

Appendix F



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

EPID 200-4/2013

Mail Form To Local Health Department

Disease Name _____

Demographic Data

Patient's Last Name		Date of Birth	Age	Gender	
First		/ /		M	F Unk
M.I.					
Address		City	State	Zip	County of Residence
Phone Number	Patient ID Number	Ethnic Origin		Race	
		His.	Non-His.	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?	Admission Date	Discharge Date	Died?	
Yes No	/ /	/ /	Yes No Unk	
Hospital Name:		Is Patient Pregnant? Yes No If yes, # wks _____		
School/Daycare Associated? Yes No		Outbreak Associated? Yes No		
Name of School/Daycare:		Food Handler? Yes 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

Method of case detection: Prenatal		Community & Screening		Delivery Instit.	Screening	Reactor
		Provider Report			Volunteer	
Disease:	Stage		Disease:	Site: (Check all that apply)		Resistance:
Syphilis	Primary (lesion)	Secondary (symptoms)	Gonorrhea	Genital, uncomplicated		Penicillin
	Early Latent	Late Latent	Chlamydia	Ophthalmic		Tetracycline
	Congenital	Other	Chancroid	Pharyngeal		Other_____
				PID/Acute Salpingitis		
				Anorectal		
				Other_____		

ADDITIONAL INFORMATION FOR SEXUALLY TRANSMITTED DISEASES ONLY

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

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

REPORT WITHIN ONE (1) BUSINESS DAY

Foodborne outbreak	Hepatitis B, acute	Toxic Shock Syndrome
Hepatitis B infection in a pregnant woman or child born in or after 1992	Mumps	Tuberculosis
	Streptococcal disease invasive, Group A	Waterborne outbreak

Appendix F

REPORT WITHIN FIVE (5) BUSINESS DAYS#

<ul style="list-style-type: none"> 🔒 AIDS Chancroid Chlamydia trachomatis infection Ehrlichiosis Gonorrhea Granuloma inguinale Hepatitis C, acute Histoplasmosis 	<ul style="list-style-type: none"> 🔒 HIV infection Lead poisoning Legionellosis Lyme disease Lymphogranuloma venereum Malaria Rabies, post exposure prophylaxis 	<ul style="list-style-type: none"> Rocky Mountain spotted fever Streptococcus pneumoniae, drug-resistant invasive disease Syphilis, other than primary, secondary, early latent or congenital Toxoplasmosis
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* 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.