, cerebrospinal fluid, oropharyngeal secretions)

## Instructions for Reporting:

- **Cases of poliomyelitis must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system immediately upon suspicion, diagnosis, or positive test.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

## Instructions for Specimen Submission:

- Please contact the ADS by telephone for consultation, instructions for specimen submission, and arrangement for testing or confirmation by an appropriate laboratory. The Oklahoma State Department of Health Public Health Laboratory (PHL) does not perform tests for poliomyelitis. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Psittacosis

## Clinical Description:

An acute generalized chlamydial disease with variable clinical presentations: fever, headache, rash, myalgia, chills and upper or lower respiratory tract disease are common. Respiratory symptoms are often mild when compared with the extensive pneumonia demonstrable by x-ray. Cough is initially absent or nonproductive; when present, sputum is mucopurulent and scant. Pleuritic chest pain and splenomegaly occur infrequently, and the pulse may be slow in relation to temperature. Encephalitis, myocarditis and thrombophlebitis are occasional complications; relapses may occur. Although usually mild or moderate, human disease can be severe, especially in untreated elderly persons.

## Laboratory Criteria for Reporting:

- Isolation of *Chlamydomphila psittaci* from respiratory secretions (e.g. sputum, pleural fluid or tissue) or blood, or
- Elevated immunoglobulin G (IgG) antibody against *Chlamydomphila psittaci* by complement fixation or microimmunofluorescence (MIF) greater than or equal to 1:32, or
- Presence of immunoglobulin M (IgM) antibody against *Chlamydomphila psittaci* MIF greater than or equal to 1:32, or
- Detection of *Chlamydomphila psittaci* DNA in a respiratory specimen (e.g. sputum, pleural fluid or tissue) via amplification of a specific target by PCR

## Instructions for Reporting:

- Cases of psittacosis must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Specimen Submission:

- Please contact the ADS by telephone for consultation, instructions for specimen submission, and arrangement for testing or confirmation by an appropriate laboratory. The Oklahoma State Department of Health Public Health Laboratory (PHL) does not perform tests for psittacosis. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.





# Q Fever

## Clinical Description:

Q fever is a zoonotic disease caused by *Coxiella burnetii*. Cattle, sheep and goats are the primary reservoir with organisms being excreted in the milk, urine or feces of infected animals. Transmission to humans primarily occurs through inhalation of dried placental material, birth fluids or excreta of infected animals. Transmission can also occur through ingestion of contaminated milk, followed by regurgitation and inspiration of the contaminated food. Other rare modes of transmission include tick bites or human-to-human transmission.

Due to highly infectious nature, resistance to heat or drying, and ability to become airborne and be inhaled, *C. burnetii* is recognized for the potential to be developed for use as a bioterrorism agent.

*Acute infection:* Acute fever has one or more of the following symptoms: rigors, severe retrobulbar headache, acute hepatitis, pneumonia or elevated liver enzyme levels. Asymptomatic infections may also occur.

*Chronic infection:* Chronic Q fever, although not common, is an infection that lasts for more than six months. Newly recognized, culture-negative endocarditis, particularly in a patient with previous valvulopathy or compromised immune system, suspected infection of a vascular aneurysm or vascular prosthesis, or chronic hepatitis, osteomyelitis, osteoarthritis or pneumonia in the absence of other known etiology. A chronic fatigue-like syndrome has been reported in some Q fever patients.

## Laboratory Criteria for Reporting:

- Isolation of *Coxiella burnetii* from a clinical specimen by culture, or
- Detection of *Coxiella burnetii* DNA in a clinical specimen via amplification of a specific target by polymerase chain reaction (PCR) assay, or
- Demonstration of *Coxiella burnetii* antigen in a clinical specimen by immunohistochemical methods (IHC), or
- Positive antibody titer to *Coxiella burnetii* phase I or II antigen by indirect immunofluorescence assay (IFA) greater than or equal to 1:128

## Instructions for Reporting:

- Cases of Q fever must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Isolate Submission:

- The Oklahoma State Department of Health Public Health Laboratory (PHL) performs confirmation of isolates for Q fever on request. Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in isolates. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and

instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Rabies, Animal

## Clinical description:

Rabies is an acute encephalomyelitis that almost always progresses to death within ten days after the first symptom is noted. In animals, the symptoms of rabies are variable but generally take on one of two forms. In the furious form, the animal is easily over-excited or angered. Animals in this stage of rabies will often charge and bite at other animals or inanimate objects. Persistent vocalization may also be observed. In the dumb form, the rabid animal looks very withdrawn and may stumble as if lame or uncoordinated.

## Laboratory Criteria for Reporting:

- A positive direct fluorescent antibody test (preferably performed on central nervous system tissue), or
- Isolation of rabies virus (in cell culture or in a laboratory animal)

## Instructions for Reporting:

- **Suspected cases of rabies must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) for consultation regarding human and animal exposures and submission of specimens for testing by the OSDH PHL.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

## Instructions for Specimen Submission:

- If a human or another animal is bitten or exposed to the body fluids containing rabies virus (saliva, spinal fluid or brain tissue), the only way to confirm if the biting/exposing animal has rabies is to have the brain tested at the PHL - the only laboratory in Oklahoma that performs animal rabies testing. (There is no approved test for rabies in a live animal.)
- In order to test an animal for rabies, the brain tissue must be undamaged. It is important to remember:
  - Not to shoot the animal in the head
  - Not to crush the skull of the animal
  - To refrigerate (not freeze) the animal carcass as soon as possible until it can be delivered to a veterinarian for safe removal of the head. Then arrangements can be made to submit the head to the Oklahoma Public Health Laboratory for testing.
  - Quickly send the head or brain to the OSDH PHL at 1000 NE 10th St., Oklahoma City, OK 73117-1299. A lab courier service may be used, or individuals can deliver the specimen themselves. Call the Epidemiologist-on-Call at 405-271-4060 for directions if needed. Specimens can be delivered any time of day, "24/7/365".



# Rabies, Human

## Clinical description:

Rabies is an acute encephalomyelitis that almost always progresses to coma and death within ten days after the first symptom is noted. Symptom onset usually begins with apprehension, insomnia, headache, fever and localized tingling or sensory changes that may be related to the site of a previous animal bite. However, many human rabies cases do not have a history of a known animal bite. Rabies rapidly progresses to paresis, spasms of swallowing muscles, paralysis and seizures. Death generally results from respiratory paralysis.

## Laboratory Criteria for Reporting:

- Detection of viral antigen in a clinical specimen (brain or nerves surrounding hair follicles in skin biopsy from the nape of the neck) by direct fluorescent antibody testing, or
- Isolation of rabies virus from saliva, CSF, or central nervous system tissue, or
- Identification of a rabies-neutralizing antibody titer greater than or equal to 1:5 in the serum or CSF of an unvaccinated person

## Instructions for Reporting:

- **Suspected cases of rabies must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system immediately upon suspicion, diagnosis, or positive test.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.
- The patient's course of illness, additional medical history and results of laboratory tests for other more common etiologies will determine if samples specific for rabies should be collected. Following consultation with the epidemiologist-on-call, specific samples [saliva, neck skin biopsy, serum, and cerebrospinal fluid (CSF) for antemortem diagnosis] may be requested to be forwarded to the OSDH.

## Instructions for Specimen Submission:

- If this condition is suspected, DO NOT attempt to isolate the organism. Please contact the ADS by telephone (405-271-4060 or 800-234-5963) to arrange for clinical specimen submission for testing by the Oklahoma State Department of Health Public Health Laboratory (PHL) and the Centers for Disease Control and Prevention. Contact the PHL by telephone (405-271-5070 daytime or 405-271-7457 after-hours) immediately for the proper procedures to send in specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.





# Rocky Mountain Spotted Fever

## Clinical Description:

Rocky Mountain spotted fever is an illness caused by *Rickettsia rickettsii*, a bacterial pathogen transmitted to humans through bites from a tick infected with *R. rickettsii*. Illness is characterized by sudden onset of fever, headache, malaise, myalgia, and nausea/vomiting and usually persists for 2-3 weeks in untreated cases. In about half the cases, a maculopapular rash appears on the extremities on about the third day; spreading to the palms and soles; petechiae and hemorrhages are common. The case-fatality rate ranges between 13% and 25% in the absence of specific therapy. With prompt recognition and treatment, death is uncommon, yet 3%-5% of cases reported in the USA during recent years have been fatal. Risk factors associated with more severe disease and death include delayed antibiotic therapy and patient age >40 years. Absence or delayed appearance of the typical rash contributes to delay in diagnosis and increased fatality.

## Laboratory Criteria for Reporting:

- Isolation of *Rickettsia rickettsii* from a clinical specimen, or
- Positive polymerase chain reaction assay to *R. rickettsii*, or
- Demonstration of positive immunofluorescence of skin lesion (biopsy) or organ tissue (autopsy), or
- Positive antibody titer to *Rickettsia rickettsii* antigen by immunofluorescence antibody (IFA) greater than or equal to 1:64, enzyme-linked immunosorbent assay (ELISA), dot-ELISA, or latex agglutination (LA)

## Instructions for Reporting:

- Cases of Rocky Mountain spotted fever must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Specimen Submission:

- The Oklahoma State Department of Health Public Health Laboratory (PHL) performs testing for Rocky Mountain spotted fever on request. Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Rubella (German Measles)

## Clinical Description:

An illness that has all the following characteristics:

- Acute onset of generalized maculopapular rash
- Temperature greater than 99.0 F (greater than 37.2 C), if measured
- Arthralgia/arthritis, lymphadenopathy or conjunctivitis

## Laboratory Criteria for Reporting:

- Isolation of rubella virus, or
- Elevated serum rubella immunoglobulin G (IgG) antibody level by any standard serologic assay in absence of recent rubella vaccination, or
- Positive serologic test for rubella immunoglobulin M (IgM) antibody

## Instructions for Reporting:

- Cases of rubella must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Specimen Submission:

- Please contact the ADS by telephone for consultation, instructions for specimen submission, and arrangement for testing or confirmation by an appropriate laboratory. The Oklahoma State Department of Health Public Health Laboratory (PHL) does not perform tests for rubella. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Rubella, Congenital Syndrome

## Clinical Description:

The syndrome is defined as the presence of any defect(s) or laboratory data consistent with congenital rubella infection. Infants with congenital rubella syndrome usually present with more than one sign or symptom consistent with congenital rubella infection. However, infants may present with a single defect. Hearing impairment is the most common single defect. Other signs and symptoms include cataracts/congenital glaucoma, congenital heart disease (most commonly patent ductus arteriosus or peripheral pulmonary artery stenosis), pigmentary retinopathy, purpura, hepatosplenomegaly, jaundice, microcephaly, developmental delay, meningoencephalitis and radiolucent bone disease.

