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HEALTH ALERT: Communicable Disease Reporting Updates – Oct. 2025 September 8, 2025

Updates to Ohio Administrative Code (OAC) rules 3701-3-01, 3701-3-02, 3701-3-03, 3701-3-04, 3701-3-07, 3701-3-08, and 3701-3-13 will become effective on Oct. 1, 2025. A summary of key updates for communicable disease reporting are summarized in the attached "Dear Colleague Letter" and updated "Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio." Thank you for your ongoing collaboration to protect Ohioans from communicable diseases.

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Message Details

Title: Communicable Disease Reporting Updates – Oct. 2025

Date: 9/8/25

To: Healthcare providers



Public Health
Prevent. Promote. Protect.



September 3, 2025

Dear Colleagues:

Updates to Ohio Administrative Code (OAC) rules 3701-3-01, 3701-3-02, 3701-3-03, 3701-3-04, 3701-3-07, 3701-3-08, and 3701-3-13 will become effective on Oct. 1, 2025. A summary of key updates for communicable disease reporting are summarized below and in the attached “Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio.”

OAC 3701-3-02

- The following conditions are newly specified as Class A reportable conditions and should be reported immediately via telephone:
 - Infant and wound botulism, in addition to foodborne botulism.
 - Free-living amoeba infection.
 - Tularemia, inhalation.
- The following conditions were added as Class B conditions and should be reported by the end of the next business day:
 - Carbapenemase-producing organisms (replacing carbapenemase-producing carbapenem-resistant Enterobacteriaceae, CP-CRE).
 - Cholera.
 - *Cronobacter*, invasive infection in infants less than 12 months of age.
 - Melioidosis.
 - Mpox.
 - Latent tuberculosis (TB) infection in a child 2 years of age or younger.
 - Tularemia, non-inhalation.
- The following conditions were removed as reportable conditions:
 - Amebiasis.
 - Aseptic meningitis.

OAC 3701-3-04

- This rule requires submission of isolates and patient specimens that were previously solicited under ODH’s “Request for Bacterial Isolates or Patient Specimens.”
 - Note: sending isolates does not constitute a report of the positive findings.

OAC 3701-3-07

- This rule requires syndromic surveillance reporting from emergency departments (EDs).
 - EDs that submit data to ODH electronically will be considered “in compliance” with the syndromic surveillance portion of the rule. ODH has contracted with Health Monitoring Systems, Inc. (HMS) to collect syndromic surveillance data in Ohio.
 - Local health departments will continue to access syndromic surveillance data through the EpiCenter system which is managed by HMS.
- The following health conditions were moved from 3701-3-02 to 3701-3-07 and are still reportable by the end of the next business day as Class B conditions:

- Hemolytic uremic syndrome (HUS).
- Influenza-associated hospitalization.
- Influenza-associated pediatric mortality.
- Toxic shock syndrome.
- The following health conditions were added and should be reported by the end of the next business day as Class B conditions:
 - Acute flaccid myelitis (AFM).
 - Hospitalizations of:
 - Coronavirus disease 2019 (COVID-19).
 - Respiratory syncytial virus (RSV).

Reporting

- Reports should be made to the local health department in which a patient resides. If patient residence is unknown, report to the local health department in which the reporting healthcare provider or laboratory is located.
- The Ohio Department of Health (ODH) is working closely with CliniSync, the state's Health Information Exchange (HIE), to facilitate reporting of influenza, COVID-19, and RSV hospitalizations. CliniSync will be submitting reports to ODH unless a hospital opts out of relying on CliniSync. If a hospital opts it, it is required to manually report to the local health department. If a hospital opts out, ODH will notify the impacted local health department.
 - Local health departments should contact the ODH Bureau of Infectious Diseases for access to supplemental surveillance databases for COVID-19 and RSV reporting.

For More Information

- Healthcare facilities should contact their [local health department](#) with any general questions or to report a communicable disease.
- For questions on reporting through [Electronic Laboratory Reporting](#), contact the ODH Office of Informatics, Data, Epidemiology, and Analytics (IDEA) at ELR@odh.ohio.gov.
- Syndromic surveillance questions can be directed to the ODH IDEA at SMED@odh.ohio.gov.
- Please visit ODH's [Shipping Resources](#) and [ELIMS](#) webpages for information on submitting isolates and patient specimens to the ODH Laboratory.
- Local health departments should report cases and suspect cases to ODH and contact the Bureau of Infectious Diseases with any questions: 614-995-5599 or ORBIT@odh.ohio.gov.

