**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

**Mail Form to Local Health Department**

- **DEMOGRAPHIC DATA**
  - Patient’s Last Name: [ ] First [ ] M.I. [ ] Date of Birth: / /  [ ] Age [ ] Gender:  
    - [ ] M  [ ] F  [ ] Unk
  - Address: [ ] City [ ] State [ ] Zip [ ] County of Residence
  - Phone Number: [ ] Patient ID Number: [ ] Ethnic Origin:  
    - [ ] His.  [ ] Non-His.
  - Race: [ ] W  [ ] B  [ ] A/PI  [ ] Am.Ind.  [ ] Other

- **DISEASE INFORMATION**
  - Disease/Organism: [ ] Date of Onset: / /  [ ] Date of Diagnosis: / /
  - List Symptoms/Comments:  
    - Highest Temperature: [ ] Days of Diarrhea: [ ]
  - Hospitalized?:  
    - [ ] Yes  [ ] No  [ ] Admission Date: / /  [ ] Discharge Date: / /  [ ] Died?:  
      - [ ] Yes  [ ] No  [ ] Unk  [ ] Date of Death: / /
  - Hospital Name: [ ] Is Patient Pregnant?:  
    - [ ] Yes  [ ] No  If yes, # wks [ ]
  - School/Daycare Associated?:  
    - [ ] Yes  [ ] No  [ ] Name of School/Daycare:
  - Outbreak Associated?:  
    - [ ] Yes  [ ] No  [ ] Food Handler?:  
      - [ ] Yes  [ ] No
  - Person or Agency Completing form:  
    - Name: [ ] Agency: [ ] Attending Physician:  
      - Name:
  - 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**
  - Method of case detection:  
    - [ ] Prenatal  [ ] Community & Screening  [ ] Delivery  [ ] Instit. Screening  [ ] Reactor  [ ] Provider Report  [ ] Volunteer
  - Disease:  
    - [ ] Syphilis  [ ] Gonorrhea  [ ] Chlamydia  [ ] Chancroid
      - Stage:  
        - [ ] Primary (lesion)  [ ] Secondary (symptoms)  [ ] Genital, uncomplicated  [ ] Ophthalmic  [ ] PID/Acute
        - [ ] Early Latent  [ ] Late Latent  [ ] Pharyngeal  [ ] Tetracycline
        - [ ] Congenital  [ ] Other  [ ] Anorectal  [ ] Other
  - Disease:  
    - [ ] Syphilis  [ ] Gonorrhea  [ ] Chlamydia  [ ] Chancroid
      - Site: (Check all that apply)  
        - [ ] Genital, uncomplicated  [ ] Pharyngeal  [ ] Anorectal
        - [ ] Ophthalmic  [ ] PID/Acute  [ ] Salpingitis
      - Resistance:  
        - [ ] Penicillin  [ ] Tetracycline
  - Date of spec. Collection:  
    - Laboratory Name: [ ] Type of Test [ ] Results [ ] Treatment Date [ ] Medication [ ] Dose


If syphilis, was previous treatment given for this infection? □ Yes □ No
If yes, give approximate date and place ________________________________________________

902 KAR 2:020 requires health professionals to report the following diseases to the local health departments serving the jurisdiction in which the patient resides or to the Kentucky Department for Public Health (KDPH).
(Copies of 902 KAR 2:020 available upon request)

REPORT IMMEDIATELY by TELEPHONE to the Local Health Department or the KY Department for Public Health:
- Unexpected pattern of cases, suspected cases or deaths which may indicate a newly recognized infectious agent
- An outbreak, epidemic, related public health hazard or act of bioterrorism, such as SMALLPOX

Kentucky Department for Public Health in Frankfort
Telephone 502-564-3418 or 1-888-9REPORT (973-7678)
SECURED FAX 502-696-3803

REPORT WITHIN 24 HOURS

<table>
<thead>
<tr>
<th>Anthrax</th>
<th>Hansen’s disease</th>
<th>Rubella</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arboviral Disease*</td>
<td>Hantavirus infection</td>
<td>Rubella syndrome, congenital</td>
</tr>
<tr>
<td>Neuroinvasive</td>
<td>Hepatitis A</td>
<td>Salmonellosis</td>
</tr>
<tr>
<td>Non-Neuroinvasive</td>
<td>Listeriosis</td>
<td>Shigellosis</td>
</tr>
<tr>
<td>Botulism</td>
<td>Measles</td>
<td>Syphilis, primary, secondary,</td>
</tr>
<tr>
<td>Brucellosis</td>
<td>Meningococcal infections</td>
<td>early latent or congenital</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>Pertussis</td>
<td>Tetanus</td>
</tr>
<tr>
<td>Cholera</td>
<td>Plague</td>
<td>Tularemia</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>Poliomyelitis</td>
<td>Typhoid Fever</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Psittacosis</td>
<td>Vibrio parahaemolyticus</td>
</tr>
<tr>
<td>E. coli shiga toxin positive (STEC)</td>
<td>Q Fever</td>
<td>Vibrio vulnificus</td>
</tr>
<tr>
<td>Haemophilus influenza</td>
<td>Rabies, animal</td>
<td>Yellow Fever</td>
</tr>
<tr>
<td>invasive disease</td>
<td>Rabies, human</td>
<td></td>
</tr>
</tbody>
</table>

REPORT WITHIN ONE (1) BUSINESS DAY

<table>
<thead>
<tr>
<th>Foodborne outbreak</th>
<th>Hepatitis B, acute</th>
<th>Toxic Shock Syndrome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mumps</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td></td>
<td>Streptococcal disease</td>
<td>Waterborne outbreak</td>
</tr>
<tr>
<td></td>
<td>invasive, Group A</td>
<td></td>
</tr>
</tbody>
</table>

REPORT WITHIN FIVE (5) BUSINESS DAYS

<table>
<thead>
<tr>
<th>AIDS</th>
<th>HIV infection</th>
<th>Rocky Mountain spotted fever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chancroid</td>
<td>Lead poisoning</td>
<td>Streptococcus pneumoniae, drug-resistant invasive disease</td>
</tr>
<tr>
<td>Chlamydia trachomatis</td>
<td>Legionellosis</td>
<td>Syphilis, other than primary, secondary, early latent or congenital</td>
</tr>
<tr>
<td>infection</td>
<td>Lyme disease</td>
<td></td>
</tr>
<tr>
<td>Ehrlichiosis</td>
<td>Lymphogranuloma venereum</td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Malaria</td>
<td></td>
</tr>
<tr>
<td>Granuloma inguinale</td>
<td>Rabies, post exposure prophylaxis</td>
<td></td>
</tr>
<tr>
<td>Hepatitis C, acute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Histoplasmosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Includes Eastern Equine, Western Equine, California group, St. Louis, Venezuelan and West Nile Viruses
Influenza virus isolates are to be reported weekly by laboratories.
902 KAR 02:065 requires long term care facilities to report an outbreak (2 or more cases) of influenza-like illnesses (ILI) within 24 hours to the local health department or the KDPH.

All cases of HIV infections/AIDS are reportable to a separate surveillance system in accordance with KRS 211.180(1)b. To report a HIV/AIDS case call 866-510-0008.

DO NOT REPORT HIV/AIDS CASES ON THIS FORM.