



Kentucky Department for Public Health Public Health Announcement Zika Virus Disease is Now Reportable in Kentucky

An emergency amendment to a regulation to make Zika Virus Disease reportable in Kentucky has been signed by Governor Matthew G. Bevin. The approved emergency amendment to the Reportable Disease Surveillance regulation (902 KAR 2:020) was then filed on June 15, 2016 with the Legislative Research Commission. The emergency amendment was effective as of the date filed with the LRC.

Thus, Zika Virus Disease is now reportable in Kentucky. Notification shall be considered priority and shall be made within one (1) business day.

For Priority Reporting, a report made within one (1) business day shall be:

- Submitted electronically, by fax, or by telephone to the local health department serving the county in which the patient resides; and
- If submitted by telephone, followed up by electronic or fax submission of a report to the local health department serving the county in which the patient resides within one (1) business day.

A report submitted by fax shall be made with the EPID 200, Kentucky Reportable Disease Form.

The EPID 200, Kentucky Reportable Disease Form for reporting to public health officials has also been revised with an effective date of June, 2016. The June 2016 version of this form shall be used hereafter for any report submitted by fax or by mail as required by 902 KAR 2:020.

Attachments:

Attachment 1: Revised EPID 200 Form

Attachment 2: Revised Table of Reportable Diseases and Conditions in Kentucky



Kentucky Reportable Disease Form

Department for Public Health
Division of Epidemiology and Health Planning
275 East Main St., Mailstop HS2E-A
Frankfort, KY 40621-0001



Kentucky Public Health
Prevent. Promote. Protect.

EPID 200 – 6/2016

Disease Name _____

Fax or Mail the Completed Form to the Local Health Department

DEMOGRAPHIC DATA									
Patient's Last Name	First	M.I.	Date of Birth / /	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk.				
Address		City	State	ZIP Code	County of Residence				
Phone Number	Patient ID Number	Ethnic Origin <input type="checkbox"/> Hisp. <input type="checkbox"/> Non-Hisp.		Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A/PI <input type="checkbox"/> Am. Ind. <input type="checkbox"/> Other					
DISEASE INFORMATION									
Disease/Organism			Date of Onset / /	Date of Diagnosis / /					
List Symptoms/Comments				Highest Temperature					
				Days of Diarrhea					
Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Admission Date / /	Discharge Date / /	Died? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	Date of Death / /					
Hospital Name:			Is Patient Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Due Date (EDC): / /						
School/Daycare Associated? <input type="checkbox"/> Yes <input type="checkbox"/> No				Outbreak Associated? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of School/Daycare:				Food Handler? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Person or Agency Completing form:			Attending Physician:						
Name: Agency:			Name:						
Address:			Address:						
Phone:	Date of Report: / /		Phone:						
LABORATORY INFORMATION									
Date	Name or Type of Test	Name of Laboratory	Specimen Source	Results					
ADDITIONAL INFORMATION FOR SEXUALLY TRANSMITTED DISEASES ONLY									
Disease:		Stage		Disease:		Site: (Check all that apply)		Resistance:	
<input type="checkbox"/> Syphilis		<input type="checkbox"/> Primary (lesion) <input type="checkbox"/> Secondary (symptoms) <input type="checkbox"/> Early Latent <input type="checkbox"/> Late Latent <input type="checkbox"/> Congenital <input type="checkbox"/> Other		<input type="checkbox"/> Gonorrhea <input type="checkbox"/> Chlamydia <input type="checkbox"/> Chancroid		<input type="checkbox"/> Genital, uncomplicated <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Anorectal <input type="checkbox"/> Other _____		<input type="checkbox"/> Ophthalmic <input type="checkbox"/> PID/Acute Salpingitis <input type="checkbox"/> Penicillin <input type="checkbox"/> Tetracycline <input type="checkbox"/> Other _____	
Date of Spec. Collection	Laboratory Name	Type of Test	Results	Treatment Date	Medication	Dose			
If syphilis, was previous treatment given for this infection? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, give approximate date and place _____									

Please use the following information and fax numbers (when relevant) for reporting:

HIV/AIDS Cases:

Forms other than the EPID 200 are required for reporting HIV/AIDS cases in children and adults. Obtain those forms by calling [866-510-0008](tel:866-510-0008), or those forms can be downloaded from the DPH Website, <http://chfs.ky.gov/dph/epi/HIVAIDS/surveillance.htm>. Contact information for telephoning case reports and addresses for mailing case reports are on that Website.

