

STATE OF OHIO EMERGENCY OPERATIONS PLAN



EMERGENCY SUPPORT FUNCTION #8 PUBLIC HEALTH AND MEDICAL SERVICES

Tab C – Human Infectious Disease Incident Plan

FACILITATING AGENCY

Ohio Department of Health

**STATE OF OHIO EMERGENCY OPERATIONS PLAN
PUBLIC HEALTH AND MEDICAL SERVICES**

**TAB C TO EMERGENCY SUPPORT FUNCTION #8
HUMAN INFECTIOUS DISEASE INCIDENT PLAN**

FACILITATING

AGENCY: Ohio Department of Health (ODH)

SUPPORT AGENCIES:

Attorney General of Ohio (AGO)
Ohio Department of Administrative Services (DAS)
Ohio Department of Agriculture (ODA)
Ohio Department of Mental Health and Addiction Services
(Ohio MHAS)
Ohio Department of Natural Resources (ODNR)
Ohio Department of Transportation (ODOT)
Ohio Bureau of Workers' Compensation, Division of Safety
and Hygiene (BWC)
Ohio Emergency Management Agency (Ohio EMA)
Ohio Emergency Medical Services (OEMS)
Ohio Environmental Protection Agency (Ohio EPA)
Ohio Fire Chiefs' Association (OFCA)
Adjutant General's Department, Ohio National Guard (OHNG)
Ohio State Board of Pharmacy (OSBP)
Ohio Department of Medicaid (ODM)
Ohio State Highway Patrol (OSHP)
American Red Cross (ARC)

I. INTRODUCTION

A. Purpose

1. The Human Infectious Disease Incident Plan (HIDIP) addresses emergency management responsibilities for state-level organizations in the event of human infectious disease emergencies that exceed local capabilities and that may require a Governor's declaration of emergency and/or a federal disaster declaration.
2. The primary goal of this Plan is to describe state efforts to prevent and/or control the spread of human infectious diseases.

B. Scope

1. Infectious diseases that pose a serious threat to humans in Ohio are referenced in the Ohio Revised Code (ORC) Section 3701.23 and in the Ohio Administrative Code (OAC) Section 3701-3-02. For the purposes of this plan, the word “disease” will always refer to diseases that are referenced in OAC Section 3701-3-02. Please refer to Attachment 1, below, for a list of these diseases: *Know Your ABCs: A Quick Guide to Reportable Diseases in Ohio*.
2. Human infectious disease response includes the provision of supplemental assistance to local governments in identifying the health and medical needs of those impacted by naturally-occurring and/or terrorism-related human infectious disease emergencies. Activities related to the criminal investigation of suspected terrorism-related incidents are not addressed in this Tab; instead those activities are described in the State EOP Terrorism Incident Annex.
 - a. Response within this Plan to human infectious diseases is categorized into the following functional areas:
 - i. Health surveillance and epidemiologic investigation
 - ii. Laboratory testing and analysis
 - iii. Infection control practices
 - iv. Health/medical equipment and supplies
 - v. Healthcare personnel augmentation
 - vi. Transport of infectious individuals
 - vii. Hospital care
 - viii. Public health information
 - ix. Infectious waste management and disposal
 - x. Decontamination
 - xi. Vector control
 - xii. Recovery activities
3. This Plan coordinates state-level resources to provide support and assistance to local health departments (LHDs).
4. This plan is designed to interface with other plans in the State EOP, and to provide the foundation for response to infectious diseases, including pandemic influenza and high consequence diseases which may include Ebola and other special pathogens, for which additional state planning has been done, and for which two appendices to this plan are being developed.

II. AUTHORITY

- A. ORC 3709.21 grants local boards of health with broad authority and flexibility to make orders and regulations necessary for the prevention or restriction of disease, and meet unforeseen public-health concerns and to promptly address any problems arising from previous orders and regulations
- B. Pursuant to 3701.13, the department of health may make special or standing orders or rules for preventing the spread of contagious or infectious diseases.

