



Kentucky Reportable Disease Form

**Department for Public Health
Division of Epidemiology and Health Planning
275 East Main St., Mailstop HS2E-D
Frankfort, KY 40621-0001**

Disease Name _____

Mail Form to Local Health Department

DEMOGRAPHIC DATA							
Patient's Last Name	First	M.I.	Date of Birth / /	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk		
Address		City	State	Zip	County of Residence		
Phone Number	Patient ID Number	Ethnic Origin <input type="checkbox"/> His. <input type="checkbox"/> Non-His.		Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A/PI <input type="checkbox"/> Am.Ind. <input type="checkbox"/> Other			
DISEASE INFORMATION							
Disease/Organism			Date of Onset / /		Date of Diagnosis / /		
List Symptoms/Comments				Highest Temperature			
				Days of Diarrhea			
Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Admission Date / /	Discharge Date / /		Died? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Date of Death / /	
Hospital Name:			Is Patient Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # wks _____				
School/Daycare Associated? <input type="checkbox"/> Yes <input type="checkbox"/> No			Outbreak Associated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of School/Daycare:			Food Handler? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Person or Agency Completing form: Name: _____ Agency: _____			Attending Physician: 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: <input type="checkbox"/> Prenatal <input type="checkbox"/> Community & Screening <input type="checkbox"/> Delivery <input type="checkbox"/> Instit. Screening <input type="checkbox"/> Reactor <input type="checkbox"/> Provider Report <input type="checkbox"/> Volunteer							
Disease: <input type="checkbox"/> Syphilis		Stage <input type="checkbox"/> Primary (lesion) <input type="checkbox"/> Secondary (symptoms) <input type="checkbox"/> Early Latent <input type="checkbox"/> Late Latent <input type="checkbox"/> Congenital <input type="checkbox"/> Other		Disease: <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Chlamydia <input type="checkbox"/> Chancroid		Site: (Check all that apply) <input type="checkbox"/> Genital, uncomplicated <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Anorectal <input type="checkbox"/> Other _____ <input type="checkbox"/> Ophthalmic <input type="checkbox"/> PID/Acute Salpingitis	
						Resistance: <input type="checkbox"/> Penicillin <input type="checkbox"/> Tetracycline <input type="checkbox"/> Other _____	
Date of spec. Collection	Laboratory Name	Type of Test	Results	Treatment Date	Medication	Dose	
If syphilis, was previous treatment given for this infection? <input type="checkbox"/> Yes <input type="checkbox"/> 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)
FAX 502-696-3803

REPORT WITHIN 24 HOURS

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

REPORT WITHIN FIVE (5) BUSINESS DAYS

Ⓐ AIDS	Ⓐ HIV infection	Rocky Mountain spotted fever
Chancroid	Lead poisoning	<i>Streptococcus pneumoniae</i> , drug-resistant invasive disease
<i>Chlamydia trachomatis</i> infection	Legionellosis	Syphilis, other than primary, secondary, early latent or congenital
Ehrlichiosis	Lyme disease	Toxoplasmosis
Gonorrhea	Lymphogranuloma venereum	
Granuloma inguinale	Malaria	
Hepatitis C, acute	Rabies, post exposure prophylaxis	
Histoplasmosis		

* 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.