Reports for HIV/AIDS cases should not be faxed.

[Pediatric Confidential Case Form](#) (PDF, 451k)
(for patients younger than 13 at time of diagnosis)

[Adult Confidential Form](#) (PDF, 441k)
(for patients 13 or older at time of diagnosis)

Sexually Transmitted Disease Cases:

Confidential reports for STD cases can be submitted on the EPID 200 form.

Fax a completed form for STD Cases, only, to 502-564-5715. Or, mail to:

Kentucky Department for Public Health
STD Prevention and Control Program
275 E Main St, MS: HS2CC
Frankfort, KY 40621

Animal Bite Reports:

Healthcare providers and healthcare facilities should fax reports about animal bites directly to the **Local Health Department (LHD) serving the county in which the patient resides.** Please do not fax reports about animal bites to the Kentucky Department for Public Health.

Reporting All Other Diseases and Conditions Listed in 902 KAR 2:020 (Reportable Disease Surveillance) or in any Public Health Advisory (PHA) Issued per that KAR that Requires Using the EPID 200 Form for Reporting:

Reports, depending upon the notification classification described in 902 KAR 2:020 or in a PHA, shall be submitted by phone, by electronic submission, or by fax or mail submission on an EPID 200 form to the **Local Health Department (LHD) serving the county in which the patient resides.**

If submitted by telephone, an electronic or fax submission shall be made within one business day to the LHD serving the county in which the patient resides.

Kentucky Department for Public Health in Frankfort
Telephone 502-564-3418 or 888-9REPORT (888-973-7678)
SECURE FAX 502-696-3803

902 KAR 2:020: Revised Table of Reportable Diseases and Conditions in Kentucky (Effective June 15, 2016)

Notification of the following diseases shall be considered urgent and shall be made within twenty-four (24) hours:	Notification of the following diseases shall be considered priority and shall be made within one (1) business day:	Notification of the following diseases shall be considered routine and shall be made within five (5) business days:	
<p> Anthrax; Botulism; Brucellosis (multiple cases, temporally or spatially clustered); Diphtheria; Hepatitis A, acute; Measles; Meningococcal infections; Novel influenza A virus infections; Plague; Poliomyelitis; Rabies, animal; Rabies, human; Rubella; Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease; Smallpox; Tularemia; Yellow fever; Viral hemorrhagic fevers due to: (a) Crimean-Congo Hemorrhagic Fever virus; (b) Ebola virus; (c) Lassa virus; (d) Lujo virus; (e) Marburg virus; (f) New world arenaviruses including: 1. Guanarito virus; 2. Junin virus; 3. Machupo virus; 4. Sabia virus. </p>	<p> Arboviral diseases, neuroinvasive and non-neuroinvasive, including: (a) California serogroup virus diseases, including diseases caused by: 1. California encephalitis virus; 2. Jamestown Canyon virus; 3. Keystone virus; 4. La Crosse virus; 5. Snowshoe hare virus; and 6. Trivittatus viruses; (b) Chikungunya virus disease; (c) Eastern equine encephalitis virus disease; (d) Powassan virus disease; (e) St. Louis encephalitis virus disease; (f) Venezuelan equine encephalitis disease; (g) West Nile virus disease; (h) Western equine encephalitis virus disease; and (i) Zika virus disease Brucellosis (cases not temporally or spatially clustered); Campylobacteriosis; Cholera; Cryptosporidiosis; Dengue virus infections; <i>Escherichia coli</i> O157:H7; Foodborne disease outbreak; <i>Haemophilus influenzae</i> invasive disease; Hansen's disease (leprosy); Hantavirus infection Hemolytic uremic syndrome (HUS), post-diarrheal; Hepatitis B, acute; Hepatitis B infection in a pregnant woman; </p>	<p> Hepatitis B infection in an infant or a child aged five years or less; Newborns born to Hepatitis B positive mothers at the time of delivery; Influenza-associated mortality in a pregnant woman; Influenza-associated pediatric mortality; Listeriosis; Mumps; Norovirus outbreak; Pertussis; Pesticide-related illness, acute; Psittacosis; Q fever; Rabies post exposure prophylaxis; Rubella, congenital syndrome; Salmonellosis; Shiga toxin-producing <i>E. coli</i> (STEC); Shigellosis; Streptococcal toxic-shock syndrome; Streptococcus pneumoniae, invasive disease; Tetanus; Toxic-shock syndrome (other than Streptococcal); Tuberculosis; Typhoid fever; Varicella-associated mortality; Vibriosis; Waterborne disease outbreak; </p>	<p> Babesiosis; Coccidioidomycosis; Creutzfeldt-Jakob disease; Ehrlichiosis/Anaplasmosis; Hepatitis C, acute; Hepatitis C infection in a pregnant woman; Hepatitis C infection in an infant or a child aged five years or less; Newborns born to Hepatitis C positive mothers at the time of delivery; Histoplasmosis; Lead poisoning; Legionellosis; Lyme Disease; Malaria; Spotted Fever Rickettsiosis (Rocky Mountain Spotted Fever); Toxoplasmosis; and Trichinellosis (Trichinosis); </p>
	<p>Congenital syphilis;</p>	<p>Syphilis - primary, secondary, or early latent;</p>	<p> HIV infection or AIDS diagnosis; Chancroid; <i>Chlamydia trachomatis</i> infection; Gonorrhea; Granuloma inguinale; Lymphogranuloma venereum; or Syphilis, other than primary, secondary, early latent, or congenital. </p>

