



# REPORTABLE PATHOGENS IN OKLAHOMA

The following organisms are to be reported to the OSDH by any laboratory personnel by telephone, FAX, or PHIDDO immediately upon suspicion, diagnosis, or positive test.

<i>Bacillus anthracis</i>	Outbreaks of apparent infectious organisms
<i>Brucella</i> spp.	Poliovirus
<i>Clostridium botulinum</i>	Rubeloa virus (Measles)
<i>Corynebacterium diphtheriae</i>	<i>Salmonella typhi</i>
<i>Francisella tularensis</i>	Variola virus (Smallpox)
<i>Haemophilus influenzae</i> (sterile site only)	Viral Hemorrhagic Fever
Hepatitis A (anti-HAV IgM+)	<i>Yersinia pestis</i>
<i>Neisseria meningitidis</i> (sterile site only)	

The following organisms are to be reported to the OSDH within one business day

Acid Fast Bacillus (AFB) positive smear	<i>Legionella pneumophila</i>
Arboviral Infections	<i>Leptospira interrogans</i>
<i>Bordetella pertussis</i>	<i>Listeria monocytogenes</i> (sterile site only)
<i>Borrelia</i> spp.	Mumps virus
<i>Campylobacter</i> spp.	<i>Mycobacterium leprae</i>
<i>Chlamydia psittaci</i>	<i>Mycobacterium tuberculosis</i>
<i>Clostridium tetani</i>	<i>Plasmodium</i> spp.
<i>Cryptosporidium parvum</i>	<i>Rickettsia rickettsii</i>
<i>Cyclospora cayetanensis</i>	Rubella virus
Dengue virus	<i>Salmonella</i> spp.
<i>Ehrlichia</i> spp.	<i>Shigella</i> spp.
<i>Escherichia coli</i> O157, <i>E. coli</i> O157: H7 or a shiga-like toxin producing <i>E. coli</i> (EHEC)	<i>Streptococcus</i> , group A (sterile site only)
<i>Giardia lamblia</i>	<i>Streptococcus pneumoniae</i> (sterile site only)
Hantavirus	<i>Treponema pallidum</i>
Hepatitis B (HBsAg+, anti-HBc IgM+)	<i>Trichinella spiralis</i>
Hepatitis C (confirmed by RIBA or PCR only)	Unusual or uncommon pathogens
Hepatitis, acute unspecified	<i>Vibrio</i> spp. infections including cholera
Human Immunodeficiency Virus (HIV) infection	Yellow Fever

IgM Titer/Result

HBsAb

HBcBb

The following organisms / test results are to be reported to the OSDH within one month

CD4 Cell Count <500	Creutzfeldt-Jakob Disease
<i>Chlamydia trachomatis</i>	<i>Neisseria gonorrhoea</i>

Isolates of the following organisms must be sent to the OSDH Public Health Laboratory:

P.O. Box 24106 OKC, OK 73124

- |  |   |
|--|---|
| (1) <i>Bacillus anthracis</i>  | (9) <i>N. meningitidis</i> (sterile site isolates only) |
| (2) <i>Brucella</i> spp.   | (10) <i>Plasmodium</i> spp.                             |
| (3) <i>Campylobacter</i> spp.  | (11) <i>Salmonella</i> spp.                             |
| (4) <i>E. coli</i> O157, O157:H7,<br>or a shiga-like toxin producing <i>E. coli</i> (EHEC) | (12) <i>Shigella</i> spp.                               |
| (5) <i>Francisella tularensis</i>  | (13) <i>Vibrio</i> spp.                                 |
| (6) <i>H. influenzae</i> (sterile site isolates only)                                      | (14) <i>Yersinia</i> spp.                               |
| (7) <i>Listeria</i> (sterile site isolates only)   |   |
| (8) <i>Mycobacterium tuberculosis</i>  |   |

Clinical specimens for Botulism testing must be sent to the OSDH Public Health Lab

## HIV/STD Service

(405) 271-4636  
FAX (405) 271-1187

## Communicable Disease Division

(405) 271-4060  
FAX (405) 271-6680  
FAX (800) 898-6734

## Immunization Division

(405) 271-4073  
FAX (405) 271-6133

FAX machines are located in locked offices and are monitored to ensure the confidentiality of disease reports.