## Laboratory Criteria for Reporting:

- Isolation of rubella virus, or
- Positive rubella virus polymerase chain reaction (PCR), or
- Demonstration of rubella-specific immunoglobulin M (IgM) antibody, or
- Infant rubella antibody level that persists at a higher level and for a longer period than expected from passive transfer of maternal antibody (i.e., rubella titer that does not drop at the expected rate of a twofold dilution per month)

## Instructions for Reporting:

- Cases of congenital rubella syndrome must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Specimen Submission:

- Please contact the ADS by telephone for consultation, instructions for specimen submission, and arrangement for testing or confirmation by an appropriate laboratory. The Oklahoma State Department of Health Public Health Laboratory (PHL) does not perform tests for congenital rubella syndrome. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Salmonellosis

## Clinical Description:

A bacterial disease commonly manifested by an acute enterocolitis, with sudden onset of headache, abdominal pain, diarrhea, nausea and sometimes vomiting. Dehydration, especially among infants or in the elderly, may be severe. Fever is almost always present. Anorexia and diarrhea often persist for several days. Infection may begin as acute enterocolitis and develop into septicemia or focal infection. Occasionally, the infectious agent may localize in any tissue of the body, producing abscesses and causing septic arthritis, cholecystitis, endocarditis, meningitis, pericarditis, pneumonia, pyoderma or pyelonephritis. Deaths are uncommon, except in the very young, the very old, the debilitated and the immunosuppressed. However, morbidity and associated costs of salmonellosis may be high.

## Laboratory Criteria for Reporting:

- Isolation of *Salmonella* spp. from a clinical specimen

## Instructions for Reporting:

- Cases of salmonellosis must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Isolate Submission:

- Isolates for salmonellosis must be sent to the Oklahoma State Department of Health Public Health Laboratory (PHL). Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in isolates. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.





# Shigellosis

## Clinical Description:

An acute bacterial disease involving the large and distal small intestine, characterized by diarrhea accompanied by fever, nausea and sometimes toxemia, vomiting, cramps and tenesmus. In typical cases, the stools contain blood and mucus (dysentery) resulting from the confluent microabscesses caused by the invasive organisms; however, many cases present with a watery diarrhea. Convulsions may be an important complication in young children. Bacteremia is uncommon. Mild and asymptomatic infections occur. Illness is usually self-limited, lasting an average of four to seven days. The severity of illness and case-fatality rate are functions of the host (age and pre-existing state of nutrition) and the serotype. *Shigella dysenteriae* 1 (Shiga bacillus) is often associated with serious disease and severe complications, including toxic megacolon and the hemolytic uremic syndrome with case-fatality rates as high as 20% among hospitalized cases even in recent years. In contrast, many infections with *S. sonnei* result in a short clinical course and an almost negligible case-fatality rate, except in compromised hosts. Certain strains of *S. flexneri* can cause a reactive arthropathy (Reiter syndrome) in persons who are genetically predisposed.

## Laboratory Criteria for Reporting:

- Isolation of *Shigella* spp. from a clinical specimen

## Instructions for Reporting:

- Cases of shigellosis must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.



# Smallpox

## **Clinical Description:**

An illness with acute onset of fever greater than or equal to 101°F (38.3°C) accompanied by malaise, headache, prostration, severe backache and occasional abdominal pain and vomiting. This is then followed by a rash one to four days later, characterized by centrifugally distributed, firm, deep seated vesicles or pustules in the same stage of development without other apparent cause.

The last naturally acquired case of smallpox in the world occurred in October 1977; global eradication was certified 2 years later by the WHO and confirmed by the World Health Assembly in May 1980. Since this time, no cases of smallpox have been identified in any country. There are two strains of smallpox, variola major (severe disease) and variola minor or alastrim (mild disease). A variola-specific polymerase chain reaction (PCR) assay has been developed and development of a serospecific diagnostic test is under way.

Currently, some military personnel are receiving smallpox vaccinations and several cases of transmission of the vaccinia virus to a household or household-like contact have been documented. Report cases having symptoms clinically compatible with this disease.

## **Laboratory Criteria for Diagnosis:**

- Consult with the Epidemiologist-on-Call for specimen collection and submission.

## **Instructions for Reporting:**

- **Cases of smallpox must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system immediately upon suspicion, diagnosis, or positive test.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

## **Instructions for Specimen Submission:**

- If this condition is suspected, DO NOT attempt to isolate the organism. Please contact the ADS by telephone (405-271-4060 or 800-234-5963) to arrange for clinical specimen submission for testing by the Oklahoma State Department of Health Public Health Laboratory (PHL) and the Centers for Disease Control and Prevention. Contact the PHL by telephone (405-271-5070 daytime or 405-271-7457 after-hours) immediately for the proper procedures to send in specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



## ***Staphylococcus aureus* with reduced susceptibility to vancomycin (VISA or VRSA)**

### **Clinical Description:**

*Staphylococcus aureus* can produce a variety of syndromes ranging from asymptomatic colonization to clinical manifestations such as skin and soft tissue infections, bloodstream infections, surgical wound infections and pneumonia. Increasing resistance to penicillin-related antibiotics has resulted in use of vancomycin for serious illnesses caused by *S. aureus*. Vancomycin-resistance in *S. aureus* emerged in the 1990's, and both VISA and VRSA have been documented in the United States. However, to date, all VISA and VRSA isolates have been susceptible to other Food and Drug Administration (FDA) approved drugs.

### **Laboratory Criteria for Reporting:**

- *Staphylococcus aureus* isolates for which vancomycin MICs are 4-8 µg/mL are classified as vancomycin-intermediate (VISA), or
- *Staphylococcus aureus* isolates for which vancomycin MICs are ≥16 µg/mL are classified as vancomycin-resistant (VRSA)

Note: The definitions were revised and published in January 2006 by the Clinical and Laboratory Standards Institute (CLSI, formerly NCCLS).

### **Instructions for Reporting:**

- Cases of *Staphylococcus aureus* (VISA or VRSA) must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

### **Instructions for Isolate Submission:**

- Isolates for *Staphylococcus aureus* (VISA or VRSA) must be sent to the Oklahoma State Department of Health Public Health Laboratory (PHL). Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in isolates or specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



## ***Streptococcus pneumoniae*, Invasive, (Children <5 years)**

### **Clinical Description:**

*Streptococcus pneumoniae* (pneumococcus) is a leading cause of serious illness among young children and is the most frequent cause of pneumonia, bacteremia, sinusitis and acute otitis media. Since the introduction of the *H. influenzae* (Hib) vaccine, *S. pneumoniae* has become the leading cause of bacterial meningitis in the United States. Person-to-person transmission occurs by direct contact with infectious secretions; however, most cases of invasive disease among children occur sporadically, not in outbreaks. Licensed in 2000, a 7-valent conjugate pneumococcal vaccine covering serotypes causing >80% of invasive disease was distributed and is recommended for prevention of pneumococcal disease in the pediatric population.

### **Laboratory Criteria for Reporting:**

- Isolation of *Streptococcus pneumoniae* from a normally sterile site (e.g., blood, cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid)

### **Instructions for Reporting:**

- Cases of *Streptococcus pneumoniae* in children <5 years old must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.





# Syphilis

## Clinical Description:

A stage of infection with *Treponema pallidum* characterized by one or more chancres (ulcers); chancres might differ considerably in clinical appearance.

## Laboratory Criteria for Reporting:

- Demonstration of *T. pallidum* by darkfield microscopy, direct fluorescent antibody (DFA-TP), or equivalent methods in clinical specimens from lesions, placenta, umbilical cord, or autopsy material, or
- All reactive serologic tests on a nontreponemal test (Venereal Disease Research Laboratory [VDRL] or Rapid Plasma Reagin [RPR]), or
- All reactive serologic tests on a on a treponemal test (Fluorescent Treponemal Antibody Absorbed [FTA-ABS] or Microhemagglutination Assay for antibody to *T. pallidum* [MHA-TP], or equivalent *Treponema pallidum* particle agglutination [TPPA])
- Reactive VDRL in cerebrospinal fluid (CSF)

## Instructions for Reporting:

- Cases of Syphilis must be reported to the HIV/STD Service by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4636), fax (405-271-1187), or mail within one business day of diagnosis or positive test.



# Tetanus

## **Clinical Description:**

An acute bacterial disease characterized by hypertonia and/or painful muscular contractions (usually of the muscles of the jaw and neck) and generalized muscle spasms without other apparent medical cause. History of an injury or apparent portal of entry may be lacking. The case-fatality rate ranges from 10% to over 80%, it is highest in infants and the elderly, and varies inversely with the length of the incubation period and the availability of experienced healthcare providers and resources.

Attempts at laboratory confirmation are of little help. The organism is rarely recovered from the site of infection, and usually there is no detectable antibody response. Report cases having symptoms clinically compatible with this disease.

## **Instructions for Reporting:**

- Cases of tetanus must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.



# Trichinellosis

## Clinical Description:

A disease caused by an intestinal roundworm whose larvae (trichinae) migrate to and become encapsulated in the muscles. Clinical illness in humans is highly variable and can range from inapparent infection to a fulminating, fatal disease, depending on the number of larvae ingested. Sudden appearance of muscle soreness and pain together with edema of the upper eyelids are early characteristic signs. These are sometimes followed by subconjunctival, subungual and retinal hemorrhages, pain and photophobia. Thirst, profuse sweating, chills, weakness, prostration and rapidly increasing eosinophilia may follow shortly after the ocular signs.

Gastrointestinal symptoms, such as diarrhea, due to the intractant activity of the adult worms, may precede the ocular manifestations. Remittent fever is usual, sometimes as high as 104°F (40°C); the fever terminates after 1-6 weeks, depending on intensity of infection. Cardiac and neurologic complications may appear in the third to sixth week; in the most severe cases, death due to myocardial failure may occur in either the first to second week or between the fourth and eighth weeks.

## Laboratory Criteria for Reporting:

- Demonstration of *Trichinella* larvae in tissue obtained by muscle biopsy, or
- Positive serologic test for *Trichinella*

## Instructions for Reporting:

- Cases of trichinellosis must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.



# Tuberculosis

## Clinical Description:

A chronic bacterial infection caused by *Mycobacterium tuberculosis*, characterized pathologically by the formation of granulomas. The most common site of infection is the lung, but other organs may be involved.

## Laboratory Criteria for Reporting:

- Isolation of *M. tuberculosis* from a clinical specimen\* or
- Demonstration of *M. tuberculosis* from a clinical specimen by nucleic acid amplification test,\*\* or
- Demonstration of acid-fast bacilli in a clinical specimen when a culture has not been or cannot be obtained

\*Use of rapid identification techniques for *M. tuberculosis* (e.g., DNA probes and mycolic acids high-pressure liquid chromatography performed on a culture from a clinical specimen) are acceptable under this criterion.

\*\*Nucleic acid amplification (NAA) tests must be accompanied by culture for mycobacteria species. However, for surveillance purposes, CDC will accept results obtained from NAA tests approved by the Food and Drug Administration (FDA) and used according to the approved product labeling on the package insert.

## Instructions for Reporting:

- Any patient suspected of having active tuberculosis (AFB Isolation) is to be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## Instructions for Isolate or Specimen Submission:

- Any AFB smear or culture positive for *M. tuberculosis* is required to be sent to the Oklahoma State Department of Health Public Health Laboratory (PHL). Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in isolates or specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.