III. SITUATION

A. General Considerations

- 1. Human infectious diseases occur in Ohio and are not limited geographically.
- 2. The emergence of “new” infectious diseases and the re-emergence of “existing” infectious diseases can occur at any time in Ohio.
- 3. Some human infectious diseases are transmissible from person-to-person, and will require an immediate response to control and/or prevent the spread of the disease.
- 4. Local- and state-level health directors may require additional information about a known disease, health condition, or information about an unknown or emerging disease.
- 5. County and/or City EOCs may be activated in response to a human infectious disease incident threat, and Incident Command elements may be activated in specific area(s) where a human infectious disease incident is impacting the population.

B. Assumptions

- 1. A significant human infectious disease incident may rapidly exhaust local and/or state response resources and/or capabilities.
- 2. Medical care facilities may become overwhelmed with ill patients affected by the incident, as well as by individuals who may be worried that they are affected, commonly referred to as the worried-well.
- 3. Due to a massive increase in demand, medical supplies and pharmaceuticals may be in short supply for the immediate care and/or treatment of individuals.
- 4. Disruptions to communications and transportation may adversely affect the supply of pharmaceutical and medical equipment.

5. Shortages of essential resources could occur, including, but not limited to:
 - a. Pharmaceutical supplies
 - b. Diagnostic reagents
 - c. Life-saving equipment
 - d. Hospital beds
 - e. Decontamination and sterilization facilities
 - f. Personal protective equipment (PPE)
6. The Governor of Ohio may declare an emergency in response to a significant human infectious disease incident.
7. A significant infectious disease incident will overwhelm the ability of local communities to mount a response.
8. An emergency may be a direct result of an infectious disease incident or may arise from secondary events stemming from an outbreak.
9. Assistance in maintaining the continuity of health and medical services will be required.
10. State-level resources and capabilities will be needed to assist LHDs and private medical organizations in triaging and treating cases in affected jurisdictions.
11. Disruption of sanitation services and facilities, loss of power and the massing of people in shelters may all contribute to a human infectious disease incident.

IV. CONCEPT OF OPERATIONS

- A. Upon the determination of the existence of a significant human infectious disease incident, ODH will notify the State EOC.
- B. Ohio EMA, in coordination with ODH, may request a Governor's disaster declaration.
- C. Facilitating Agency for Human Infectious Disease Incident Plan

1. As the Facilitating Agency, ODH will take the lead in efforts to respond to a human infectious disease. In this role, ODH will work through the State EOC to coordinate response activities.

D. Incident Response Actions

1. Health Surveillance and Epidemiological Investigation
 - a. Public health agencies will monitor the general population and high-risk population segments, carry out field studies and investigations, monitor disease patterns, and provide technical assistance and consultations on disease prevention.
 - b. The organizations that have responsibilities for animal disease surveillance during a human infectious disease emergency will collaborate with public health agencies.
 - c. Public health agencies will coordinate surveillance and epidemiology activities, including active surveillance to identify additional cases, conducting active investigations of suspected cases, and performing epidemiological investigations.
2. Laboratory Testing and Analysis
 - a. Specimens will be collected in accordance with public health guidance and will be provided to public health laboratories for testing. When required testing is not available at state public health laboratories, ODH will coordinate with other state and federal partners to assure resources are identified.
 - b. Results of laboratory tests will be communicated to public health agencies to inform public health surveillance and infection control practices.
3. Infection Control Practices
 - a. Coordination of infection control practices may include the following:
 - i. Specific containment
 - ii. Prevention and treatment guidance for the infectious diseases that have caused the emergency
 - iii. Provision of guidance on disease control measures that may be required
 - iv. Provision of guidance for responder safety and health, including personal protective equipment (PPE) recommendations for Emergency Medical Services (EMS) and other healthcare staff.
 - v. Public health orders, including isolation and quarantine, to limit the spread of the infectious disease to other areas within Ohio
 - vi. Provision of guidance on mass prophylaxis

vii. Other sanitation operations

4. Health/Medical Equipment and Supplies

- a. A human infectious disease may need the coordination of health and medical equipment and supplies. Medical equipment and supply coordination may support restocking of impacted medical care facilities, as well as decisions to request for federal assets, including the Strategic National Stockpile (SNS).

