



Kentucky Reportable Disease Form (WEG)

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

Disease Name _____

Mail Form to 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	County of Residence	
Phone Number	Patient ID Number	Ethnic Origin <input type="checkbox"/> His. <input type="checkbox"/> Non-His.		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, # wks _____		
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: Name: Agency:				Attending Physician: 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							
Method of case detection: <input type="checkbox"/> Prenatal <input type="checkbox"/> Community & Screening <input type="checkbox"/> Delivery <input type="checkbox"/> Instit. Screening <input type="checkbox"/> Reactor <input type="checkbox"/> Provider Report <input type="checkbox"/> Volunteer							
Disease: <input type="checkbox"/> Syphilis		Stage <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		Disease: <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Chlamydia <input type="checkbox"/> Chancroid		Site: (Check all that apply) <input type="checkbox"/> Genital, uncomplicated <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Anorectal <input type="checkbox"/> Other _____	Resistance: <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 _____							

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)
FAX 502-696-3803**

REPORT WITHIN 24 HOURS

Anthrax
Arboviral Disease*
 Neuroinvasive
 Non-Neuroinvasive
Botulism
Brucellosis
Campylobacteriosis
Cholera
Cryptosporidiosis
Diphtheria
E. coli shiga toxin positive (STEC)
Haemophilus influenzae
 invasive disease

Hansen's disease
Hantavirus infection
Hepatitis A
Listeriosis
Measles
Meningococcal infections
Pertussis
Plague
Poliomyelitis
Psittacosis
Q Fever
Rabies, animal
Rabies, human

Rubella
Rubella syndrome, congenital
Salmonellosis
Shigellosis
Syphilis, primary, secondary,
 early latent or congenital
Tetanus
Tularemia
Typhoid Fever
Vibrio parahaemolyticus
Vibrio vulnificus
Yellow Fever

REPORT WITHIN ONE (1) BUSINESS DAY

Foodborne outbreak
Hepatitis B infection in a
 pregnant woman or child
 born in or after 1992

Hepatitis B, acute
Mumps
Streptococcal disease
 invasive, Group A

Toxic Shock Syndrome
Tuberculosis
Waterborne outbreak

REPORT WITHIN FIVE (5) BUSINESS DAYS

⚠ AIDS
Chancroid
Chlamydia trachomatis
 infection
Ehrlichiosis
Gonorrhea
Granuloma inguinale
Hepatitis C, acute
Histoplasmosis

⚠ HIV infection
Lead poisoning
Legionellosis
Lyme disease
Lymphogranuloma venereum
Malaria
Rabies, post exposure
 prophylaxis

Rocky Mountain
 spotted fever
Streptococcus pneumoniae,
 drug-resistant invasive
 disease
Syphilis, other than primary,
 secondary, early latent or
 congenital
Toxoplasmosis

* 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.

Note: Animal bites shall be reported to local health departments within twelve (12) hours in accordance with KRS 258:065.