Thank you for your ongoing collaboration to protect Ohioans from communicable diseases.

Sincerely,



Kristen Dickerson PhD, MSN, MPH, RN, MLT (ASCP)
State Epidemiologist



Mary DiOrio, MD, MPH
Medical Director



Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio

From the Ohio Administrative Code Chapter 3701-3; Effective October 1, 2025

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.
- Diphtheria.
- Free-living amoeba infection.
- 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, inhalation.
- 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:

Diseases 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.

- Acute flaccid myelitis (AFM).
- Anaplasmosis.
- Arboviral neuroinvasive and non-neuroinvasive disease:
 - o Chikungunya virus infection.
 - o Eastern equine encephalitis virus disease.
 - o La Crosse virus disease (other California serogroup virus disease).
 - o Powassan virus disease.
 - o St. Louis encephalitis virus disease.
 - o West Nile virus infection.
 - o Western equine encephalitis virus disease.
 - o Yellow fever.
 - o Zika virus disease.
 - o Other arthropod-borne diseases.
- Babesiosis.
- Brucellosis.
- Campylobacteriosis.
- *Candida auris*.
- Carbapenemase-producing organisms (CPO).
- Chancroid.
- *Chlamydia trachomatis* infections.
- Cholera.
- Coccidioidomycosis.
- COVID-19-associated hospitalization.
- Creutzfeldt-Jakob disease (CJD).
- *Cronobacter*, invasive infection in infants less than 12 months of age.
- Cryptosporidiosis.
- Cyclosporiasis.
- Dengue.
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC).
- Ehrlichiosis.
- Giardiasis.
- Gonorrhea (*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.
- Melioidosis.
- Meningitis, bacterial.
- Mpox.
- Mumps.
- Pertussis.
- Poliomyelitis (including vaccine-associated cases).
- Psittacosis.
- Q fever.
- Respiratory syncytial virus (RSV)-associated hospitalization.
- 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):
 - o Active disease.
 - o Latent infection in a child 2 years of age or younger.
- Tularemia, non-inhalation.
- 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.
- Healthcare-associated.
- Waterborne.
- Foodborne.
- Institutional.
- 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.

Know Your ABCs: Alphabetical Order

Effective October 1, 2025

Name	Class
Acute flaccid myelitis (AFM)	B
Anaplasmosis	B
Anthrax	A
Arboviral neuroinvasive and non-neuroinvasive disease	B
Babesiosis	B
Botulism, foodborne	A
Botulism, infant	A
Botulism, wound	A
Brucellosis	B
Campylobacteriosis	B
<i>Candida auris</i>	B
Carbapenemase-producing organisms (CPOs)	B
Chancroid	B
<i>Chlamydia trachomatis</i> infections	B
Chikungunya virus infection	B
Cholera	B
Coccidioidomycosis	B
COVID-19-associated hospitalization	B
Creutzfeldt-Jakob disease (CJD)	B
<i>Cronobacter</i> , invasive infection in infants less than 12 months of age	B
Cryptosporidiosis	B
Cyclosporiasis	B
Dengue	B
Diphtheria	A
<i>E. coli</i> O157:H7 and Shiga toxin-producing <i>E. coli</i> (STEC)	B
Eastern equine encephalitis virus disease	B
Ehrlichiosis	B
Free-living amoeba infection	A
Giardiasis	B
Gonorrhea (<i>Neisseria gonorrhoeae</i>)	B
<i>Haemophilus influenzae</i> (invasive disease)	B
Hantavirus	B
Hemolytic uremic syndrome (HUS)	B
Hepatitis A	B
Hepatitis B (non-perinatal)	B
Hepatitis B (perinatal)	B
Hepatitis C (non-perinatal)	B
Hepatitis C (perinatal)	B
Hepatitis D (delta hepatitis)	B
Hepatitis E	B
Influenza A – novel virus infection	A
Influenza-associated hospitalization	B
Influenza-associated pediatric mortality	B
La Crosse virus disease (other California serogroup virus disease)	B
Legionnaires' disease	B
Leprosy (Hansen disease)	B
Leptospirosis	B
Listeriosis	B
Lyme disease	B
Malaria	B