5. Healthcare Personnel Augmentation

- a. Healthcare facilities may be overwhelmed during emergencies. Additional medical staffing may be secured through Medical Reserve Corps, Emergency Management Assistance Compact (EMAC) and National Disaster Medical System Disaster Medical Assistance Teams (NDMS DMAT). NDMS DMAT support is only available if there is a presidential disaster declaration.

6. Transport of Infectious Individuals

- a. Proper precautions and procedures must be followed to ensure the safe transfer of persons who are infectious to and between healthcare facilities. The State will provide guidance to support this process. Through the Emergency Response System, maintained through the Ohio Fire Chiefs Association, and through other mechanisms (e.g., EMAC and state contracts), Ohio will ensure that appropriate transportation is available throughout infectious disease incidents.

7. Hospital Care

- a. NDMS has established and maintains a nationwide network of voluntarily pre-committed, non-federal, acute care hospital beds in the largest US metropolitan areas, which will be a potential source of assistance if there is a Presidential disaster declaration.

8. Public Health Information

- a. The State EOC Joint Information Center (JIC) will be maintained throughout human infectious disease incidents. The JIC will be led by the public information officer from this plan's Facilitating Agency (ODH), and will be supported by PIOs from all other organizations having responsibilities for addressing the incident.
- b. Agencies that provide PIO resources to a human infectious disease emergency will ensure that PIO guidance and resources will be widely distributed and will be available to the public. [Refer to ESF-15 in the State of Ohio Emergency Operations Plan (Ohio EOP) for additional information.]

9. Infectious Waste Management and Disposal
 - a. The waste from certain diseases will require specific precautions through the transport and disposal process. [Refer to ESF-3 and ESF-10 of the Ohio EOP for additional information.]
 10. Decontamination
 - a. Decontamination operations will require the engagement of appropriate subject matter experts to ensure resolution of contaminated sites. [Refer to ESF-10 of the Ohio EOP for additional information]
 11. Vector Control
 - a. Coordination of vector control activities will include assessing the threat of vector-borne diseases related to a human infectious disease emergency; providing technical assistance and consultation on protective actions regarding those diseases; and providing technical assistance and support, as appropriate, for vector control activities.
 12. Recovery Activities
 - a. Recovery operations will support the return of public health and medical systems to pre-incident readiness. [Refer to ESF #14 and the Recovery Support Functions (RSF) of the Ohio EOP.]
- E. Relationships between Levels of Government

1. Federal

General Public Health Emergency Powers – The Secretary of the U.S. Department of Health and Human Services (HHS) may declare a public health emergency to respond to and conduct and support investigations into the cause, treatment or prevention of a disease or disorder [42 U.S.C. § 247d(a)].

- a. A declaration of a public health emergency may involve consultation with public health officials and determinations of whether:
 - i. A disease or disorder presents a public health emergency; or
 - ii. A public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists [42 U.S.C. § 247d(a)].
- b. A declaration will last for the emergency’s duration, or 90 days; but may be extended by the Secretary. Congress must be notified of the declaration within 48 hours; and relevant agencies, including the Department of

Homeland Security, Department of Justice, and Federal Bureau of Investigation, must be kept informed.

2. State

- a. Engaged state partners will coordinate with their federal peer organizations and counterpart organizations from adjacent states throughout human infectious disease incidents.
- b. State agency field personnel may act as liaison between local response agencies and the state during human infectious disease incidents.
- c. The State EOC will coordinate and facilitate the integration of federal, state and local agencies.

3. Local

- a. Local health departments (LHDs) are the lead agencies for infectious disease response within their jurisdictions.
- b. Local-level emergency requests for state resources and services that are communicated to the State EOC will be directed to State EOC partner agencies as appropriate.
- c. County emergency management agencies in impacted areas will activate their EOCs to provide support to local human infectious disease response operations.
- d. Local organizations will develop guidance that addresses the response roles for local organizations that may be involved on the local level.

