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KEYWORDS: reportable diseases, reportable conditions, Baltimore City Health Department, BCHD

PATIENT CARE/PUBLIC HEALTH OBJECTIVES

Reportable diseases and conditions (listed below) are to be reported to the Baltimore City Health Department (BCHD) by the **physician** detecting or suspecting the condition or his/her designee and by the director of **a medical laboratory** or his/her designee. Reports are to be submitted within 48 hours, unless otherwise indicated below.

RESPONSIBILITIES

Physicians

- Physicians must report diseases listed below using Maryland Confidential Morbidity Report (DHMH-1140), which can be downloaded at the end of this policy. A telephone report is required for certain diseases and a written report form 1140 must also be submitted in such cases. Forms may be faxed from the hospital and followed up by a phone call to verify receipt at the BCHD. Fax number is 410-625-0688. Report Forms (DHMH-1140) can also be downloaded from the HEIC website, www.hopkins-heic.org. Report Forms (DHMH-1140) can be also be downloaded from the BCHD website www.edcp.org/html/reprtabl.html.


Hospital Epidemiology/Infection Control (HEIC)

- HEIC will notify BCHD of reportable nosocomial outbreaks.


REPORTING INSTRUCTIONS

What to Report - The reportable diseases and conditions are listed below.

- Acquired immunodeficiency syndrome (AIDS)
(see **Who is to Report** - page 3)
- Amebiasis
- ☎ Animal bites
- ☎ Anthrax
- Atypical pneumonia in HCW with hospital admission
- ☎ Botulism
- ☎ Brucellosis
- Campylobacter* infection
- Chancroid
- Chlamydia* infection
- ☎ Cholera
- Coccidioidomycosis
- Cryptosporidiosis
- Cyclosporiasis
- ☎ Dengue fever
- ☎ Diphtheria
- Ehrlichiosis
- Encephalitis
- ☎ Epsilon toxin of *Clostridium perfringens*
- Escherichia coli* O157:H7 infection
- Giardiasis

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- ☎ Glanders
 - Gonococcal infection
- ☎ *Haemophilus influenzae* invasive disease
- ☎ Hantavirus infection
 - Hepatitis, viral (A, B, C, all other types and undetermined)
 - Isosporiasis
 - Kawasaki syndrome
- ☎ Legionellosis
 - Leprosy
 - Leptospirosis
 - Listeriosis
 - Lyme disease
 - Malaria
- ☎ Measles (rubeola)
 - Meningitis, infectious
- ☎ Meningococcal, invasive disease
 - Microsporidiosis
 - Monkey Pox
 - Mumps (infectious parotitis)
 - Mycobacteriosis, other than tuberculosis & Leprosy
- ☎ Pertussis
 - Pertussis vaccine adverse reactions
- ☎ Plague
- ☎ Poliomyelitis
 - Psittacosis
- ☎ Q fever
- ☎ Rabies
- ☎ Ricin toxin
 - Rocky Mountain spotted fever
- ☎ Rubella (German measles) & congenital rubella syndrome
 - Salmonellosis (nontyphoidal)
- ☎ SARS
 - Septicemia in newborns
 - Shiga-like toxin producing enteric bacterial infections
 - Shigellosis
- ☎ Smallpox and other orthopoxvirus infections
- ☎ Staphylococcal enterotoxin B
 - Streptococcal invasive disease, Group A & Group B
 - Streptococcus pneumoniae*, invasive disease
 - Syphilis
 - Tetanus
 - Trichinosis
- ☎ Tuberculosis and suspected tuberculosis
- ☎ Tularemia
- ☎ Typhoid fever (case or carrier or both, or *Salmonella*)
 - Varicella (chickenpox), fatal cases only
 - Vibriosis, non-cholera types
- ☎ Viral hemorrhagic fevers (all types)
- ☎ Yellow fever
 - Yersiniosis

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OTHER REPORTABLE DISEASES AND CONDITIONS

- ☎ Report immediately by telephone
- ☎ Any condition made reportable by department orders or new regulations (e.g., SARS).
- ☎ Unusual manifestation(s) of a communicable disease in an individual.
- ☎ An outbreak (defined on page 2) of a disease of known or unknown etiology that may be a danger to the public health.
- Voluntary reporting of illnesses related to exposure to pesticides or to harmful algal blooms would be greatly appreciated.
- (Voluntary reporting of hepatitis A by telephone would be greatly appreciated.)