Name	Class
Melioidosis	B
Measles	A
Meningitis, bacterial	B
Meningococcal disease	A
Middle East Respiratory Syndrome (MERS)	A
Mpox	B
Mumps	B
Other arthropod-borne diseases	B
Outbreaks: community, foodborne, healthcare-associated, institutional, waterborne, zoonotic	C
Pertussis	B
Plague	A
Poliomyelitis (including vaccine-associated cases)	B
Powassan virus disease	B
Psittacosis	B
Q fever	B
Rabies, human	A
Respiratory syncytial virus (RSV)-associated hospitalization	B
Rubella (congenital)	B
Rubella (not congenital)	A
<i>Salmonella</i> Paratyphi infection	B
<i>Salmonella</i> Typhi infection (typhoid fever)	B
Salmonellosis	B
Severe acute respiratory syndrome (SARS)	A
Shigellosis	B
Smallpox	A
Spotted fever rickettsiosis, including Rocky Mountain spotted fever (RMSF)	B
St. Louis encephalitis virus disease	B
<i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VRSA, VISA)	B
Streptococcal disease, group A, invasive (IGAS)	B
Streptococcal disease, group B, in newborn	B
Streptococcal toxic shock syndrome (STSS)	B
<i>Streptococcus pneumoniae</i> , invasive disease (ISP)	B
Syphilis	B
Tetanus	B
Toxic shock syndrome	B
Trichinellosis	B
Tuberculosis, active disease	B
Tuberculosis, latent infection in a child 2 years of age or younger	B
Tularemia, inhalation	A
Tularemia, non-inhalation	B
Varicella	B
Vibriosis	B
Viral hemorrhagic fever (VHF)	A
West Nile virus infection	B
Western equine encephalitis virus disease	B
Yellow fever	B
Yersiniosis	B
Zika virus disease	B

Guidance on Reporting for Local Health Departments

Updates to Communicable Disease Rules

The table below serves as a quick reference for local health departments on mechanisms of reporting following the updates to communicable disease reporting under Ohio Administrative Code rules 3701-3, pending release of the modernized Ohio Disease Reporting System (ODRS). Note: this table only specifies reporting for conditions that were newly added or modified as a part of the five-year rule review. All other reportable conditions should continue to be reported through established mechanisms.

Reportable Condition	Reporting Mechanism	Notes
Acute flaccid myelitis (AFM)	Contact VPDEpi@odh.ohio.gov .	Class B: Currently evaluated in conjunction with the Centers for Disease Control and Prevention (CDC).
Botulism (including infant, foodborne, wound)	Report in ODRS using existing reportable conditions.	All forms of botulism are Class A reportable conditions; cases are to be reported immediately via telephone.
Carbapenemase-producing organisms (CPOs)	Report in ODRS using existing reportable condition.	
Cholera	Report in ODRS using existing reportable condition.	Class B: notification via telephone is no longer required; report by close of the next business day.
COVID-19-associated hospitalization	Data obtained through CliniSync. Reports collected within REDCap.	Contact VPDEpi@odh.ohio.gov if your health department would like access to the COVID-19-associated hospitalization project.
Cronobacter, invasive infection in infants 12 months of age or younger	Report in ODRS using existing reportable condition.	
Free-living amoeba infection	Report in ODRS as “Any unexpected pattern of cases, deaths or diseases (call health department immediately).”	Class A: cases are to be reported immediately via telephone.
Melioidosis	Report in ODRS using existing reportable condition.	
Mpox	Report in ODRS using existing reportable condition.	
RSV-associated hospitalization	Data obtained through CliniSync. Reports collected within REDCap.	Contact VPDEpi@odh.ohio.gov if your health department would like access to the RSV-associated hospitalization project.
Tularemia, inhalation	Report in ODRS using existing reportable condition.	Class A: cases are to be reported immediately via telephone.
Tularemia, non-inhalation	Report in ODRS using existing reportable condition.	Class B: notification via telephone is no longer required; report by close of the next business day.
Tuberculosis, latent infection in a child 2 years of age or younger	Report in ODRS using “Tuberculosis” reportable condition.	Class B: report by close of the next business day.