The comparison chart below shows counterparts at select state, federal and local levels with emergency management responsibilities for human infectious disease response and recovery. During incident response, the organizations listed in the chart, below, may work together to identify, control and prevent the spread of disease. The table below does not necessarily represent all the agencies at the federal, state and local levels that may be involved in response to human infectious disease incidents.

Relationships Between Organizations by Jurisdiction Level		
Local Organizations	State Organizations	Federal Organizations
Local Health Departments	Ohio Department of Health	Health and Human Services (HHS)/Centers for Disease Control and Prevention (CDC)/National Institute for Occupational Health and Safety/Public Health Service/Food and Drug Administration/Health Resources and Services Administration/ Department of Homeland Security (DHS) (National Disaster Medical System)
Local Health Departments	Ohio Bureau of Workers' Compensation, Division of Safety and Hygiene	Occupational Safety and Health Administration
Local Law Enforcement	Adjutant General's Department, Ohio National Guard	Department of Defense/National Guard Bureau
County Sheriff/Local Police	Ohio State Highway Patrol	Federal Bureau of Investigation/DHS/ US Marshal's Service
County Prosecutors/City Attorneys/Law Directors	Attorney General's Office	Department of Justice
County EMAs	Ohio Emergency Management Agency	Department of Homeland Security, Federal Emergency Management Agency
Accredited Veterinarians	Ohio Department of Agriculture	United State Department of Agriculture (USDA)/Animal and Plant Health Inspection Service National Veterinary Stockpile Food and Drug Administration
County Wildlife Officer	Ohio Department of Natural Resources	USDA/DHS/U.S. Coast Guard/ Department of Interior
County Engineer	Ohio Department of Transportation	Department of Transportation
Local Health Departments/ Local Air Agencies	Ohio Environmental Protection Agency	Environmental Protection Agency
ADAMH Boards, Provider Agencies	Ohio Department of Mental Health and Addiction Services	Substance Abuse and Mental Health Services Administration/Center for Mental Health Services
Local ARC Chapter	American Red Cross	American Red Cross
County Coroner	Ohio Funeral Directors' Association Ohio State Coroners Association	HHS
Local EMS	Ohio EMS	HHS/CDC/NIOSH/HHS Office of the Assistant Secretary for Preparedness and Response/National Highway Traffic Safety Administration
*	Ohio Department of Administrative Services	*

V. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A significant outbreak of human disease requiring state response will require the following roles and responsibilities to be executed by the following identified agencies.

1. Facilitating Agency – Ohio Department of Health (ODH)
 - a. Facilitate state-level human infectious disease emergency response.
 - b. Notify Ohio EMA when a human infectious disease emergency is identified.
 - c. Coordinate with CDC, other states, local health jurisdictions, and healthcare facilities.
 - d. Coordinate and conduct human infectious disease assessments, surveillance activities, and epidemiologic investigations to determine needs and priorities.
 - e. Provide guidance on infection control practices, including but not limited to the following:
 - i. Advisories for mass prophylaxis
 - ii. Isolation/quarantine
 - iii. Disinfection/decontamination
 - iv. Personal protective equipment
 - v. Vector control
 - f. Issue public health orders and review orders issued by LHDs.
 - g. Support vector control efforts throughout the state.
 - h. Support decisions related to critical public health and medical resources, including the Strategic National Stockpile (SNS). (See ESF-8 Tab A for further details on the SNS and medical countermeasures.)
 - i. Support the provision of health-and-medical information to the public and partner agencies.
 - j. Provide/coordinate laboratory testing capability for clinical and environmental specimens.
 - k. Support the provision of technical assistance and guidance for food safety in coordination with ODA.
 - l. Provide technical assistance and guidance for private water supply and household sewage system issues.