# Tularemia

## Clinical Description:

A zoonotic bacterial disease with a variety of clinical manifestations related to the route of introduction and the virulence of the disease agent. Transmission occurs when bitten by an infected tick or deer fly, handling infected animal carcasses, drinking contaminated water or food, or inhalation. Symptoms of illness include high fever, chills, fatigue, myalgia, headache, and nausea. Most often, illness presents as an indolent ulcer at the site of introduction of the organism, together with swelling of the regional lymph nodes (ulceroglandular type). There may be no apparent primary ulcer, but only one or more enlarged and painful lymph nodes (glandular type). Ingestion of organisms in contaminated food or water may produce a painful pharyngitis (with or without ulceration), abdominal pain, diarrhea and vomiting (oropharyngeal type). Inhalation transmission (typhoidal type) is characterized by pneumonic involvement or a primary septicemic syndrome; organisms may localize in the lung and pleural spaces (pleuropulmonary type). Conjunctival sac transmission is a rare route of introduction resulting in a clinical disease of painful purulent conjunctivitis with regional lymphadenitis (oculoglandular type). Pneumonia may complicate all clinical types and requires prompt identification and specific treatment to prevent a fatal outcome.

## Laboratory Criteria for Reporting:

- Isolation of *Francisella tularensis* in a clinical specimen, or
- Detection of *Francisella tularensis* in a clinical specimen by fluorescent assay, or
- Elevated serum antibody titer(s) to *Francisella tularensis* antigen (without documented fourfold or greater change) in a patient with no history of tularemia vaccination

## Instructions for Reporting:

- **Cases of tularemia must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system immediately upon suspicion, diagnosis, or positive test.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

## Instructions for Isolate Submission:

- Isolates, that cannot be ruled out per the sentinel protocols, must be sent to the Oklahoma State Department of Public Health Laboratory (PHL). Please contact the PHL by telephone (405-271-5070 daytime or 405-271-7457 after-hours) for instructions on isolate submission. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based OSDH PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Typhoid Fever

## Clinical Description:

Systemic bacterial disease characterized by insidious onset of sustained fever, severe headache, malaise, anorexia, a relative bradycardia, splenomegaly, rose spots on the trunk in 25% of white patients, nonproductive cough in the early stage of the illness, and specifically in adults constipation occurs more commonly than diarrhea. Many mild and atypical infections occur.

In typhoid fever, ulceration of Peyer patches in the ileum can produce intestinal hemorrhage or perforation (about 1% of cases), especially late in untreated cases. Severe forms have been described with cerebral dysfunction. Nonsweating fever, mental dullness, slight deafness and parotitis may occur. The usual case-fatality rate of 10% can be reduced to <1% with prompt antibiotic therapy. Relapses occur in 5%-10% of untreated cases and may be more common (15%-20%) following therapy with appropriate antibiotics. Mild and inapparent illnesses occur, especially in endemic areas.

## Laboratory Criteria for Reporting:

- Isolation of *Salmonella* Typhi from blood, stool, or other clinical specimen

## Instructions for Reporting:

- **Cases of typhoid fever must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system immediately upon suspicion, diagnosis, or positive test.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

## Instructions for Isolate Submission:

- Isolates for typhoid fever must be sent to the Oklahoma State Department of Health Public Health Laboratory (PHL). Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in isolates. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each isolate. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



## ***Vibrio* spp. infections including cholera**

### **Clinical Description:**

Cholera is an acute bacterial enteric disease characterized in its severe form with sudden onset, profuse painless watery stools, occasional vomiting, and, in untreated cases, rapid dehydration, acidosis, circulatory collapse, hypoglycemia in children, and renal failure. Asymptomatic infection is much more frequent than clinical illness, especially with organisms of the El Tor biotype; mild cases with only diarrhea are common, particularly among children. In severe untreated cases, death may occur within a few hours, and the case-fatality rate may exceed 50%; with proper treatment, the rate is <1%.

Infection with *V. vulnificus* occurs primarily in individuals with underlying illness, such as known hepatic disease or another underlying immunosuppressing condition. Symptoms include fever, chills, swelling and redness of the skin on arms or legs, with blood-tinged blisters and low blood pressure or shock. Infection may be due to contamination of an open wound leading to increasing swelling, redness and pain at the site of the wound.

*V. parahaemolyticus* infection typically produces watery diarrhea often accompanied by abdominal cramping, nausea, vomiting, fever and chills. Similar to *V. vulnificus* infection, infection can occur due to contamination of an open wound.

Other pathogenic species of Vibriosis include *V. mimicus*, *V. fluvialis*, *V. furnissii*, *V. hollisae*, *V. alginolyticus* and *V. damsela*.

### **Laboratory Criteria for Reporting:**

- Isolation of *Vibrio* spp. from a clinical specimen, or
- Serologic evidence of recent infection with *Vibrio cholera* O1 or O139

### **Instructions for Reporting:**

- Cases of vibriosis must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

### **Instructions for Isolate Submission:**

- Isolates for vibriosis must be sent to the Oklahoma State Department of Health Public Health Laboratory (PHL). Please refer to the instructions in the PHL Resource Manual for the proper procedures to send in specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Viral Hemorrhagic Fever (VHF)

## Clinical Description:

Viral Hemorrhagic Fever (VHF) describes a severe syndrome affecting multiple organ systems in the body. Specific signs and symptoms vary by the type of VHF, but initial signs and symptoms often include marked fever, fatigue, dizziness, muscle aches, loss of strength and exhaustion. Patients with severe cases of VHF often show signs of bleeding under the skin, in internal organs, or from body orifices like the mouth, eyes or ears. Although patients may bleed from many sites around the body, death rarely results due to blood loss. Severely ill patients may also show shock, nervous system malfunction, coma, delirium and seizures. Some types of VHF are associated with renal failure. Viral Hemorrhagic Fever is caused by viruses such as arenaviruses (e.g. Lassa virus, Junin virus, Machupo virus, Guanarito virus, Sabia virus, and lymphocytic choriomeningitis virus), bunyaviruses, hantaviruses (e.g. Sin Nombre virus, Black Creek Canal virus, Hantaan virus, Seoul virus, Puumala virus and Dobrava virus and Rift Valley Fever virus), and filoviruses (e.g. Ebola virus and Marburg virus).

## Laboratory Criteria for Reporting:

- Isolation of virus from or demonstration of viral antigen or genomic sequences in tissue, blood, cerebrospinal fluid (CSF), or other body fluid, or
- Other positive test for a virus in one of the viral families listed above

## Instructions for Reporting:

- **Cases of viral hemorrhagic fever must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system immediately upon suspicion, diagnosis, or positive test.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

## Instructions for Specimen Submission:

- If this condition is suspected, DO NOT attempt to isolate the organism. Please contact the ADS by telephone (405-271-4060 or 800-234-5963) to arrange for clinical specimen submission for testing by the Oklahoma State Department of Health Public Health Laboratory (PHL) and the Centers for Disease Control and Prevention. Contact the PHL by telephone (405-271-5070 daytime or 405-271-7457 after-hours) immediately for the proper procedures to send in specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.





# Yellow Fever

## **Clinical Description:**

A mosquito-borne, acute infectious viral disease of short duration and varying severity. The mildest cases may be clinically indeterminate; typical attacks are characterized by sudden onset, fever, chills, headache, backache, generalized muscle pain, prostration, nausea and vomiting. The pulse may be slow and weak out of proportion to the elevated temperature (Faget sign). Jaundice is moderate early in the disease and intensifies later. Albuminuria (sometimes pronounced) and anuria may occur. Leukopenia appears early and is most pronounced about the fifth day. Most infections resolve at this stage. After a brief remission of hours to a day, some cases progress into the ominous stage of intoxication manifested by hemorrhagic symptoms including epistaxis, gingival bleeding, hematemesis (coffee-ground or black), melena, and liver and renal failure; 20%-50% of jaundiced cases are fatal.

## **Laboratory Criteria for Reporting:**

- Demonstration of yellow fever virus, antigen, or genome in tissue, blood, or other body fluid, or
- Elevated serum antibody titer(s) to yellow fever in a patient who has no history of recent yellow fever vaccination and cross-reactions to other flaviviruses have been excluded, or

## **Instructions for Reporting:**

- Cases of yellow fever must be reported to the ADS by secure web-based PHIDDO report, electronic data transmission, telephone (405-271-4060 or 800-234-5963), or by fax (405-271-6680 or 800-898-6734) within one business day of diagnosis or positive test.

## **Instructions for Specimen Submission:**

- Please contact the ADS by telephone for consultation, instructions for specimen submission, and arrangement for testing or confirmation by an appropriate laboratory. The Oklahoma State Department of Health Public Health Laboratory (PHL) does not perform tests for yellow fever. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Outbreaks or Clusters of Apparent Infectious Disease

## Clinical Description:

Physicians, Infection Control Practitioners, laboratories, and other healthcare providers should report any cluster or outbreak of apparent infectious disease of known or unknown etiology regardless of whether it is a reportable disease. An outbreak of an apparent infectious disease is a cluster (two or more) of cases within different households. The cases would have a similar clinical syndrome of a potentially infectious disease, toxin, or agent of known or unknown etiology. Examples of such outbreaks include but are not limited to a cluster of cases of gastrointestinal illness, respiratory illness, or rash illness of known or unknown etiology.

## Instructions for Reporting:

- **Suspected outbreaks or clusters of apparent infectious disease must be reported immediately to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

## Instructions for Specimen Submission:

- Please contact the ADS by telephone (405-271-4060 or 800-234-5963) to arrange for clinical specimen submission for testing by the Oklahoma State Department of Health Public Health Laboratory (PHL) and the Centers for Disease Control and Prevention. Contact the PHL by telephone (405-271-5070 daytime or 405-271-7457 after-hours) immediately for the proper procedures to send in specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# Unusual Disease or Syndrome

## Clinical Description:

Physicians, Infection Preventionists, laboratories, and other healthcare providers should report any unusual disease or syndrome. **"Unusual disease or syndrome"** means a case of an uncommon, possibly infectious disease of known or unknown etiology, even if laboratory testing may be pending or inconclusive, or if testing for common etiologies is negative. Such cases of disease may not normally be endemic to Oklahoma, may be an emerging or re-emerging disease, and/or represent diseases for which a public health intervention may be needed. Examples of such unusual diseases or syndromes include but are not limited to, unexplained adult respiratory distress syndrome, rash illness with atypical presentation, or an illness occurring along with an unusual pattern of illness or death among animals.

## Instructions for Reporting:

- **Unusual diseases or syndromes must be reported to the ADS** by telephone (405-271-4060 or 800-234-5963) or electronically via the secure web-based PHIDDO system using "Unusual Syndrome or Uncommon Disease – non-urgent" or "Unusual Syndrome or Uncommon Disease – Urgent" as the disease/condition. Healthcare providers should use "Unusual Syndrome or Uncommon Disease – Urgent" as the disease/condition if immediate consultation and investigation is needed based on the severity of the disease or unusual pattern of illness.
- ADS office hours (8am - 5pm, M-F). The Epidemiologist-on-Call is available 24 hours / 7 days a week for communicable disease consultations and reporting for healthcare providers.

## Instructions for Specimen Submission:

- Please contact the ADS by telephone (405-271-4060 or 800-234-5963) to arrange for clinical specimen submission for testing by the Oklahoma State Department of Health Public Health Laboratory (PHL) and the Centers for Disease Control and Prevention. Contact the PHL by telephone (405-271-5070 daytime or 405-271-7457 after-hours) immediately for the proper procedures to send in specimens. A copy of the PHL Specimen Submission Form or a printout of the submitted web-based PHL Lab Test Requisition Form must accompany each specimen. A copy of the form and instructions to submit an electronic laboratory requisition is located in the PHL Section of this manual.