INFECTION CONTROL MANAGEMENT – GUIDELINES

- **List of Diseases and Conditions which are to be reported IMMEDIATELY to HEIC**


Anthrax
 Botulism
 Diphtheria
 Glanders
 Measles (rubella)
 Pertussis
 Plague
 Rabies
 Rubella (German measles) and congenital rubella syndrome
 SARS
 Smallpox and other orthopoxvirus infections
 Streptococcal invasive disease, Group A and Group B
 Tuberculosis and suspected tuberculosis
 Tularemia
 Viral hemorrhagic fevers
 (all types)
 Yellow fever

- **List of Diseases and Conditions which are to be reported DURING OFFICE HOURS to HEIC**

Brucellosis
 Hepatitis, viral (A,B,C and all other)
 Legionellosis
 Mumps (infectious parotitis)
 Poliomyelitis
 Q. fever
 Salmonellosis (nontyphoidal Shigellosis types and undetermined)

OUTBREAK REPORTING

1. Outbreak means:
 - a. A **foodborne** disease outbreak, defined as two or more epidemiologically related cases of illness following consumption of a common food item or items, or **one case** of the following:
 - Botulism
 - Cholera

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- Fish poisoning such as:
 - Ciguatera poisoning
 - Scombroid poisoning
 - Paralytic shellfish poisoning
 - Any other neurotoxic shellfish poisoning
 - Mushroom poisoning
 - Trichinosis
- b. Three or more cases of a disease or illness that is not a foodborne outbreak and that occurs in individuals who are not living in the same household, but who are epidemiologically linked;
- c. An increase in the number of infections in a facility, such as a hospital, long-term care facility, assisted living facility, school, or child care center, over the baseline rate usually found in that facility;
- d. A situation designated by the Secretary of the Maryland Department of Health and Mental Hygiene as an outbreak; or
- e. One case of:
- Anthrax
 - Rabies (human)
 - Any of the single cases defined as a foodborne disease outbreak above
 - Plague
 - Smallpox

An outbreak of a disease of known or unknown etiology that may be a danger to the public health should be reported to your local health department immediately.

2. **Who is to Report? All Nosocomial outbreaks are reportable. Outbreaks will be reported by HEIC.**


The following persons and establishments shall also report:

- a. Health care providers (physician, physician's assistant, dentist, chiropractor, nurse practitioner, nurse, medical examiner, administrator of a hospital, clinic, nursing home, or any other licensed health care provider).
- Only** physicians shall report diagnosed cases of AIDS. **Only** laboratories shall report laboratory evidence of HIV infection.
- b. Any individual having knowledge of an animal bite.

A NOTE ABOUT LABORATORIES:

Reporting rules and procedures for laboratories are different than for health care providers. Directors of a medical laboratory shall report evidence of diseases under a separate statute (Health-General §18-205), using the list of diseases and formats specified there. Laboratories shall not report using DHMH form-1140. For laboratory reporting of HIV infection, Maryland law prohibits reporting of a patient's name; the patient's Unique Identifier is to be used instead. Use of the unique identifier is described in COMAR 10.18.02.05. Laboratory directors may consult Maryland law or regulation, or visit our Internet site for additional reporting information specific to laboratories.

3. **When to Report** - Reporting shall be done **within 48 hours of diagnosis or suspected diagnosis, or immediately** by telephone for outbreaks and diseases or conditions noted with a telephone icon (☎) on the list above.
4. **Where to Report** - Report to the local health department in the jurisdiction where the provider cares for the person. Baltimore City Health Department - Telephone: BCHD 410-396-4436 (Internet site at <http://www.edcp.org>)
5. **How to Report** – Complete the DHMH -1140 form. Report forms are to be mailed in sealed envelopes. Reports may also be given over the telephone followed by faxing of the form or mailing the form.