902 KAR 2:020: Revised Table of Reportable Diseases and Conditions in Kentucky (Effective June 15, 2016)

Submission of Clinical Isolates, or if Not Available, the Direct Specimen for the Following Diseases (Section 3)	Routine Notification within Five (5) Business Days, by Electronic Laboratory Reporting, Beginning October 1, 2016	Report Immediately By Telephone	
<p>Botulism; Brucellosis; Campylobacteriosis; Cholera and diseases caused by other <i>Vibrio</i> species; Diphtheria; <i>Escherichia coli</i> O157:H7; Hemolytic Uremic Syndrome (HUS) – Post Diarrheal; Listeriosis; Measles; Meningococcal infections; Rabies animal; Rubella; Salmonellosis; Shiga toxin-producing <i>E. coli</i> (STEC); Shigellosis; Tuberculosis; Tularemia; and Typhoid fever.</p>	<p>Cyclosporiasis; Giardiasis; Hepatitis B laboratory test results whether reported as positive or negative; Hepatitis C laboratory test results whether reported as positive or negative; and Varicella laboratory test results reported as positive for: 1. Isolation of varicella virus from a clinical specimen; 2. Varicella antigen detected by direct fluorescent antibody test; 3. Varicella-specific nucleic acid detected by polymerase chain reaction (PCR); or 4. A significant rise in serum anti-varicella immunoglobulin G (IgG) antibody level by a standard serologic assay.</p> <p>(Reports made pursuant to this section [of 902 KAR 2:020] shall include a diagnosis)</p> <p>-----</p> <p>Multi-drug Resistant Organisms: 1. Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA); 2. Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA); 3. Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA); or 4. Vancomycin-resistant <i>Enterococcus</i> species (VRE). 5. <i>Clostridium difficile</i> (<i>C. difficile</i>) 6. Carbapenem-resistant Enterobacteriaceae (CRE) 7. Extended-spectrum beta-lactamase Gram negative organisms (ESBL) 8. Multidrug-resistant – <i>Acinetobacter</i> 9. Multidrug-resistant <i>Pseudomonas</i></p>	<p>(1) A suspected incidence of bioterrorism caused by a biological agent;</p> <p>(2) Submission of a specimen to the Kentucky Division of Laboratory Services for select agent identification or select agent confirmation testing; or</p> <p>(3) An outbreak of a disease or condition that resulted in multiple hospitalizations or death.</p> <p>(4) An unexpected pattern of cases, suspected cases, or deaths which may indicate the following shall be reported immediately by telephone to the local health department in the county where the health professional is practicing or where the facility is located:</p> <p>(a) A newly-recognized infectious agent;</p> <p>(b) An outbreak;</p> <p>(c) An emerging pathogen which may pose a danger to the health of the public;</p> <p>(d) An epidemic; or</p> <p>(e) A non-infectious chemical, biological, or radiological agent.</p>	