- m. Provide recommendations in coordination with Ohio EPA regarding the management of infectious waste.
 - n. Support decisions and provide guidance to the Ohio Fire Chiefs' Association (OFCA) and the Ohio Emergency Medical Services (OEMS) related to EMS response and patient transport.
2. Adjutant General's Department, Ohio National Guard (OHNG)
- a. Provide personnel to assist in response and recovery operations as needed and as available at staging areas, in local EOCs and at the State EOC.
3. Attorney General's Office (AGO)
- a. Provide legal guidance to state agencies and departments concerning human infectious disease issues, including limitation on movement (e.g. quarantine orders), indemnification and human resource issues, as needed.
4. Ohio Department of Administrative Services (DAS)
- a. Assist in the identification of resource providers and purchasing supplies, equipment and services needed during a state-level human infectious disease emergency.
 - b. Provide logistical support for responders to include coordination with Ohio EMA to shelter and feed responders as well as to address other needs.
 - c. Coordinate with other state, federal and local agencies as needed to assist in the movement and positioning of personnel and supplies.
 - d. Coordinate with Ohio EMA, ODH, HHS, FEMA and local emergency management agencies as needed for staging areas.
 - e. Provide support for toll-free information lines.
 - f. Coordinate with Ohio EMA for reimbursement from the federal government.
5. Ohio Department of Agriculture (ODA)
- a. Coordinate with ODH if a zoonotic condition exists.
 - b. Provide surveillance information for disease in production animals.
 - c. Coordinate with ODH on food safety issues.
 - d. Support public information and rumor control efforts.

- e. Provide epidemiologic support to ODH as requested during an emergency.
 - f. Provide personnel to assist in response and recovery operations.
 - g. Provide recommendations to ODH concerning potential effects on production animals' health.
 - h. Provide recommendations to ODH concerning potential effects on food safety.
 - i. Coordinate animal disposal activities.
 - j. Provide laboratory surge capacity to ODH.
 - k. Coordinate food disposal activities.
6. Ohio Bureau of Workers' Compensation, Division of Safety and Hygiene, (BWC)
- a. Provide technical assistance and consultation on worker health and safety measures and precautions.
7. Ohio Department of Mental Health and Addiction Services (Ohio MHAS)
- a. Coordinate and assist local behavioral health authorities to provide behavioral health support and services to victims, first responders, recovery workers, healthcare workers, families, children, organizations, and the community-at-large.
 - b. In collaboration with local behavioral health authorities assure appropriate level behavioral health interventions (e.g. crisis intervention, information and referral, debriefing, psycho-education, community outreach) are available and accessible to persons and communities that may be impacted.
 - c. In collaboration with behavioral health authorities provide disaster mental health communication materials and information to persons impacted, emergency response partners and the general public.
 - d. Provide resources and facilities, as available, and appropriate and necessary to support recovery operations.
 - e. In collaboration with local behavioral health authorities and community providers, assess behavioral health needs of first responders, emergency workers, recovery workers, victims, families and communities.
 - f. Coordinate with local behavioral health authorities to assess appropriate behavioral health interventions needed and provide resources as available to meet behavioral health needs of persons and communities impacted.

- g. Provide culturally appropriate disaster behavioral health materials, risk communication, information and messages to bolster resiliency and provide psychological strength to persons and communities impacted.
- 8. Ohio Department of Natural Resources (ODNR)
 - a. Provide surveillance for disease in wild animals.
 - b. Establish appropriate regulatory wild animal controls.
 - c. Support public information and rumor control efforts throughout the emergency.
 - d. Assist with disposal of infected wild animals.
- 9. Ohio Emergency Management Agency (Ohio EMA)
 - a. Facilitate public information and rumor control efforts throughout the emergency through the JIC.
 - b. Take the lead for most recovery issues, including but not limited to, reimbursement for activities between local agencies and organizations, the state and federal agencies.
- 10. Ohio State Highway Patrol (OSHP)
 - a. If the incident is terrorism-related, coordinate law enforcement activities with the FBI.
 - b. If a public health response requires limitation of movement operations, collaborate with local law enforcement to enforce limitation of movement measures.
- 11. Ohio Department of Transportation (ODOT)
 - a. Assist in the movement of state resources during a human infectious disease emergency.
 - b. If a public health response requires limitation of movement operations, coordinate access to or closure of transportation routes.

12. Ohio Fire Chiefs' Association (OFCA)

- a. Through the Emergency Response System, assist in identifying and arranging for transportation of infectious individuals.
- b. Track and report on resource availability through the Emergency Response System.