# **Disease Reporting Posters**

# REPORTABLE DISEASES/ CONDITIONS

**The following diseases are to be reported to the OSDH by PHIDDO or telephone immediately upon suspicion, diagnosis, or positive test.**

Anthrax	Hepatitis B during pregnancy (HBsAg+)	Rabies
Bioterrorism - suspected disease	Measles (Rubeola)	Smallpox
Botulism	Meningococcal invasive disease	Tularemia
Diphtheria	Outbreaks of apparent infectious disease	Typhoid fever
<i>H. influenzae</i> invasive disease	Plague	Viral hemorrhagic fever
Hepatitis A (Anti-HAV-IgM+)	Poliomyelitis	

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

Acid Fast Bacillus (AFB) positive smear	Leptospirosis
AIDS (Acquired Immunodeficiency Syndrome)	Listeriosis
Arboviral infections	Lyme disease
Brucellosis	Malaria
Campylobacteriosis	Mumps
Congenital rubella syndrome	Pertussis
Cryptosporidiosis	Psittacosis
Dengue fever	Q Fever
<i>Escherichia coli</i> O157, O157:H7 or a Shiga toxin producing <i>E. coli</i> (STEC)	Rocky Mountain spotted fever
Ehrlichiosis	Rubella
Hantavirus pulmonary syndrome	Salmonellosis
Hemolytic uremic syndrome, postdiarrheal	Shigellosis
Hepatitis B (HBsAg+, anti-HBc IgM+, HBeAg+, and/or HBV DNA+) <sup>1</sup>	<i>Staphylococcus aureus</i> (VISA or VRSA)
Hepatitis C virus (in persons ≤ 40 years or in persons having jaundice or ALT ≥ 400 regardless of age with laboratory confirmation) <sup>1</sup>	<i>Streptococcus pneumoniae</i> invasive disease, children <5 yrs.
Human Immunodeficiency Virus (HIV) infection	Syphilis
Influenza associated pediatric mortality	Tetanus
Legionellosis	Trichinellosis
	Tuberculosis
	Unusual disease or syndrome
	Vibriosis including cholera
	Yellow fever

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

**The following diseases are to be reported to the OSDH within one month:**

CD4 cell count <500 with cell count %	Creutzfeldt-Jakob disease	HIV viral load
Chlamydial infections ( <i>C. trachomatis</i> )	Gonorrhea	Pelvic inflammatory disease

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







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

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

Acid Fast Bacillus (AFB) positive smear	Human Immunodeficiency Virus (HIV)
<i>Anaplasma</i> spp.	<i>Legionella</i> spp.
Arboviral infections	<i>Leptospira interrogans</i>
<i>Bordetella pertussis</i>	<i>Listeria monocytogenes</i> (sterile site)
<i>Borrelia burgdorferi</i>	Mumps virus
<i>Brucella</i> spp.	<i>Mycobacterium tuberculosis</i>
<i>Campylobacter</i> spp.	<i>Plasmodium</i> spp.
<i>Chlamydia psittaci</i>	<i>Rickettsia rickettsii</i>
<i>Clostridium tetani</i>	Rubella virus
<i>Coxiella burnettii</i>	<i>Salmonella</i> spp.
<i>Cryptosporidium</i> spp.	<i>Shigella</i> spp.
Dengue virus	<i>Staphylococcus aureus</i> (VISA or VRSA)
<i>Ehrlichia</i> spp.	<i>Streptococcus pneumoniae</i> (sterile site), children <5 yrs.
<i>Escherichia coli</i> O157, O157:H7 or a Shiga toxin producing <i>E. coli</i> (STEC)	<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
Hepatitis C virus (in persons ≤ 40 years or in persons having jaundice or ALT ≥ 400 regardless of age with laboratory confirmation) <sup>1</sup>	<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**  
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Fax machines are located in locked offices and are monitored to ensure the confidentiality of disease reports.

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# Reporting Forms



# **Index of Form Numbers and Names**

## **Disease Reporting Forms**

### Acute Disease

ODH 295 - Reportable Disease Card

ODH 295-A - Reportable Pathogen Card

### HIV/STD

ODH 235 – Monthly Report of Tests Performed for Sexually Transmitted Diseases

ODH 228 – Confidential Morbidity Report of Sexually Transmitted Diseases

CDC 50.42A - Adult HIV/AIDS Confidential Case Report

CDC 50.42B - Pediatric HIV/AIDS Confidential Case Report

### Occupational/Employee Exposure Form

ODH 207 - Communicable Disease Risk Exposure Report

PHIDDO / OK-HAN User Enrollment Form

## **Isolate/Specimen Submission Forms**

PHL Specimen Submission Form

ODH 460 – Animal Rabies Testing Form

**To order forms, call the specific service directly, or copy the forms from this manual.**



# Disease Reporting Forms





# REPORTABLE DISEASES/ CONDITIONS

**The following diseases are to be reported to the OSDH by PHIDDO or telephone immediately upon suspicion, diagnosis, or positive test.**

Anthrax	Hepatitis B during pregnancy (HBsAg+)	Rabies
Bioterrorism - suspected disease	Measles (Rubeola)	Smallpox
Botulism	Meningococcal invasive disease	Tularemia
Diphtheria	Outbreaks of apparent infectious disease	Typhoid fever
<i>H. influenzae</i> invasive disease	Plague	Viral hemorrhagic fever
Hepatitis A (Anti-HAV-IgM+)	Poliomyelitis	

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

Acid Fast Bacillus (AFB) positive smear	Leptospirosis
AIDS (Acquired Immunodeficiency Syndrome)	Listeriosis
Arboviral infections	Lyme disease
Brucellosis	Malaria
Campylobacteriosis	Mumps
Congenital rubella syndrome	Pertussis
Cryptosporidiosis	Psittacosis
Dengue fever	Q Fever
<i>Escherichia coli</i> O157, O157:H7 or a Shiga toxin producing <i>E. coli</i> (STEC)	Rocky Mountain spotted fever
Ehrlichiosis	Rubella
Hantavirus pulmonary syndrome	Salmonellosis
Hemolytic uremic syndrome, postdiarrheal	Shigellosis
Hepatitis B (HBsAg+, anti-HBc IgM+, HBeAg+, and/or HBV DNA+) <sup>1</sup>	<i>Staphylococcus aureus</i> (VISA or VRSA)
Hepatitis C virus (in persons ≤ 40 years or in persons having jaundice or ALT ≥ 400 regardless of age with laboratory confirmation) <sup>1</sup>	<i>Streptococcus pneumoniae</i> invasive disease, children <5 yrs.
Human Immunodeficiency Virus (HIV) infection	Syphilis
Influenza associated pediatric mortality	Tetanus
Legionellosis	Trichinellosis
	Tuberculosis
	Unusual disease or syndrome
	Vibriosis including cholera
	Yellow fever

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

**The following diseases are to be reported to the OSDH within one month:**

CD4 cell count <500 with cell count %	Creutzfeldt-Jakob disease	HIV viral load
Chlamydial infections ( <i>C. trachomatis</i> )	Gonorrhea	Pelvic inflammatory disease

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

# REPORTABLE DISEASE CARD

## PLEASE ANSWER EVERY QUESTION ON THE CARD

<b>DISEASE</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 SYMPTOM ONSET</b> _____ / _____ / _____ <b>DATE OF SPECIMEN COLLECTION</b> _____ / _____ / _____ <b>DATE OF THIS REPORT</b> _____ / _____ / _____ <b>DATE OF BIRTH</b> _____ / _____ / _____
--	--

**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.									Comments:	
Pos	Neg	Not Done	Pos	Neg	Not Done	Pos	Neg	Not Done		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAVIgM	<input type="checkbox"/>	<input type="checkbox"/>	HAV Total	<input type="checkbox"/>	<input type="checkbox"/>	HCV	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBcIgM	<input type="checkbox"/>	<input type="checkbox"/>	HBcAb Total	HCV S/Co or Index _____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	HBsAb	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HCV RIBA/PCR			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBeAg	<input type="checkbox"/>	<input type="checkbox"/>	HBeAb	HCV Viral Load _____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBV DNA	HBV Viral Load _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HDV				
Date of Collection _____ / _____ / _____										
ALT _____			AST _____			Total Bili _____				

**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

<b>Need more cards?</b> <input type="checkbox"/> YES Name and address if different from left: _____ _____ _____ _____ _____
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# 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	Human Immunodeficiency Virus (HIV)
<i>Anaplasma</i> spp.	<i>Legionella</i> spp.
Arboviral infections	<i>Leptospira interrogans</i>
<i>Bordetella pertussis</i>	<i>Listeria monocytogenes</i> (sterile site)
<i>Borrelia burgdorferi</i>	Mumps virus
<i>Brucella</i> spp.	<i>Mycobacterium tuberculosis</i>
<i>Campylobacter</i> spp.	<i>Plasmodium</i> spp.
<i>Chlamydia psittaci</i>	<i>Rickettsia rickettsii</i>
<i>Clostridium tetani</i>	Rubella virus
<i>Coxiella burnettii</i>	<i>Salmonella</i> spp.
<i>Cryptosporidium</i> spp.	<i>Shigella</i> spp.
Dengue virus	<i>Staphylococcus aureus</i> (VISA or VRSA)
<i>Ehrlichia</i> spp.	<i>Streptococcus pneumoniae</i> (sterile site), children <5 yrs.
<i>Escherichia coli</i> O157, O157:H7 or a Shiga toxin producing <i>E. coli</i> (STEC)	<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
Hepatitis C virus (in persons ≤ 40 years or in persons having jaundice or ALT ≥ 400 regardless of age with laboratory confirmation) <sup>1</sup>	<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 reportable test results which is available through the Disease Reporting link at <http://ads.health.ok.gov>

# REPORTABLE DISEASE CARD

## PLEASE ANSWER EVERY QUESTION ON THE CARD

<b>DISEASE</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 SYMPTOM ONSET</b> _____ / _____ / _____ <b>DATE OF SPECIMEN COLLECTION</b> _____ / _____ / _____ <b>DATE OF THIS REPORT</b> _____ / _____ / _____ <b>DATE OF BIRTH</b> _____ / _____ / _____
--	--

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

**Test Method and Source:** \_\_\_\_\_

**Results of Lab Tests:** \_\_\_\_\_

<b>Hepatitis Panel Results: Check all applicable boxes.</b>									<b>Comments:</b>			
Pos	Neg	Not Done		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"/>	HCV	_____
<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"/>	HCV S/Co or Index	_____
<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"/>	HCV RIBA/PCR	_____
<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"/>	HCV Viral Load	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBV DNA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBV Viral Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HDV	_____
Date of Collection _____ / _____ / _____												
ALT _____ AST _____ Total Bili _____												

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

<b>Reporting Source Information:</b> <input type="checkbox"/> Physician <input type="checkbox"/> Laboratory <input type="checkbox"/> Hospital/ICP <input type="checkbox"/> Other <b>Name of Person Reporting:</b> _____ <b>Facility Name:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Phone:</b> ( ) _____ <b>Attending Physician:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Phone:</b> ( ) _____ <input type="checkbox"/> 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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This form should be completed and mailed at the end of each month in the gray, confidential postage-paid pre-addressed envelopes provided, **EVEN IF THERE ARE NO POSITIVES.**

In addition to mailing form, **fax all positive HIV & Syphilis results within 24 hours of positive test result.**

If no fax is available, contact the OSDH HIV/STD Service at the phone number below.