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Baltimore City Health Department
 210 Guilford Avenue
 3rd Floor
 Baltimore MD 21202
 Phone (410) 396-4436
 Fax (410) 625-0688
 After hours reporting (410) 396-3100

Additional information - Should the health department need to contact the patient, the advice and assistance of the reporting health care provider will ordinarily be sought first. Health departments offer medical and epidemiological consultation and laboratory assistance to physicians and other health care providers.

HIPAA: The HIPAA Privacy Rule permits physicians and other covered entities to disclose protected health information, without a patient's written authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease. This includes conducting public health surveillance, investigations, or interventions. For more about the privacy rule and public health see: <http://www.dhmv.state.md.us/hipaa/pdf/dhmv1.pdf> and <http://www.cdc.gov/mmwr/preview/mmwrhtml/su5201a1.htm>.

6. **AIDS: REPORTABLE CONDITIONS ACCORDING TO THE 1999 SURVEILLANCE DEFINITION (ALL AGES)**

Persons who are HIV infected **and** exhibit AIDS-defining clinical conditions should be reported as Presumptive AIDS cases by physicians (and only by physicians). Maryland law requires that AIDS case reports include the patient's name. In contrast, only laboratories are to report laboratory evidence of HIV infection. For Laboratory reporting of HIV infection, Maryland law prohibits reporting a patient's name; use the patient's Unique Identifier instead. Baltimore City Health Department: 410-396-8078 or DHMH website www.dhmv.state.md.us.

7. **REPORTING OF SEXUALLY TRANSMITTED DISEASES (STDs) - NOT INCLUDING HIV**

For reports of STDs, please complete both the general section of the DHMH-1140 morbidity report and the STD specific section below it. Maryland law and regulation require reporting of syphilis, gonorrhea, and chlamydia by both laboratories and health care providers. The dual reporting system is intentional - the clinical and demographic information you provide (which is normally unavailable from laboratories) enables the health department to better monitor disease trends. For information or reporting 410-396-4448

8. **PREVENTING CONGENITAL SYPHILIS**


In accordance with Health-General §18-307 and COMAR 10.06.01.17(D), all pregnant women shall be screened serologically for syphilis a minimum of two times during their prenatal visits:

- a. at the first prenatal visit, **and**
- b. in the third trimester at 28 weeks of gestation or as soon as possible thereafter.

In addition, women from high prevalence communities or who are at high risk for STDs should also be tested at the time of delivery. Any woman who delivers a stillborn infant after 20 weeks gestation should also be tested (CDC, *Sexually transmitted diseases treatment guidelines 2002*. MMWR 2002;51, No. RR-6, p. 25).

Current recommended treatment schedules for syphilis, HIV, and other sexually transmitted diseases are available from your local health department. For more information see the U. S. Centers for Disease Control and Prevention's "Sexually Transmitted Diseases Treatment Guidelines 2002," (MMWR Recommendations and Reports May 10, 2002, Vol.51, No. RR-6, available at <http://www.cdc.gov/std/treatment/TOC2002TG.htm>).

9. **REPORTING OF TUBERCULOSIS - CONFIRMED OR SUSPECT**

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All cases as described below are to be reported*:

- a. All persons for whom at least two anti-tuberculosis drugs are prescribed.
- b. All newly diagnosed tuberculosis disease regardless of the number of drugs prescribed. This includes all cases found at the time of death or after death, and all cases previously classified as "primary" tuberculosis.
- c. All persons with tuberculosis disease who have been previously treated for tuberculosis should be reported if more than a year has elapsed since treatment was discontinued.
- d. All suspected tuberculosis disease awaiting bacteriological confirmation. Amendments to a "suspect" report should be submitted when bacteriological results become available.

When reporting tuberculosis, please complete both the general section of the DHMH 1140 morbidity report and the TB specific section below it.

Baltimore City Health Department reporting phone #(410) 396-4444

- Voluntary reporting of positive tuberculin skin tests in children less than one year of age enables local health department investigators to identify a source case.


