



# REPORTABLE DISEASES/ CONDITIONS

The following diseases are to be reported to the OSDH by PHIDDO or telephone (405-426-8710) immediately upon suspicion, diagnosis, or positive test.

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

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

Acid Fast Bacillus (AFB) positive smear (only if no additional testing is performed or subsequent testing is indicative of <i>Mycobacterium tuberculosis</i> Complex)	HBV DNA+. For infants ≤18 months, all hepatitis B related tests ordered, regardless of test result, must be reported.)	Salmonellosis
AIDS (Acquired Immunodeficiency Syndrome)	Hepatitis C infection in persons having jaundice or ALT > or = 200 with laboratory confirmation. (If hepatitis C EIA is confirmed by NAT for HCV RNA, or s/co ratio or index is predictive of a true positive then report results of the entire hepatitis panel. For infants ≤18 months, all hepatitis C related tests ordered, regardless of test result, must be reported. Positive HCV RNA are reportable by both laboratories and providers.)	SARS-CoV-2 (COVID-19)
<i>Anaplasma phagocytophilum</i> infection	HIV (Human Immunodeficiency Virus) Infection (All tests indicative of HIV infection are reportable by laboratories and providers. For infants ≤ 18 months, all HIV tests ordered, regardless of test result, must be reported.)	Shigellosis
Brucellosis*	Influenza associated hospitalization or death	Spotted Fever Rickettsiosis ( <i>Rickettsia spp.</i> ) hospitalization or death
California serogroup virus infection	Legionellosis	St. Louis encephalitis virus infection
Campylobacteriosis	Leptospirosis	Streptococcal disease, invasive, Group A (GAS)
Chikungunya virus infection	Listeriosis	<i>Streptococcus pneumoniae</i> invasive disease, children <5 yrs.
Congenital rubella syndrome	Lyme disease	Syphilis (Nontreponemal and treponemal tests are reportable. If any syphilis test is positive, then all syphilis test results on the panel must be reported. For infants ≤18 months, all syphilis tests ordered, regardless of test result, must be reported.)
Cryptosporidiosis	Malaria	Tetanus
Cyclosporiasis	Mumps	Trichinellosis
Dengue fever	Pertussis	Tuberculosis
Eastern equine encephalitis virus infection	Powassan virus infection	Tularemia*
<i>Escherichia coli</i> O157, O157:H7 or a Shiga toxin producing <i>E. coli</i> (STEC)	Psittacosis	Unusual disease or syndrome
Ehrlichiosis	Q Fever*	Vibriosis including cholera
<i>Haemophilus influenzae</i> invasive disease	Rubella	West Nile virus infection
Hantavirus infection, without pulmonary syndrome		Western equine encephalitis virus infection
Hantavirus pulmonary syndrome		Yellow fever
Hemolytic uremic syndrome, postdiarrheal		Zika virus infection
Hepatitis A infection (Anti-HAV-IgM+)		
Hepatitis B infection (If any of the following are positive, then all test results on the hepatitis panel must be reported: HBsAg+, anti-HBc-IgM+, HBeAg+, or		

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

CD4 cell count with cell count % (by laboratories only)	Creutzfeldt-Jakob disease	<i>Lymphogranuloma Venereum</i> (LGV) reportable as Chlamydia.
Chlamydial infections ( <i>C. trachomatis</i> )	Gonorrhea ( <i>N. gonorrhoeae</i> )	
	HIV viral load (by laboratories only)	

Pure isolates of the following organisms must be sent to the OSDH Public Health Laboratory within two (2) working days (Monday-Friday, state holidays excepted) of final ID/diagnosis

<i>Bacillus anthracis</i> *	lates)	* Call the 24/7 PHL Hotline, (405) 406-3511, prior to submitting a select agent specimen for rule out testing.
<i>Brucella spp.</i> *	<i>Listeria spp.</i> (sterile site isolates)	
Carbapenem-resistant <i>Acinetobacter spp.</i>	<i>Mycobacterium tuberculosis</i>	** Laboratories unable to perform reflex culture for isolation/recovery of specified bacterial pathogens detected by CIDT assays shall submit positive CIDT stool samples in Cary Blair or modified Cary Blair transport media to the OSDH PHL within two (2) (Monday through Friday, state holidays excepted) working days of final CIDT result..
Carbapenem-resistant <i>Enterobacteriaceae</i>	<i>Neisseria meningitidis</i> (sterile site isolates)	
Carbapenem-resistant <i>Pseudomonas aeruginosa</i>	<i>Plasmodium spp.</i>	
<i>Escherichia coli</i> O157, O157:H7, or a Shiga toxin producing <i>E. coli</i> **	<i>Salmonella spp.</i> **	
<i>Francisella tularensis</i> *	<i>Vibrionaceae</i> family ( <i>Vibrio spp.</i> , <i>Grimontia spp.</i> , <i>Photobacterium spp.</i> , and other genera in the family) **	
<i>Haemophilus influenzae</i> (sterile site iso-	<i>Yersinia spp.</i> **	

Infectious Disease Prevention & Response  
(405) 426-8710  
Available 24 Hours a Day

Sexual Health & Harm Reduction Service  
Ph: (405) 426-8400  
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24/7 Hotline: (405) 406-3511