



REPORTABLE DISEASES AND CONDITIONS IN KENTUCKY

902 KAR 2:020: Amended Table of Reportable Diseases and Conditions in Kentucky (Effective 12/2/2020)

<https://apps.legislature.ky.gov/law/kar/902/002/020.pdf>

* Select Any Disease/Condition to be redirected to the CDC Case Definition *

Kentucky Public Health
Prevent. Promote. Protect.

URGENT NOTIFICATION WITHIN 24 HOURS: BY ELECTRONIC LABORATORY REPORTING AND EPID 200

- Anthrax
- Botulism
- Brucellosis (multiple cases, temporally or spatially clustered)
- Diphtheria
- Hepatitis A, acute
- Measles
- Meningococcal infections
- Middle East Respiratory Syndrome associated Coronavirus (MERS-CoV) disease
- Multi-system Inflammatory Syndrome in Children (MIS-C)
- Novel influenza A virus infections
- Plague
- Poliomyelitis
- Rabies, animal
- Rabies, human
- Rubella
- Severe Acute Respiratory Syndrome Associated Coronavirus (SARS-CoV)
- Severe Acute Respiratory Syndrome Associated Coronavirus 2 (SARS-CoV-2) (The virus that causes COVID-19)
- Smallpox
- Tularemia
- Viral hemorrhagic fevers due to:
 - Crimean-Congo Hemorrhagic Fever virus
 - Ebola virus
 - Lassa virus
 - Lujo virus
 - Marburg virus
 - New world arenaviruses including:
 - Guanarito virus
 - Junin virus
 - Machupo virus
 - Sabia virus
- Yellow fever



PRIORITY NOTIFICATION WITHIN ONE (1) DAY: BY ELECTRONIC LABORATORY REPORTING AND EPID 200

- Arboviral diseases, neuroinvasive and nonneuroinvasive, including:
 1. California serogroup virus diseases, including diseases caused by:
 - California encephalitis virus
 - Jamestown Canyon virus
 - Keystone virus
 - La Crosse virus
 - Snowshoe hare virus
 - Trivittatus viruses
 2. Chikungunya virus disease
 3. Eastern equine encephalitis virus disease
 4. Powassan virus disease
 5. St. Louis encephalitis virus disease
 6. Venezuelan equine encephalitis disease
 7. West Nile virus disease
 8. Western equine encephalitis virus disease
 9. Zika virus
 - disease or infection or the birth of a child to a mother who was Zika-positive or Zika-inconclusive during any stage of pregnancy or during the periconceptional period
- Brucellosis (cases not temporally or spatially clustered)
- Campylobacteriosis
- Carbon monoxide poisoning
- Cholera
- Congenital syphilis
- Cryptosporidiosis
- Cyclosporiasis
- Dengue virus infections
- Escherichia coli O157:H7
- Foodborne disease outbreak
- Giardiasis
- Haemophilus influenzae invasive disease
- Hansen's disease (leprosy)
- Hantavirus infection, non-Hantavirus pulmonary syndrome
- Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome (HUS), postdiarrheal
- Hepatitis B, acute
- Hepatitis B infection in a pregnant woman
- Hepatitis B infection in an infant or a child aged five (5) years or less
- Newborns born to Hepatitis B positive mothers at the time of delivery
- Influenza-associated mortality
- Legionellosis
- Leptospirosis
- Listeriosis
- Mumps
- Norovirus outbreak
- Pertussis
- Pesticide-related illness, acute
- Psittacosis
- Q fever
- Rubella, congenital syndrome
- Salmonellosis
- Shiga toxin-producing E. coli (STEC)
- Shigellosis
- Streptococcal toxic-shock syndrome
- Streptococcus pneumoniae, invasive disease
- Syphilis - primary, secondary, or early latent
- Tetanus
- Toxic-shock syndrome (other than Streptococcal)
- Tuberculosis
- Typhoid fever
- Varicella
- Vibriosis
- Waterborne disease outbreak



ROUTINE NOTIFICATION WITHIN FIVE (5) DAYS: BY ELECTRONIC LABORATORY REPORTING AND EPID 200

- Acute Flaccid Myelitis
- Anaplasmosis
- Babesiosis
- Chancroid
- Chlamydia trachomatis infection
- Coccidioidomycosis
- Creutzfeldt-Jakob disease
- Ehrlichiosis
- Gonorrhea
- Granuloma inguinale
- Hepatitis C, acute
- Hepatitis C infection in a pregnant woman
- Hepatitis C infection in an infant or a child aged five (5) years or less
- HIV infection or AIDS diagnosis
- Lymphogranuloma venereum
- Newborns born to Hepatitis C positive mothers at the time of delivery
- Histoplasmosis
- Lead poisoning
- Lyme Disease
- Malaria
- Spotted Fever Rickettsiosis (Rocky Mountain Spotted Fever)
- Syphilis - other than primary, secondary, early latent, or congenital
- Toxoplasmosis
- Trichinellosis (Trichinosis)



Submission of Clinical Isolates to the Kentucky Department of Public Health Division of Laboratory Services (DLS) Required



Routine Notification made by Electronic Laboratory Reporting and EPID 200



Routine Notification made by Electronic Laboratory Reporting and EPID 250



Routine Notification made by Electronic Laboratory Reporting and EPID 394

ROUTINE NOTIFICATION WITHIN 24 HOURS: BY ELECTRONIC LABORATORY REPORTING VIA EPID 250

- Candida auris
- Carbapenem-resistant – Acinetobacter
- Carbapenem-resistant – Enterobacteriaceae (CRE)
- Carbapenem-resistant – Pseudomonas
- Vancomycin-intermediate Staphylococcus aureus (VISA)
- Vancomycin-resistant Staphylococcus aureus (VISA)



ROUTINE NOTIFICATION WITHIN FIVE (5) BUSINESS DAYS: BY ELECTRONIC LABORATORY REPORTING

- Hepatitis B & Hepatitis C laboratory test results whether reported as positive or negative;
 - Include the serum bilirubin levels taken within ten (10) days of the test of a patient who has tested positive; or
 - Include the serum alanine amino transferase levels taken within ten (10) days of the test of a patient who tested positive
- Varicella laboratory test results reported as positive for:
 - Isolation of varicella virus from a clinical specimen
 - Varicella antigen detected by direct fluorescent antibody test
 - Varicella-specific nucleic acid detected by polymerase chain reaction (PCR)
- Multi-drug Resistant Organisms:
 - Clostridioides (Formerly Clostridium) difficile (C. difficile)
 - Enterobacteriaceae species resistant to ceftazidime, ceftriaxone, or cefotaxime
 - Methicillin-resistant Staphylococcus aureus (MRSA)
 - Vancomycin resistant Enterococcus species (VRE).

Report Immediately by Telephone:

1. A suspected incidence of bioterrorism caused by a biological agent
2. Submission of a specimen to the Kentucky Division of Laboratory Services for select agent identification or select agent confirmation testing
3. An outbreak of a disease or condition that resulted in multiple hospitalizations or death.
4. An unexpected pattern of cases, suspected cases, or deaths which may indicate the following shall be reported immediately by telephone to the local health department in the county where the health professional is practicing or where the facility is located:
 - a. A newly-recognized infectious agent
 - b. An outbreak
 - c. An emerging pathogen which may pose a danger to the health of the public
 - d. An epidemic
 - e. A non-infectious chemical, biological, or radiological agent.

NOTIFICATION WITHIN 3 MONTHS OF DIAGNOSIS:

- Asbestosis
- Coal worker's pneumoconiosis
- Silicosis