Oklahoma State Department of Health  
Mail Drop 0308  
1000 NE 10<sup>th</sup> St.  
Oklahoma City, OK 73117-9902

**Fax: (405) 271-1187**

**Phone: (405) 271-4061**

The following laboratory tests for sexually transmitted diseases are reportable to the State Department of Health as provided in Public Health Code (OAC § 310:515-1-3, OAC § 310:515-1-4), and other governing regulations:

1. All reactive serologic and spinal fluid tests for syphilis
2. All positive darkfield microscopic tests (for syphilis)
3. All positive tests indicating presence of Neisseria gonorrhoeae
4. All positive tests indicating presence of Chlamydia trachomatis
5. All positive tests indicating presence of HIV infection

**ALL STD REPORTS ARE CONFIDENTIAL AND NO PATIENT IS CONTACTED  
WITHOUT THE NOTIFICATION OF THE ATTENDING PHYSICIAN.**



Oklahoma State Department of Health  
**Confidential Morbidity Report of Sexually Transmitted Diseases**

*(Please complete this form as accurately and legibly as possible.)*

**A. Demographic Information**

<b>Patient Last Name:</b> <b>First:</b> <b>Middle:</b>			<b>Date of Birth:</b> / /	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (Specify) : _____
<b>Other Names Previously Used by Patient</b> <i>(i.e. Married or Maiden Name):</i>			<b>Race –(Check All that Apply):</b> <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Unknown <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Other (Specify): _____	
<b>Patient's Home Address</b> <i>(House/Apt No. and Street):</i>		<b>Patient Phone:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>	
** Free electronic reporting is now available. See reverse side of form for more information about the PHIDDO reporting system.				<b>Hispanic Ethnicity:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**B. Diagnosis**

**C. Prior History**

<b>Chlamydia</b> <input type="checkbox"/> Genito-Urinary <input type="checkbox"/> Ophthalmic <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> PID <input type="checkbox"/> Other (Specify): _____ _____	<b>Gonorrhea</b> <input type="checkbox"/> Genito-Urinary <input type="checkbox"/> Ophthalmic <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> PID <input type="checkbox"/> Other (Specify): _____ _____	<b>Syphilis</b> <input type="checkbox"/> Primary (Chancre) <input type="checkbox"/> Secondary (Symptoms) <input type="checkbox"/> Early Latent <input type="checkbox"/> Latent <input type="checkbox"/> Congenital (Specify manifestations): _____ _____	<input type="checkbox"/> <b>Pregnant</b> (at time of test)  <input type="checkbox"/> <b>PID</b> (presumptive)  <input type="checkbox"/> <b>HIV/AIDS</b>	<input type="checkbox"/> <b>Syphilis Tx History</b> Approx. Date: Facility/Location:  <input type="checkbox"/> <b>HIV/AIDS Tx History</b> Approx. Date: Facility/Location:
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**D. Positive Laboratory Tests Related To Diagnosis**

**E. Treatment Information**

Specimen Collection Date	Laboratory Name	Type of Test	Result	Tx Date	Medication <input type="checkbox"/> Not Treated

**F. Provider/Facility Information/Clinic Type**

<b>Facility Name:</b>		<b>Clinic Type:</b> <input type="checkbox"/> STD <input type="checkbox"/> Family Planning <input type="checkbox"/> Maternity <input type="checkbox"/> Other (Specify): _____ _____
<b>Physician Name:</b>		
<b>Address:</b>		
<b>City, State &amp; Zip:</b>		<b>Phone:</b> (       )
<b>Form Completed by:</b>		<b>Date Form Submitted:</b>

**For instructions, please refer to the reverse side of this form.** For further information or assistance, contact:

Oklahoma State Department of Health  
 1000 NE 10<sup>th</sup> St, Mail Drop 0308, Oklahoma City, OK 73117  
 Phone: (405) 271-4636, Fax: (405) 271-1187

**Need Supply of:**  
 Forms     Envelopes

Oklahoma State Department of Health  
**Confidential Morbidity Report of Sexually Transmitted Diseases**  
**ODH Form 228 GUIDELINES** (Revised 10/09)

This form is intended for use by all health care providers diagnosing and/or treating sexually transmitted diseases in the state of Oklahoma. Report only those sexually transmitted diseases indicated on this form: gonorrhea, chlamydia, syphilis, HIV/AIDS, and/or presumptive Pelvic Inflammatory Disease (PID). All diagnoses, laboratory tests and treatment information for a patient with multiple infections may be reported on a single form.

The provider (or designee) is responsible for mailing all original forms to the HIV/STD Service of the Oklahoma State Department of Health in the confidential, pre-addressed, postage-paid gray envelopes. **Public Health Code (OAC § 310:515-1-3, OAC § 310:515-1-4) requires reporting of HIV/AIDS and syphilis within 24 hours, and chlamydia, gonorrhea, and PID within 30 days of diagnosis.**

Form Sections:

**A. Demographic Information**

Complete all entries in full. **If patient is under 14 years of age, and abuse or assault is suspected, notify the Department of Human Services (DHS), as required by Oklahoma law (21 OS § 1112, 21 OS § 1113, 21 OS § 1114, Schedule S-2).**

**B. Diagnosis**

1. **Pregnant:** Indicate with an "X" if client is pregnant at the time of testing.
2. **Presumptive PID:** This section is to be completed when laboratory confirmation was not made or is inconclusive. Indicate with an "X", if client has been treated for PID, but gonorrhea/chlamydia testing was negative, and indicate date of specimen collection.
3. **HIV/AIDS:** Indicate a positive test result with an "X".
4. **Gonorrhea:** Indicate with an "X" all appropriate sites of infection. "Other" refers to disseminated disease. Please stipulate.
5. **Chlamydia:** Indicate with an "X" all appropriate sites of infection. "Other" refers to disseminated disease. Please stipulate.
6. **Syphilis:** Indicate with an "X" the current staging of disease.

**C. Prior History**

1. **Syphilis Tx History:** Indicate with an "X" if patient has prior history of syphilis treatment. Please indicate the approximate date of treatment, and name and location of treating facility if available.
2. **HIV/AIDS Tx History:** Indicate with an "X" if patient has prior history of HIV/AIDS treatment. Please indicate the approximate date of treatment, and name and location of treating facility if available.

**D. Laboratory Tests Related To Diagnosis**

1. **Date of Specimen Collection:** Indicate date of specimen collection.
2. **Lab Name:** Indicate laboratory name where specimen was sent for testing.
3. **Type of Test:** Indicate the type of test performed. (Example: DNA probe or culture, wet prep, urine, dark field, smear, RPR/VDRL, FTA/TPPA, Western Blot, EIA, etc.)
4. **Results:** Indicate positive test results only. Specify titer for syphilis if available. For presumptive diagnoses, a negative test result should be marked.

**E. Treatment Information**

Indicate date of treatment, name(s) of medication, dosage and route. If client was not treated, indicate this with an "X" in the appropriate box.

**F. Provider/Facility/Clinic Type Information**

Print, type, or stamp all entries. If Health Department, check appropriate **Clinic Type**. If applicable, indicate department name (Example: Emergency Room, Pediatric Clinic, Women's Health, etc.) Indicate with "X" in the appropriate box(es) if more forms and/or envelopes are needed.

**\*\*PHIDDO (Public Health Investigation and Disease Detection of Oklahoma)**

The preferred method of reporting diseases or conditions to the OSDH is through the secure, web-based PHIDDO system. PHIDDO is a user-friendly, internet-based application which is only accessible to persons with specific authorization to enter and view records and information. Online case reporting eliminates the need for faxing and mailing reports to OSDH.

If you are a Physician, Physician Assistant, Nurse Practitioner, Infection Preventionist, Laboratorian, or any other clinical or healthcare professional who would be submitting cases of reportable diseases PHIDDO will be a good reporting option. To register or if you have any questions about PHIDDO, please contact Tony McCord or Anthony Lee at (405) 271-4060.



**I. STATE/LOCAL USE ONLY**

Patient's Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
 (Last, First, M.I.)  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**RETURN TO STATE/LOCAL HEALTH DEPARTMENT**

**- Patient identifier information is not transmitted to CDC! -**

U.S. DEPARTMENT OF HEALTH  
 & HUMAN SERVICES  
 Centers for Disease Control  
 and Prevention

**ADULT HIV/AIDS CONFIDENTIAL CASE REPORT**  
 (Patients ≥13 years of age at time of diagnosis)



**II. HEALTH DEPARTMENT USE ONLY**

Form Approved OMB No. 0920-0573 Exp Date 11/30/2005

**DATE FORM COMPLETED:**

Mo. Day Yr.

**REPORT SOURCE:**

**SOUNDEX CODE:**

**REPORT STATUS:**

1 New Report  
 2 Update

**REPORTING HEALTH DEPARTMENT:**

State: \_\_\_\_\_  
 City/County: \_\_\_\_\_

**State Patient No.:**

**City/County Patient No.:**

**III. DEMOGRAPHIC INFORMATION**

**DIAGNOSTIC STATUS AT REPORT (check one):**  
 1 HIV Infection (not AIDS)  
 2 AIDS

**AGE AT DIAGNOSIS:** \_\_\_\_\_ Years

**DATE OF BIRTH:** Mo. Day Yr.

**CURRENT STATUS:** Alive  1 Dead  2 Unk.  9

**DATE OF DEATH:** Mo. Day Yr.

**STATE/TERRITORY OF DEATH:** \_\_\_\_\_

**SEX:**  1 Male  2 Female

**ETHNICITY: (select one)**  1 Hispanic  9 Unk  2 Not Hispanic or Latino

**RACE: (select one or more)**  
 American Indian/Alaska Native  Black or African American  
 Asian  Native Hawaiian or Other Pacific Islander  White  Unk

**COUNTRY OF BIRTH: (including Puerto Rico)**  
 1 U.S.  7 U.S. Dependencies and Possessions (specify): \_\_\_\_\_  
 8 Other (specify): \_\_\_\_\_  9 Unk

**RESIDENCE AT DIAGNOSIS:**  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip Code:

**IV. FACILITY OF DIAGNOSIS**

Facility Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Country: \_\_\_\_\_

**FACILITY SETTING (check one)**  
 1 Public  2 Private  3 Federal  9 Unk.

**FACILITY TYPE (check one)**  
 01 Physician, HMO  31 Hospital, Inpatient  
 88 Other (specify): \_\_\_\_\_

This report to the Centers for Disease Control and Prevention (CDC) is authorized by law (Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k). Response in this case is voluntary for federal government purposes, but may be mandatory under state and local statutes. Your cooperation is necessary for the understanding and control of HIV/AIDS. Information in CDC's HIV/AIDS surveillance system that would permit identification of any individual on whom a record is maintained, is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated in the assurance on file at the local health department, and will not otherwise be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

**V. PATIENT HISTORY**

**AFTER 1977 AND PRECEDING THE FIRST POSITIVE HIV ANTIBODY TEST OR AIDS DIAGNOSIS, THIS PATIENT HAD (Respond to ALL Categories):**