13. Ohio Emergency Medical Services (OEMS)

- a. Assist in identifying and arranging for transportation of infectious individuals.
- b. Disseminate guidance on infection control practices to local EMS agencies and providers, including but not limited to, guidance on disinfection/decontamination and personal protective equipment.

14. Ohio Environmental Protection Agency (Ohio EPA)

- a. Coordinate safety of the public water supply.
- b. Provide recommendations in coordination with ODH concerning the potential effects on the public water supply and waters of the state.
- c. Provide recommendations in coordination with ODH regarding the management of wastewater, especially in association with decontamination efforts.
- d. If an environmental release is linked to, or responsible for, a human infectious disease emergency, the Ohio EPA will provide coordination regarding site assessment activities.
- e. Provide personnel to assist in response and recovery operations as needed.
- f. Provide information and direction regarding treatment and disposal infectious waste and disposal of solid waste.
- g. Conduct site assessments when the human infectious disease emergency is linked to an environmental release.
- h. Provide technical assistance regarding drinking water availability in consultation with local authorities.
- i. Provide technical assistance regarding waste water disposal issues and the protection of waters of the State of Ohio.
- j. Provide lists of registered transporters of infectious wastes and provide expedited registration for new transporters in an emergency situation. Provide information

regarding location of infectious waste treatment facilities and technical assistance regarding the management of infectious wastes.

- k. Provide technical assistance regarding solid waste disposal.
- l. Provide technical assistance and consultation to ODH for private water supply and household sewage system issues.
- m. Provide assistance with addressing decontamination issues.

15. Ohio State Board of Pharmacy (OBP)

- a. Provide recommendations concerning pharmaceutical issues.

1. American Red Cross (ARC)

- a. Provide emergency first aid, supportive counseling, health care for minor illnesses and injuries to human infectious disease emergency victims in mass shelters and other sites deemed necessary by the primary agency.
- b. Assist community health personnel subject to the availability of staff.
- c. Provide supportive counseling for the family members of the dead and injured.

Attachment 1: Table of Reportable Infectious diseases in Ohio

Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio From the Ohio Administrative Code Chapter 3701-3; Effective August 1, 2019

Class A:

Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- Anthrax
- Botulism, foodborne
- Cholera
- Diphtheria
- Influenza A – novel virus infection
- Measles
- Meningococcal disease
- Middle East Respiratory Syndrome (MERS)
- Plague
- Rabies, human
- Rubella (not congenital)
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Class B:

Disease of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- Amebiasis
- Arboviral neuroinvasive and non-neuroinvasive disease:
 - Chikungunya virus infection
 - Eastern equine encephalitis virus disease
 - LaCrosse virus disease (other California serogroup virus disease)
 - Powassan virus disease
 - St. Louis encephalitis virus disease
 - West Nile virus infection
 - Western equine encephalitis virus disease
 - Yellow fever
 - Zika virus infection
 - Other arthropod-borne diseases
- Babesiosis
- Botulism
 - infant
 - wound
- Brucellosis
- Campylobacteriosis
- *Candida auris*
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
 - CP-CRE *Enterobacter* spp.
 - CP-CRE *Escherichia coli*
 - CP-CRE *Klebsiella* spp.
 - CP-CRE other
- Chancroid
- *Chlamydia trachomatis* infections
- Coccidioidomycosis
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC)
- Ehrlichiosis/anaplasmosis
- Giardiasis
- Gonorrhoea (*Neisseria gonorrhoeae*)
- *Haemophilus influenzae* (invasive disease)
- Hantavirus
- Hemolytic uremic syndrome (HUS)
- Hepatitis A
- Hepatitis B (non-perinatal)
- Hepatitis B (perinatal)
- Hepatitis C (non-perinatal)
- Hepatitis C (perinatal)
- Hepatitis D (delta hepatitis)
- Hepatitis E
- Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- Legionnaires' disease
- Leprosy (Hansen disease)
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Meningitis:
 - Aseptic (viral)
 - Bacterial
- Mumps
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- *Salmonella* Paratyphi infection
- *Salmonella* Typhi infection (typhoid fever)
- Salmonellosis
- Shigellosis
- Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)
- *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VRSA, VISA)
- Streptococcal disease, group A, invasive (IGAS)
- Streptococcal disease, group B, in newborn
- Streptococcal toxic shock syndrome (STSS)
- *Streptococcus pneumoniae*, invasive disease (ISP)
- Syphilis
- Tetanus
- Toxic shock syndrome (TSS)
- Trichinellosis
- Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)
- Varicella
- Vibriosis
- Yersiniosis