GETTING UP-TO-DATE INFORMATION

Reporting requirements and other important information change with time. Please call your local health department of the Maryland Department of Health and Mental Hygiene – Division of Communicable Disease Surveillance (410-767-6712) or visit one of the following internet sites to obtain the most current information.	
Maryland Department of Health and Mental Hygiene (DHMH)	www.dhmh.state.md.us
Office of Epidemiology and Disease Control Programs - General communicable disease information; reporting requirements etc. - Local health department telephone numbers and addresses.	www.edcp.org
Maryland HIPAA Information	www.dhmh.state.md.us/hipaa/
Division of State Documents – Code of Maryland Regulations 10.06.01.03. 10.18.03 and others	www.dsd.state.md.us
Maryland General Assembly Home Page – state laws covering lab Reporting: § 18-205 and others	www.mlis.state.md.us

REPORTING OUTBREAKS

- Food-borne disease outbreaks are reportable. They are defined as two or more epidemiologically related cases of illness following consumption of a common food item or items, or one case of botulism, cholera, mushroom poisoning, or neuroparalytic shellfish poisoning. These outbreaks will be reported by HEIC.
- Community outbreaks and single cases of diseases of public health importance, of known or unknown etiology, that may be a danger to the public health must be reported to 410-396-4436 by the physician detecting or suspecting the condition, or his/her designee.
- Nosocomial outbreaks are reportable. These outbreaks will be reported by HEIC.

DEVELOPER

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- Hospital Epidemiology and Infection Control

SPONSOR

- Medical Care Evaluation Committee

SEE ALSO

- Article – Health – General, Section 18-201, 202, 205 Annotated Code of Maryland
- Annotated Code of Maryland (COMAR 10.06.01.03A)
- Article II, Section 206 of the City Health Code
- JHH Corporate and Administrative Policies and Procedures Manual: Mass Infectious Disease Casualty: Code Yellow Bio

COMMUNICATION & EDUCATION

This policy will be communicated to the appropriate JHH personnel via the following channels:

1. Physician Advisors, Residency Training Coordinators, and Department Chiefs will be responsible for physician education. An update to the policy will be included in the Medical Staff Newsletter.
2. Pathology Department management will be responsible for training appropriate staff.
3. Physician Advisors, Residency Coordinators, Department Chiefs and Department Management will be responsible to train new employees regarding the policy as appropriate, and to communicate updates to the protocol.
4. This policy will be placed in the Interdisciplinary Clinical Practice Manual on the JHH Intranet site <http://www.insidehopkinsmedicine.org/icpm>. Paper distributions will be made to the Functional Unit Nursing offices in the event of web access difficulty.
5. Placement of policy online at www.hopkins-HEIC.org.

REVIEW CYCLE	• Three (3) years	MEDICAL BOARD	Approval Date: 9/28/04 Effective Date: 10/31/04
VICE PRESIDENT FOR MEDICAL AFFAIRS <hr/> Date:			

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[Provider Reporting Form](#)

Please double-click on the above -Acrobat Document for a copy of the DHMH form - 1140.

MARYLAND CONFIDENTIAL MORBIDITY REPORT (DHMH-1140)

(For use by physicians and other health care providers, but not laboratories. Laboratories use form DHMH-1281)

STATE DATA BASE NUMBER
(Completed by Health Department)