	Yes	No	Unk.
• Sex with male	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
• Sex with female	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
• Injected nonprescription drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
• Received clotting factor for hemophilia/coagulation disorder	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Specify <input type="checkbox"/> 1 Factor VIII <input type="checkbox"/> 2 Factor IX <input type="checkbox"/> 8 Other disorder: (Hemophilia A) (Hemophilia B) (specify): _____			
• HETEROSEXUAL relations with any of the following:			
• Intravenous/injection drug user	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
• Bisexual male	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
• Person with hemophilia/coagulation disorder	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
• Transfusion recipient with documented HIV infection	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
• Transplant recipient with documented HIV infection	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
• Person with AIDS or documented HIV infection, risk not specified	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
• Received transfusion of blood/blood components (other than clotting factor)	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
First Mo. Yr. <input type="text"/> <input type="text"/> Last Mo. Yr. <input type="text"/> <input type="text"/>			
• Received transplant of tissue/organs or artificial insemination	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
• Worked in a health-care or clinical laboratory setting	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
(specify occupation): _____			

**VI. LABORATORY DATA**

**1. HIV ANTIBODY TESTS AT DIAGNOSIS:** (Indicate first test)

	Pos	Neg	Ind	Not Done	TEST DATE Mo. Yr.
• HIV-1 EIA	<input type="checkbox"/> 1	<input type="checkbox"/> 0	-	<input type="checkbox"/> 9	<input type="text"/> <input type="text"/>
• HIV-1/HIV-2 combination EIA	<input type="checkbox"/> 1	<input type="checkbox"/> 0	-	<input type="checkbox"/> 9	<input type="text"/> <input type="text"/>
• HIV-1 Western blot/IFA	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="text"/> <input type="text"/>
• Other HIV antibody test (specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="text"/> <input type="text"/>

**2. POSITIVE HIV DETECTION TEST:** (Record earliest test)

culture  antigen  PCR, DNA or RNA probe  Mo.  Yr.

• Other (specify): \_\_\_\_\_  Mo.  Yr.

**3. DETECTABLE VIRAL LOAD TEST:** (Record most recent test)

Test type*	COPIES/ML	Mo. Yr.
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

\*Type: 11. NASBA (Organon) 12. RT-PCR (Roche) 13. bDNA(Chiron) 18. Other

**4. IMMUNOLOGIC LAB TESTS:**

**AT OR CLOSEST TO CURRENT DIAGNOSTIC STATUS**

• Date of last documented negative HIV test (specify type): \_\_\_\_\_ Mo. Yr.

• If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician?  1 Yes  0 No  9 Unk.

If yes, provide date of documentation by physician \_\_\_\_\_ Mo. Yr.

• CD4 Count \_\_\_\_\_,   cells/μL  Mo.  Yr.

• CD4 Percent \_\_\_\_\_ %

First <200 μL or <14%   Mo. Yr.

• CD4 Count \_\_\_\_\_,   cells/μL  Mo.  Yr.

• CD4 Percent \_\_\_\_\_ %

**VII. STATE/LOCAL USE ONLY**

Physician's Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_ Medical Record No. \_\_\_\_\_  
 (Last, First, M.I.)  
 Hospital/Facility: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

**- Patient identifier information is not transmitted to CDC! -**

**VIII. CLINICAL STATUS**

<b>CLINICAL RECORD REVIEWED:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>ENTER DATE PATIENT WAS DIAGNOSED AS:</b>	<b>Asymptomatic</b> (including acute retroviral syndrome and persistent generalized lymphadenopathy):	Mo. <input type="checkbox"/>	Yr. <input type="checkbox"/>	<b>Symptomatic (not AIDS):</b>	Mo. <input type="checkbox"/>	Yr. <input type="checkbox"/>
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AIDS INDICATOR DISEASES	Initial Diagnosis Def.	Initial Diagnosis Pres.	Initial Date Mo.	Initial Date Yr.	AIDS INDICATOR DISEASES	Initial Diagnosis Def.	Initial Diagnosis Pres.	Initial Date Mo.	Initial Date Yr.
Candidiasis, bronchi, trachea, or lungs	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	Lymphoma, Burkitt's (or equivalent term)	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
Candidiasis, esophageal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymphoma, immunoblastic (or equivalent term)	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
Carcinoma, invasive cervical	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	Lymphoma, primary in brain	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
Coccidioidomycosis, disseminated or extrapulmonary	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	<i>Mycobacterium avium</i> complex or <i>M.kansasii</i> , disseminated or extrapulmonary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cryptococcosis, extrapulmonary	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	<i>M. tuberculosis</i> , pulmonary*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cryptosporidiosis, chronic intestinal (>1 mo. duration)	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	<i>M. tuberculosis</i> , disseminated or extrapulmonary*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytomegalovirus disease (other than in liver, spleen, or nodes)	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	<i>Mycobacterium</i> , of other species or unidentified species, disseminated or extrapulmonary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytomegalovirus retinitis (with loss of vision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Pneumocystis carinii</i> pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV encephalopathy	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia, recurrent, in 12 mo. period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herpes simplex: chronic ulcer(s) (>1 mo. duration); or bronchitis, pneumonitis or esophagitis	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	Progressive multifocal leukoencephalopathy	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
Histoplasmosis, disseminated or extrapulmonary	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	Salmonella septicemia, recurrent	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
Isosporiasis, chronic intestinal (>1 mo. duration)	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	Toxoplasmosis of brain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaposi's sarcoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wasting syndrome due to HIV	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>

Def. = definitive diagnosis    Pres. = presumptive diagnosis    \* RVCT CASE NO.:

• If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition?  Yes  No  Unknown

**IX. TREATMENT/SERVICES REFERRALS**

Has this patient been informed of his/her HIV infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. This patient's partners will be notified about their HIV exposure and counseled by: <input type="checkbox"/> Health department <input type="checkbox"/> Physician/provider <input type="checkbox"/> Patient <input type="checkbox"/> Unknown	This patient is receiving or has been referred for: Yes    No    NA    Unk. • HIV related medical services ..... <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> • Substance abuse treatment services <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
This patient received or is receiving: • Anti-retroviral therapy ..... Yes No Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • PCP prophylaxis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	This patient has been enrolled at: Clinical Trial    Clinic <input type="checkbox"/> NIH-sponsored <input type="checkbox"/> HRSA-sponsored <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown
This patient's medical treatment is primarily reimbursed by: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private insurance/HMO <input type="checkbox"/> No coverage <input type="checkbox"/> Other Public Funding <input type="checkbox"/> Clinical trial/government program <input type="checkbox"/> Unknown	
<b>FOR WOMEN:</b> • This patient is receiving or has been referred for gynecological or obstetrical services: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown • Is this patient currently pregnant? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown • Has this patient delivered live-born infants? ..... <input type="checkbox"/> Yes (if delivered after 1977, provide birth information below for the most recent birth) <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>CHILD'S DATE OF BIRTH:</b> Mo. Day Yr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hospital of Birth: _____ City: _____ State: _____
<b>Child's Soundex:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Child's State Patient No.</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**X. COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I. STATE/LOCAL USE ONLY**

Patient's Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
 (Last, First, M.I.)  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
**RETURN TO STATE/LOCAL HEALTH DEPARTMENT** **- Patient identifier information is not transmitted to CDC! -**

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
 Centers for Disease Control and Prevention

**PEDIATRIC HIV/AIDS CONFIDENTIAL CASE REPORT**  
 (Patients <13 years of age at time of diagnosis)



**DATE FORM COMPLETED:**

Mo. Day Yr.

**II. HEALTH DEPARTMENT USE ONLY**

Form Approved OMB No. 0920-0573 Exp Date 11/30/2005

<b>SOUNDEX CODE:</b> <input type="text"/>	<b>REPORT STATUS:</b> <input type="checkbox"/> 1 New Report <input type="checkbox"/> 2 Update	<b>REPORTING HEALTH DEPARTMENT:</b> State: _____ City/County: _____	<b>State Patient No.:</b> <input type="text"/> <b>City/County Patient No.:</b> <input type="text"/>
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**REPORT SOURCE:**

**III. DEMOGRAPHIC INFORMATION**

<b>DIAGNOSTIC STATUS AT REPORT:</b> (check one) <input type="checkbox"/> 3 Perinatally HIV Exposed <input type="checkbox"/> 4 Confirmed HIV Infection (not AIDS) <input type="checkbox"/> 5 AIDS <input type="checkbox"/> 6 Seroreverter		<b>DATE OF LAST MEDICAL EVALUATION:</b> Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/>
<b>DATE OF BIRTH:</b> Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/>	<b>AGE AT DIAGNOSIS:</b> HIV Infection (not AIDS) ... Years Months <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AIDS ..... <input type="text"/> <input type="text"/>	<b>CURRENT STATUS:</b> <input type="checkbox"/> 1 Alive <input type="checkbox"/> 2 Dead <input type="checkbox"/> 9 Unk.
<b>Was reason for initial HIV evaluation due to clinical signs and symptoms?</b> Yes No Unk. <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9	<b>SEX:</b> <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<b>ETHNICITY:</b> (select one) <input type="checkbox"/> 1 Hispanic <input type="checkbox"/> 2 Not Hispanic or Latino <input type="checkbox"/> 9 Unk.
<b>RACE:</b> (select one or more) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unk.	<b>COUNTRY OF BIRTH:</b> <input type="checkbox"/> 1 U.S. <input type="checkbox"/> 7 U.S. Dependencies and Possessions (including Puerto Rico) (specify): _____ <input type="checkbox"/> 8 Other (specify): _____ <input type="checkbox"/> 9 Unk.	
<b>RESIDENCE AT DIAGNOSIS:</b> City: _____ County: _____ State/Country: _____ Zip Code: <input type="text"/>		

**IV. FACILITY OF DIAGNOSIS**

Facility Name: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_  
**FACILITY SETTING** (check one)  1 Public  2 Private  3 Federal  9 Unk.  
**FACILITY TYPE** (check one)  01 Physician, HMO  31 Hospital, Inpatient  88 Other (specify): \_\_\_\_\_

**V. PATIENT/MATERNAL HISTORY (Respond to ALL categories)**

• **Child's biologic mother's HIV Infection Status:** (check one)  
 1 Refused HIV testing  2 Known to be uninfected after this child's birth  9 HIV status unknown

Diagnosed with HIV Infection/AIDS:  
 3 Before this child's pregnancy  5 At time of delivery  7 After the child's birth  
 4 During this child's pregnancy  6 Before child's birth, exact period unknown  8 HIV-infected, unknown when diagnosed

• **Date of mother's first positive HIV confirmatory test:** Mo. Yr.