# LABORATORY REPORTABLE PATHOGEN CARD

PLEASE ANSWER EVERY QUESTION ON THE CARD

<b>ORGANISM</b> _____ <b>PATIENT'S NAME</b> _____ <b>ADDRESS</b> _____ <b>CITY</b> _____ <b>ZIP</b> _____ <b>CO.</b> _____ <b>PHONE</b> (    ) _____ <b>AGE</b> _____ <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> YEARS</td> <td><input type="checkbox"/> MALE</td> <td><input type="checkbox"/> WHITE</td> </tr> <tr> <td><input type="checkbox"/> MONTHS</td> <td><input type="checkbox"/> FEMALE</td> <td><input type="checkbox"/> BLACK</td> </tr> <tr> <td><input type="checkbox"/> DAYS</td> <td></td> <td><input type="checkbox"/> AMER. IND.</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> ASIAN</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> OTHER</td> </tr> </table>	<input type="checkbox"/> YEARS	<input type="checkbox"/> MALE	<input type="checkbox"/> WHITE	<input type="checkbox"/> MONTHS	<input type="checkbox"/> FEMALE	<input type="checkbox"/> BLACK	<input type="checkbox"/> DAYS		<input type="checkbox"/> AMER. IND.			<input type="checkbox"/> ASIAN			<input type="checkbox"/> OTHER	<b>DATE OF COLLECTION</b> _____ / _____ / _____ <b>DATE OF FINAL RESULT</b> _____ / _____ / _____ <b>DATE OF THIS REPORT</b> _____ / _____ / _____ <b>DATE OF BIRTH</b> _____ / _____ / _____ <b>HISPANIC ETHNICITY</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YEARS	<input type="checkbox"/> MALE	<input type="checkbox"/> WHITE														
<input type="checkbox"/> MONTHS	<input type="checkbox"/> FEMALE	<input type="checkbox"/> BLACK														
<input type="checkbox"/> DAYS		<input type="checkbox"/> AMER. IND.														
		<input type="checkbox"/> ASIAN														
		<input type="checkbox"/> OTHER														

**Was patient hospitalized?**

Yes: Name of hospital \_\_\_\_\_  
 No

**Did patient die due this disease**

Survived  
 Died: Date of death \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Specimen Source:**    Blood       Stool       CSF       Urine       Other

**Test Type:**

Culture       Microscopic Exam       Gram Stain

Antigen Test  
 Test Method \_\_\_\_\_

Immunology  
 Test Method \_\_\_\_\_  
 Titer/Result \_\_\_\_\_  
 Range \_\_\_\_\_

If antibody fraction performed:  
 IgM Titer/Result \_\_\_\_\_  
 IgG Titer/Result \_\_\_\_\_  
 Total Titer/Result \_\_\_\_\_

Other \_\_\_\_\_

**Hepatitis Panel Results:**

**Check applicable box**

+ = Positive	- = Negative	ND = Not Done
+ - ND	+ - ND	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HAV	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HBcAb	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HAVIgM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HBcIgM	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HBsAg	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HBeAg	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HBsAb	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HBeBb	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HCV	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HCV Ribal/PCR	
ALT _____ AST _____	Total Bili _____	

Clinical isolate already sent to the Oklahoma State Department of Health Public Health Laboratory

**Reporting Source Information:**

Laboratory reporting \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
 Physician \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Phone (    ) \_\_\_\_\_

<b>Need more cards?</b> YES Name and address if different from left: _____ _____ _____
--