SEND TO LOCAL HEALTH DEPARTMENT

NAME OF PATIENT – LAST FIRST M			DATE OF BIRTH MONTH DAY YEAR			AGE	SEX M <input type="checkbox"/> F <input type="checkbox"/>	ETHNICITY (Select independently of RACE) HISPANIC or LATINO: YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>			
(Maryland law prohibits the reporting of a patient's name for HIV infection.)											
TELEPHONE NUMBERS Home: _____ Workplace: _____						RACE (Select one or more. If multiracial, select all that apply) American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify): _____					
ADDRESS			UNIT#	CITY OR TOWN			STATE	ZIP CODE	COUNTY		
OCCUPATION OR CONTACT WITH VULNERABLE PERSONS (Check all that apply - include volunteers) <input type="checkbox"/> HEALTH CARE WORKER (Include any PATIENT CARE, ELDER CARE, "AIDES," etc.) <input type="checkbox"/> DAYCARE (Attendee or Worker) <input type="checkbox"/> PARENT of a child in DAYCARE <input type="checkbox"/> FOOD SERVICE WORKER <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> OTHER (SPECIFY): _____				WORKPLACE, SCHOOL, CHILD CARE FACILITY, ETC. (Include Name, Address, ZIP Code)							
DISEASE OR CONDITION				DATE OF ONSET MONTH DAY YEAR			ADMITTED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE ADMITTED MONTH DAY YEAR		HOSPITAL	
CONDITION ACQUIRED IN MARYLAND YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> (If NO, INTERSTATE <input type="checkbox"/> or INTERNATIONAL <input type="checkbox"/>)		SUSPECTED SOURCE OF INFECTION				DIED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE DIED MONTH DAY YEAR		PREGNANT YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> WEEKS PREGNANT _____ DUE DATE _____		
LABORATORY TESTS - VIRAL HEPATITIS POS NEG DATE HAV Antibody Total <input type="checkbox"/> <input type="checkbox"/> _____ HAV Antibody IgM <input type="checkbox"/> <input type="checkbox"/> _____ HB surface Antigen <input type="checkbox"/> <input type="checkbox"/> _____ HB core Antibody Total <input type="checkbox"/> <input type="checkbox"/> _____ HB core Antibody IgM <input type="checkbox"/> <input type="checkbox"/> _____ HB surface Antibody <input type="checkbox"/> <input type="checkbox"/> _____ HCV Antibody ELISA <input type="checkbox"/> <input type="checkbox"/> _____ HCV Antibody RIBA <input type="checkbox"/> <input type="checkbox"/> _____ HCV RNA (eg, by PCR) <input type="checkbox"/> <input type="checkbox"/> _____ ALT (SGPT) level _____ ALT -Lab Normal Range: _____ to _____ NAME of LAB: _____			ADDITIONAL LAB RESULTS + PERTINENT CLINICAL INFORMATION + OTHER COMMENTS (For lab results give SPECIMEN - TEST - RESULT - DATE - NAME OF LAB. Please attach copies of lab reports whenever possible.)								

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) – ADDITIONAL CASE INFORMATION

ONLY physicians should report AIDS. Physicians reporting AIDS should use this form. ONLY laboratories should report HIV infection. Laboratories reporting HIV infection should use form DHMH-1281 and the patient's Unique Identifier instead of the name. Maryland law prohibits reporting of the patient's name for HIV infection.

CONDITIONS	HIV LAB TESTS	DATE	RESULT
WEIGHT LOSS OR DIARRHEA <input type="checkbox"/>	CD4+ T-cells < 200 per microliter		
SECONDARY INFECTIONS (PCP, etc.) <input type="checkbox"/>	ELISA		
OTHER CONDITIONS ATTRIBUTED TO HIV INFECTION <input type="checkbox"/> (SPECIFY): _____	WESTERN BLOT		
	OTHER (SPECIFY): _____		

SEXUALLY TRANSMITTED DISEASE (STD) – ADDITIONAL CASE INFORMATION

SYPHILIS: PRIMARY SECONDARY EARLY LATENT (LESS THAN 1 YR) CONGENITAL OTHER STAGE (SPECIFY): _____

GONORRHEA: UNCOMPLICATED PID RECTAL PHARYNGEAL OPHTHALMIA NEONATORUM OTHER (SPECIFY): _____

OTHER STD (Specify): _____

STD LABORATORY CONFIRMATION AND TREATMENT					
Specify STD Lab Test (e.g., RPR or VDRL, FTA – ABS, FTA – IgM, Darkfield, Smear, Culture, Other)			STD Treatment Given		
DATE	TEST	RESULT	DATE	DRUG	DOSAGE

TUBERCULOSIS (Suspect or Confirmed) – ADDITIONAL CASE INFORMATION

MAJOR SITE: PULMONARY EXTRAPULMONARY ATYPICAL (SPECIFY) _____

ABNORMAL CHEST X-RAY:

COMMENTS: _____

REPORTED BY	ADDRESS	TELEPHONE NUMBER	DATE OF REPORT MONTH DAY YEAR
<input type="checkbox"/> Check here if completed by the Health Department			

NOTE: Your local health department may contact you following this initial report to request additional disease-specific information.

Check here if you need more confidential morbidity report forms