• **Mother was counseled about HIV testing during this pregnancy, labor or delivery?** Yes No Unk.  
 1  0  9

<p><b>After 1977, this child's biologic mother had:</b></p> <p>• Injected nonprescription drugs ..... Yes No Unk.  <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9</p> <p>• <b>HETEROSEXUAL</b> relations with:</p> <p>- Intravenous/injection drug user ..... <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9</p> <p>- Bisexual male ..... <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9</p> <p>- Male with hemophilia/coagulation disorder ..... <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9</p> <p>- Transfusion recipient with documented HIV infection ..... <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9</p> <p>- Transplant recipient with documented HIV infection ..... <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9</p> <p>- Male with AIDS or documented HIV infection, risk not specified .. <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9</p> <p>• Received transfusion of blood/blood components (other than clotting factor) ..... <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9</p> <p>• Received transplant of tissue/organs or artificial insemination ..... <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9</p>	<p><b>Before the diagnosis of HIV Infection/AIDS, this child had:</b> Yes No Unk.</p> <p>• Received clotting factor for hemophilia/coagulation disorder ..... <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9          (specify: <input type="checkbox"/> 1 Factor VIII (Hemophilia A) <input type="checkbox"/> 2 Factor IX (Hemophilia B) disorder):  <input type="checkbox"/> 8 Other (specify): _____</p> <p>• Received transfusion of blood/blood components (other than clotting factor) ..... <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9          First: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Last: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>• Received transplant of tissue/organs ..... <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9</p> <p>• Sexual contact with a male ..... <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9</p> <p>• Sexual contact with a female ..... <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9</p> <p>• Injected nonprescription drugs ..... <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9</p> <p>• Other (Alert State/City NIR Coordinator) ..... <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9</p>
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**VI. STATE/LOCAL USE ONLY**

Physician's Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_ Medical Record No. \_\_\_\_\_  
 (Last, First, M.I.)  
 Hospital/Facility: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
**- Physician identifier information is not transmitted to CDC! -**

**VII. LABORATORY DATA**

**1. HIV ANTIBODY TESTS AT DIAGNOSIS:** (Record all tests, include earliest positive)

	Positive	Negative	Indeterminate	Not Done	TEST DATE	
					Mo.	Yr.
• HIV-1 EIA .....	1	0	-	9		
• HIV-1 EIA .....	1	0	-	9		
• HIV-1/HIV-2 combination EIA .....	1	0	-	9		
• HIV-1/HIV-2 combination EIA .....	1	0	-	9		
• HIV-1 Western blot/IFA .....	1	0	8	9		
• HIV-1 Western blot/IFA .....	1	0	8	9		
• Other HIV antibody test (specify): .....	1	0	8	9		

**2. HIV DETECTION TESTS:** (Record all tests, include earliest positive)

	Positive	Negative	Not Done	TEST DATE	
				Mo.	Yr.
• HIV culture .....	1	0	9		
• HIV culture .....	1	0	9		
• HIV antigen test .....	1	0	9		
• HIV antigen test .....	1	0	9		
• HIV DNA PCR .....	1	0	9		
• HIV DNA PCR .....	1	0	9		
• HIV RNA PCR .....	1	0	9		
• HIV RNA PCR .....	1	0	9		
• Other, specify .....	1	0	9		

**3. HIV VIRAL LOAD TEST:** (Record all tests, include earliest detectable)

\*Type: 11. NASBA (Organon) 12. RT-PCR (Roche) 13. bDNA(Chiron) 18. Other

Test type*	Detectable		Copies/ml				Test Date	
	Yes	No					Mo.	Yr.
	1	0						

**4. IMMUNOLOGIC LAB TESTS:** (At or closest to current diagnostic status)

	Mo.	Yr.
• CD4 Count .....		
• CD4 Count .....		
• CD4 Percent .....		
• CD4 Percent .....		

**5. If HIV tests were not positive or were not done, or the patient is less than 18 months of age, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition?** Yes No Unk. 1 0 9

**6. If laboratory tests were not documented, is patient confirmed by a physician as:**

	Yes	No	Unk.	Date of Documentation	
				Mo.	Yr.
• HIV-infected .....	1	0	9		
• Not HIV-infected .....	1	0	9		

**VIII. CLINICAL STATUS**

AIDS INDICATOR DISEASES	Initial Diagnosis		Initial Date		AIDS INDICATOR DISEASES	Initial Diagnosis		Initial Date	
	Def.	Pres.	Mo.	Yr.		Def.	Pres.	Mo.	Yr.
Bacterial infections, multiple or recurrent (including Salmonella septicemia)	1	NA			Kaposi's sarcoma	1	2		
Candidiasis, bronchi, trachea, or lungs	1	NA			Lymphoid interstitial pneumonia and/or pulmonary lymphoid hyperplasia	1	2		
Candidiasis, esophageal	1	2			Lymphoma, Burkitt's (or equivalent term)	1	NA		
Coccidioidomycosis, disseminated or extrapulmonary	1	NA			Lymphoma, immunoblastic (or equivalent term)	1	NA		
Cryptococcosis, extrapulmonary	1	NA			Lymphoma, primary in brain	1	NA		
Cryptosporidiosis, chronic intestinal (>1 mo. duration)	1	NA			Mycobacterium avium complex or M.kansasii, disseminated or extrapulmonary	1	2		
Cytomegalovirus disease (other than in liver, spleen, or nodes) onset at >1 mo. of age	1	NA			M. tuberculosis, disseminated or extrapulmonary*	1	2		
Cytomegalovirus retinitis (with loss of vision)	1	2			Mycobacterium, of other species or unidentified species, disseminated or extrapulmonary	1	2		
HIV encephalopathy	1	NA			Pneumocystis carinii pneumonia	1	2		
Herpes simplex: chronic ulcer(s) (>1 mo. duration); or bronchitis, pneumonitis or esophagitis, onset at >1 mo. of age	1	NA			Progressive multifocal leukoencephalopathy	1	NA		
Histoplasmosis, disseminated or extrapulmonary	1	NA			Toxoplasmosis of brain, onset at >1 mo. of age	1	2		
Isosporiasis, chronic intestinal (>1 mo. duration)	1	NA			Wasting syndrome due to HIV	1	NA		

Def. = definitive diagnosis Pres. = presumptive diagnosis

Has this child been diagnosed with pulmonary tuberculosis?\* 1 Yes 0 No 9 Unk. If yes, initial diagnosis and date: 1 Definitive 2 Presumptive Mo. Yr. \*RVCT CASE NO.:







# Communicable Disease Risk Exposure Report

The filing of this report initiates a system of notification for risk exposures occurring outside of a health care facility to health care workers, emergency responders, and funeral workers as specified by the Oklahoma State Department of Health OAC 310:555. This report and all information entered on it are to be held in strictest confidence in conformance with 63 O.S. Supp. 2001, Section 1-502.1 et. seq.

## PART I: Exposed Worker Section (Please Print)

1. Employee Name: \_\_\_\_\_ 2. Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (MI) Mo. Day Yr.

3. Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ 4. Profession/Job Title: \_\_\_\_\_

5. Employer/Company Name: \_\_\_\_\_

6. Work Address/Telephone: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Street) (City) (Zip) Telephone

7. Number of hepatitis B vaccinations previously received:  None;  1;  2;  3

8. Date of Exposure: (Mo./Day/Yr.) \_\_\_\_/\_\_\_\_/\_\_\_\_ 9. Time of Exposure: \_\_\_\_\_ AM or PM (Circle One)

10. Supervisor's Name/Telephone: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Telephone

11. Description of Exposure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Source Patient Name: \_\_\_\_\_  
(Last) (First) (M.I.)

13. Location of Source Patient (include name of facility, address and phone number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## To Be Completed By Employer's Designee

I have reviewed the circumstances and management of this incident and verify that the appropriate follow-up (according to our agency Exposure Control Plan) is being attempted in order to identify or prevent the transmission of communicable diseases to which the employee may be at risk as a result of this exposure.

14. \_\_\_\_\_ 15. \_\_\_\_\_ 16. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name & Title (Print) Signature Mo. Day Yr.

Post-exposure counseling and follow-up will be provided to this employee by:

17. \_\_\_\_\_ 18. (\_\_\_\_\_) \_\_\_\_\_ 19. (\_\_\_\_\_) \_\_\_\_\_  
Provider's Name Provider's Telephone Number Provider's Fax Number

## To Be Completed by A Licensed Health Care Professional (MD, DO, RN, PA,)

In my professional judgment, this  was  was not a mucosal, percutaneous or respiratory exposure that has the potential for transmission of a communicable disease, such as hepatitis B, hepatitis C, HIV, TB or meningococcus.

20. \_\_\_\_\_ 21. \_\_\_\_\_ 22. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name & Title (Print) Signature Mo. Day Yr.

For consultation regarding exposures and PEP meds: PEP Hotline 1-888-448-4911

**Note:** If this exposure does not warrant medical follow-up, please return the form to the *Employer's Designee* and indicate to that individual why no follow-up is required.

**If this is an exposure that warrants medical follow-up, the employer shall handle the report accordingly:**

- A. **Yellow** copy to be mailed **Immediately to the OSDH HIV/STD Service (use gray, self-addressed, metered envelope) at 1000 N.E. 10, OKC, Ok 73110**
- B. **Green** copy, a gray metered envelope and instruction page to be delivered **immediately** to the designated person (usually the Infection Control Practitioner) at the location of the source patient.

**PART II: Source Patient Health Care Provider Section (Please Print)**

23. Date and time Communicable Disease Risk Exposure Report received: (Mo./Day/Yr.) \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_AM or PM (Circle One)

24. Person completing Part II: \_\_\_\_\_  
(Last) (First) (Title)

25. Institution (name): \_\_\_\_\_ 25. Business Phone: (\_\_\_\_) \_\_\_\_\_

**Source Patient Information**

26. Birth date: (Mo./Day/Yr.) \_\_\_\_/\_\_\_\_/\_\_\_\_ 27. Sex:  Male;  Female

28. Primary Diagnoses: \_\_\_\_\_

29. Was the source patient found to have any potentially communicable disease(s), such as hepatitis B, hepatitis C, HIV, TB, meningococcal disease, or others?  Yes  No

30. If yes, specify: \_\_\_\_\_

31. Does the source patient have clinical evidence of AIDS or symptoms of HIV infection or acute retroviral syndrome?  Yes;  No;  Unknown

**Source Patient Test Results**

32. Rapid HIV test:  Positive;  Negative;  Indeterminant Test Date: (Mo./Day/Yr.) \_\_\_\_/\_\_\_\_/\_\_\_\_  Not Done

**Note: IMMEDIATELY report Rapid HIV results by phone or fax to the Provider listed on page 1, q. 17-19. As other test results become available, these are also to be released to the Provider listed on page 1, q. 17-19.**

33. HBsAg:  Positive;  Negative Test Date: (Mo./Day/Yr.) \_\_\_\_/\_\_\_\_/\_\_\_\_  Not Done

34. anti-HCV:  Positive;  Negative Test Date: (Mo./Day/Yr.) \_\_\_\_/\_\_\_\_/\_\_\_\_  Not Done

35. HIV:  Positive;  Negative;  Indeterminant Test Date: (Mo./Day/Yr.) \_\_\_\_/\_\_\_\_/\_\_\_\_  Not Done

36. Other: Name of Test: \_\_\_\_\_ Test result: \_\_\_\_\_ Test Date: (Mo./Day/Yr.) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: Source results may be released to the source patient; the exposed person; the exposed person's physician/provider or OSDH per OAC 310:555.**

37. Date results released to Provider: (Mo./Day/Yr.) \_\_\_\_/\_\_\_\_/\_\_\_\_ 38. Date mailed to OSDH: (Mo./Day/Yr.) \_\_\_\_/\_\_\_\_/\_\_\_\_

**When Part II is completed, mail immediately to the OSDH HIV/STD Service using the gray, self-addressed, metered envelope.**

**Part III: OSDH Section (Please Print)**

Date Report Received: (Mo./Day/Yr.) \_\_\_\_/\_\_\_\_/\_\_\_\_ Person Completing Part III: \_\_\_\_\_  
(Last) (First)

**OSDH Division:** \_\_\_\_\_

**Follow-Up Action:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS**  
**Oklahoma State Department of Health**  
**Communicable Disease Risk Exposure Report**

This report form was developed to initiate a system of notification for risk exposures occurring outside of a health care facility to health care workers, emergency responders, and funeral workers as specified by the Oklahoma State Department of Health OAC 310:555. This report and all information entered on it are to be held in strictest confidence to conform with 63 O.S. Supp. 2001, Section 1-502.1 et. seq.