Class C:

Report an outbreak, unusual incident or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

Outbreaks:

- Community
- Foodborne
- Healthcare-associated
- Institutional
- Waterborne
- Zoonotic

NOTE:

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.



Attachment 2: Diseases by Class

Know Your ABCs (Alphabetical Order) Effective August 1, 2019

Name	Class	Name	Class
Amebiasis	B	Measles	A
Anthrax	A	Meningitis, aseptic (viral)	B
Arboviral neuroinvasive and non-neuroinvasive disease	B	Meningitis, bacterial	B
Babesiosis	B	Meningococcal disease	A
Botulism, foodborne	A	MERS	A
Botulism, infant	B	Mumps	B
Botulism, wound	B	Other arthropod-borne diseases	B
Brucellosis	B	Outbreaks: community, foodborne, healthcare-associated, institutional, waterborne, zoonotic	C
Campylobacteriosis	B	Pertussis	B
<i>Candida auris</i>	B	Plague	A
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)	B	Poliomyelitis (including vaccine-associated cases)	B
Chancroid	B	Powassan virus disease	B
<i>Chlamydia trachomatis</i> infections	B	Psittacosis	B
Chikungunya	B	Q fever	B
Cholera	A	Rabies, human	A
Coccidioidomycosis	B	Rubella (congenital)	B
Creutzfeldt-Jakob disease (CJD)	B	Rubella (not congenital)	A
Cryptosporidiosis	B	<i>Salmonella</i> Paratyphi infection	B
Cyclosporiasis	B	<i>Salmonella</i> Typhi infection (typhoid fever)	B
Dengue	B	Salmonellosis	B
Diphtheria	A	Severe acute respiratory syndrome (SARS)	A
<i>E. coli</i> O157:H7 and Shiga toxin-producing <i>E. coli</i> (STEC)	B	Shigellosis	B
Eastern equine encephalitis virus disease	B	Smallpox	A
Ehrlichiosis/Anaplasmosis	B	Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	B
Giardiasis	B	St. Louis encephalitis virus disease	B
Gonorrhea (<i>Neisseria gonorrhoeae</i>)	B	<i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VRSA, VISA)	B
<i>Haemophilus influenzae</i> (invasive disease)	B	Streptococcal disease, group A, invasive (IGAS)	B
Hantavirus	B	Streptococcal disease, group B, in newborn	B
Hemolytic uremic syndrome (HUS)	B	Streptococcal toxic shock syndrome (STSS)	B
Hepatitis A	B	<i>Streptococcus pneumoniae</i> , invasive disease (ISP)	B
Hepatitis B (non-perinatal)	B	Syphilis	B
Hepatitis B (perinatal)	B	Tetanus	B
Hepatitis C (non-perinatal)	B	Toxic shock syndrome	B
Hepatitis C (perinatal)	B	Trichinellosis	B
Hepatitis D (delta hepatitis)	B	Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)	B
Hepatitis E	B	Tularemia	A
Influenza A – novel virus	A	Varicella	B
Influenza-associated hospitalization	B	Vibriosis	B
Influenza-associated pediatric mortality	B	Viral hemorrhagic fever (VHF)	A
LaCrosse virus disease (other California serogroup virus disease)	B	West Nile virus infection	B
Legionnaires' disease	B	Western equine encephalitis virus disease	B
Leprosy (Hansen disease)	B	Yellow fever	B
Leptospirosis	B	Yersiniosis	B
Listeriosis	B	Zika virus infection	B
Lyme disease	B		
Malaria	B		