# Kentucky Reportable Disease Form

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

**EPID 200 – 4/2013**

**Mail Form to Local Health Department**

## DEMOGRAPHIC DATA

<table>
<thead>
<tr>
<th>Patient’s Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County of Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Patient ID Number</th>
<th>Ethnic Origin</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>His.</td>
<td>Non-His.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## DISEASE INFORMATION

<table>
<thead>
<tr>
<th>Disease/Organism</th>
<th>Date of Onset</th>
<th>Date of Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List Symptoms/Comments</th>
<th>Highest Temperature</th>
<th>Days of Diarrhea</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospitalized?</th>
<th>Admission Date</th>
<th>Discharge Date</th>
<th>Died?</th>
<th>Date of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>/</td>
<td>/</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Is Patient Pregnant?</th>
<th>School/Daycare Associated?</th>
<th>Food Handler?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person or Agency Completing form</th>
<th>Name of School/Daycare:</th>
<th>Outbreak Associated?</th>
<th>Person or Agency Completing form:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Date of Report</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## LABORATORY INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Name or Type of Test</th>
<th>Name of Laboratory</th>
<th>Specimen Source</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## ADDITIONAL INFORMATION FOR SEXUALLY TRANSMITTED DISEASES ONLY

<table>
<thead>
<tr>
<th>Method of case detection</th>
<th>Prenatal</th>
<th>Community &amp; Screening</th>
<th>Delivery</th>
<th>Inst. Screening</th>
<th>Reactor</th>
<th>Provider Report</th>
<th>Volunteer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disease:</th>
<th>Stage</th>
<th>Disease:</th>
<th>Site: (Check all that apply)</th>
<th>Resistance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of spec. Collection</th>
<th>Laboratory Name</th>
<th>Type of Test</th>
<th>Results</th>
<th>Treatment Date</th>
<th>Medication</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

If syphilis, was previous treatment given for this infection? | Yes | 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)**
**SECURED FAX 502-696-3803**

**REPORT WITHIN 24 HOURS**

- Anthrax
- Arboviral Disease*
  - Neuroinvasive
  - Non-Neuroinvasive
- Botulism
- Brucellosis
- Campylobacteriosis
- Cholera
- Cryptosporidiosis
- Diphtheria
- E. coli shiga toxin positive (STEC)
- Haemophilus influenzae
  - invasive disease
- Hansen’s disease
- Hantavirus infection
- Hepatitis A
- Listeriosis
- Measles
- Meningococcal infections
- Pertussis
- Plague
- Poliomyelitis
- Psittacosis
- Q Fever
- Rabies, animal
- Rabies, human
- Rubella
- Rubella syndrome, congenital
- Salmonellosis
- Shigellosis
- Syphilis, primary, secondary, early latent or congenital
- Tetanus
- Tularemia
- Typhoid Fever
- Vibrio para-haemolyticus
- Vibrio vulnificus
- Yellow Fever

**REPORT WITHIN ONE (1) BUSINESS DAY**

- Foodborne outbreak
- Hepatitis B infection in a pregnant woman or child born in or after 1992
- Hepatitis B, acute
- Mumps
- Streptococcal disease
  - invasive, Group A
- Toxic Shock Syndrome
- Tuberculosis
- Waterborne outbreak

**REPORT WITHIN FIVE (5) BUSINESS DAYS**

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

* 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.