Note: For questions regarding the handling of ODH Form 207, call 405/271-4636.

**PART I: Exposed Worker Section**

**Questions 1-13 are to be completed by the exposed worker, immediately following the injury.**

- 9: Describe exposure in detail. Include information regarding type of exposure, body part affected, type of body fluid involved, duration of exposure, etc.
- 12: List the facility where the source patient was taken. This will be the facility that is responsible for testing the source patient.

**Questions 14-19 are to be completed by Employer's Designee, immediately following the injury.**

**Questions 20-22 are to be completed by a Licensed Health Care Professional. (MD, DO, RN, PA,).**

Routing:

- A. If the Licensed Health Care Professional determines that the exposure does not have the potential for transmission of a communicable disease, the form should be returned to the Employer's Designee.
- B. If the exposure does have the potential for transmission of a communicable disease, the **Yellow** copy should be mailed **immediately** to the OSDH HIV/STD Service (use gray, self addressed, metered envelope).

The **Green** copy, a gray metered envelope and instruction page are to be delivered **immediately** to the designated person (usually the Infection Control Practitioner) at the health care facility to which the source patient was transported; to the attending physician, if the source patient was being cared for outside of a health care facility; to the health care provider who last had responsibility for the deceased source patient; or to the medical examiner.

**PART II: Source Patient Health Care Provider Section**

**Questions 23-38 are to be completed by the Health Care Provider who is responsible for testing the source patient.**

- 32. Rapid HIV testing has become a valuable tool used to quickly determine the need for initiation and/or continuation of PEP meds for the exposed person. When a rapid HIV test is performed on the source patient, communication of these results should not be delayed. The results should be **immediately** communicated to the physician/provider who is providing post-exposure counseling and follow up and is listed on page 1, q. 17-19.

Please note that as other source results become available, these should be released to the Provider listed on page 1, q. 17-19.

Routing:

- A. The Health Care Provider should complete Part II and mail the completed green form to OSDH HIV/STD Service immediately using the gray, self-addressed, metered envelope.







# PHIDDO and OK-HAN Enrollment



Requesting access for the following system(s):

- Oklahoma Health Alert Network (OK-HAN)
- Public Health Investigation and Disease Detection of Oklahoma (PHIDDO)

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I. : \_\_\_\_\_

Title/Position (Please check all that apply):

- Infection Preventionist
- Laboratorian
- Medical Technologist
- Nurse Specialty: \_\_\_\_\_
  - L.P.N.
  - R.N.
- Licensed Medical Practitioner Specialty: \_\_\_\_\_
  - Physician
    - D.O.
    - M.D.
  - Nurse Practitioner Physician's Name: \_\_\_\_\_
  - Physician Assistant Physician's Name: \_\_\_\_\_

Organization Type:

- Hospital
- Laboratory
- Physician/Clinic

Facility/Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Main Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ ext. \_\_\_\_\_

Direct Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_ ext. \_\_\_\_\_

Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_ ext. \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list information on additional facilities on another page.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fax the page to Tony McCord at (405) 271-6680.  
Contact Tony McCord ([TonyWM@health.ok.gov](mailto:TonyWM@health.ok.gov)) or Anthony Lee ([AnthonyL@health.ok.gov](mailto:AnthonyL@health.ok.gov))  
at (405) 271-4060 if you have any questions. Thanks!



# **Isolate/Specimen Submission Forms**





Oklahoma State Department of Health  
Public Health Laboratory  
1000 N.E. 10th St.  
Oklahoma City, OK 73117-1299

**PATIENT INFORMATION**

Patient ID/Scan:

Name:

Address:

City:  State:

County:  Zip Code:

DOB:  Sex:

Race: Mark all that apply

White  Black or African American

American Indian/Native Alaskan  Asian

Native Hawaiian/Pacific Islander  Other

Ethnicity:

Hispanic  Non-Hispanic  Unknown

**SUBMITTER INFORMATION**

Submitter ID:

Name:

Org:

Address:

City/St/Zip:

County:  Program:

Phone Number (ac):

**CLINICAL INFORMATION**

Date of Collection:  Onset:

Time of Collection:  (HH:MM)  AM  PM

Physician:

Physician Phone (ac):

Antibiotics:

**PLEASE SELECT TEST REQUESTED**

**SEROLOGY TESTING**

Blood Banking (whole blood only)  
CHD Maternity Patients Only

Syphilis Test

Previous Result/Titer:

**IMMUNOLOGY**

Arboviral Panel (WN & SLE)

HIV-1 Antibody (SST)

Rubella Screen (Maternity Patients Only)

Tick Panel (RMSF & Ehrlichia)

Other:

**HEPATITIS**

Hepatitis B Surface Antigen

Hepatitis C

Other

**VIROLOGY**

CT/GC

Virus Isolation & ID

Virus ID

Disease Suspected:

**SPECIMEN/SOURCE**

Blood

Bronchial Washing

Cervix

CSF

Dry Blood Spot

Eye

Nasopharyngeal

Oral Fluid

Plasma

Serum

Skin

Sputum

Sputum Nebulized

Stool

Throat

Urethra

Urine

Vaginal

Wound

Other:

**ENVIRONMENTAL SAMPLE**

Source:

**MICROBIOLOGY TESTING**

Enterics

Suspected Agent:

Isolation & ID

Confirmation

Serotyping

Referred Culture

Suspected Agent:

Aerobic

Anaerobic

Pertussis

Parasitology

Group B Strep Screen

**Mycobacteriology**

Isolation & ID

Fungal Testing

NAA (List Antibiotics & duration)

Other:

**Laboratory Use Only**

**RABIES**  
SEE INSTRUCTIONS ON BACK

Print Form

ODH FORM 460  
(REV 08/2009)

**Please Print**

Sender:		Veterinarian:	
Address:		Address:	
City:	Zip:	City:	Zip:
County:	Phone:	County:	Phone:
After-Hours Phone:		Veterinarian After-Hours Phone:	
OWNER (if different from Sender):			
Address:		City:	Zip:
County:	Phone:	After-Hours Phone:	
Sent via: <input type="checkbox"/> Courier <input type="checkbox"/> Hand carried By: <input type="text"/> Other: <input type="text"/>			
Date Sent: <input type="text"/>		Number of animals enclosed: <input type="text"/>	

**Animal: Please choose one**

Select animal:	<input type="text"/>	Sex:	<input type="text"/>	Breed:	<input type="text"/>
Other Animal:	<input type="text"/>	Age of Animal?	<input type="text"/>	<b>Vaccination History:</b>	<input type="text"/>
<b>Dates of Vaccination:</b>		Date	<input type="text"/>	Date	<input type="text"/>
		Date	<input type="text"/>	Date	<input type="text"/>
Was animal sick?	<input type="text"/>	If Yes, How Long?	<input type="text"/>	Date Animal Died:	<input type="text"/>
Details of Illness (symptoms) <input type="text"/>					

**EXPOSURE INFORMATION IS REQUIRED BEFORE TEST WILL BE PERFORMED**

LIST ANY PERSON OR ANIMAL BITTEN OR OTHERWISE IN CONTACT WITH SALIVA OR NEUROLOGIC TISSUE

Name of Exposed:	<input type="text"/>	Name of Exposed:	<input type="text"/>	Name of Exposed:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>	Address:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>
Age:	<input type="text"/>	Age:	<input type="text"/>	Age:	<input type="text"/>
Type of Exposure:	<input type="text"/>	Type of Exposure:	<input type="text"/>	Type of Exposure:	<input type="text"/>

**Send Report To:**  Sender  Veterinarian  Owner

**RESULTS: DO NOT WRITE IN THIS SPACE: LABORATORY USE ONLY**

Negative (No evidence of rabies was found by the fluorescent rabies antibody test)  
 Positive (Evidence of rabies was found by the fluorescent rabies antibody test)  
 Unsatisfactory  Skull crushed  Brain decomposed Other:

Remarks:

# **DIRECTIONS FOR THE COLLECTION AND SUBMISSION OF ANIMAL HEADS TO THE LABORATORY FOR RABIES EXAMINATION**

## **SPECIMEN PREPARATION**

1. Live animals must not be submitted to the laboratory for examination.
2. NO ANIMAL SHOULD BE KILLED BY CLUBBING OR SHOOTING IN THE HEAD SINCE THE INTACT BRAIN IS NEEDED FOR EXAMINATION.
3. The head must be removed from the body (except for small animals which measure 12 inches or less in length, exclusive of tail) and placed in a leak-proof container. If the head has sharp protuberances (shattered bone, quills, etc.) first wrap the specimen in several layers of newspaper before placing in a plastic bag.
4. Specimen should be shipped within 24 hours of euthanasia. All specimens should be refrigerated before and during shipment. Frozen cold pack may be used to provide refrigeration during transport.

If commercial transportation to the Oklahoma State Department of Health will not be available for more than 24 hours, the following procedures are recommended:

- a. A private individual following instructions above may bring the specimen to OSDH.
  - b. If alive, euthanasia of the suspect animal may be delayed until shortly before pick up.
5. One Rabies Form 460 should be sent for each animal.
  6. **DO NOT SEND** specimens preserved in formalin or other chemical preservative to the Public Health Laboratory since examination of histological sections are not performed.

**CAUTION:** FREEZING SPECIMENS FOR RABIES TESTING IS NOT RECOMMENDED. The freeze-thaw process may delay testing and soften the brain resulting in an unsatisfactory report.

## **SHIPPING INSTRUCTIONS      SHIP BY MOST RAPID METHOD AVAILABLE**

Shipping charges to be paid by sender. **DO NOT SHIP SPECIMENS BY PARCEL POST** or by bus. During working hours (8:00 - 4:30 p.m.) animal heads are received in Shipping and Receiving area Room B-78. After hours, weekends and holidays, specimens must be received and logged in by the Security Guard. Enter the building through the loading dock on the east of the building facing Stonewall Avenue to locate Room B-78, or the Security Guard. For after-hours delivery, use the buzzer alarm button next to the door on the loading dock to summon the guard on duty.

## **LABORATORY REPORTS**

Routine laboratory testing is performed Monday-Saturday. Reports on animal heads received by 11:00 a.m. are usually available by 4:00 p.m. - 4:30 p.m. of the same day. Reports on heads received after 11:00 a.m. are available by 4:00 p.m. to 4:30 p.m. of the next working day. Telephone reports are made routinely on all positive specimens and on all specimens that were unsatisfactory for testing. Written reports are mailed on all specimens when each examination is complete. Telephone reports on negative animals are made when requested on Rabies ODH Form 460. Negative reports are telephoned collect. For information regarding specimens and laboratory reports call: 405-271-5070 from 8:00 a.m. - 4:30 p.m. Monday through Friday and 405-271-4060 after working hours, nights, weekends and holidays.





